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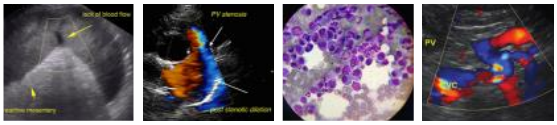


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Kallie Ciattei

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

12yr

WEIGHT

11.6lb

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Jenna Walsh CVT

HOSPITAL NAME

Edgewood Animal Clinic

REFERRING VET

Dr. Callahan

INVOICE

14129ag

DATE

06/13/2023

PRESENTING CLINICAL SIGNS

neoplasia screening

Abnormal PE/Chem/CBC/UA Results: Senior screen bloodwork,T4, and urine normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.5 cm in length. The right kidney measured 3.6 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.33 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.36 cm width.

Spleen

The spleen exhibited potential mild subnormal size possibly owing to volume contract measuring 0.44 cm in width with a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

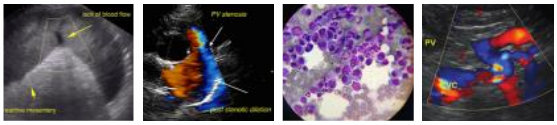
Liver/Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The proximal common bile duct was mildly dilated and tortuous without overt post hepatic obstruction.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

The small intestine presented intact mildly thickened wall layering with generalized mildly prominent muscularis layer to the level of the ileocolic junction. The small intestine wall measured 0.29-0.32 cm



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in width. Minor non-obstructive segmental intestinal ileus was present. The ileocolic wall measured 0.45 cm in width.

Normal visible colon wall layers were present with semi formed to soft feces in lumen.

Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Intact mildly thickened generalized small intestinal wall with segmental non-obstructive ileus.
- Semi formed/soft feces in colon.
- Mild non-obstructive proximal common bile duct dilation-patient/age related variant, potential for low grade cholangitis.
- Normal liver.
- Potentially volume contracted spleen.
- Minor age related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, there is no overt evidence of significant abdominal neoplastic criteria or masses. Given lack pf reported GI signs the small intestinal appearance is of unclear clinical significance with potential for patient variant. However, sonographically the intestinal tract is suggestive of infiltrative enteropathy criteria with considerations including inflammatory enteropathy i.e., IBD/eosinophilic enteritis vs potential early/low grade neoplastic infiltrative enteropathy i.e., low grade lymphoma or other.

Correlation with monitoring for GI signs or weight loss +/- a GI panel to include PLI/TLI/Cobalamin/Folate is recommended. If GI signs/weight loss are present/unreported or arise, intestinal biopsies would be required for a definitive diagnosis.

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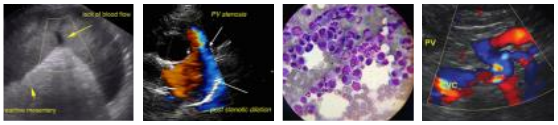

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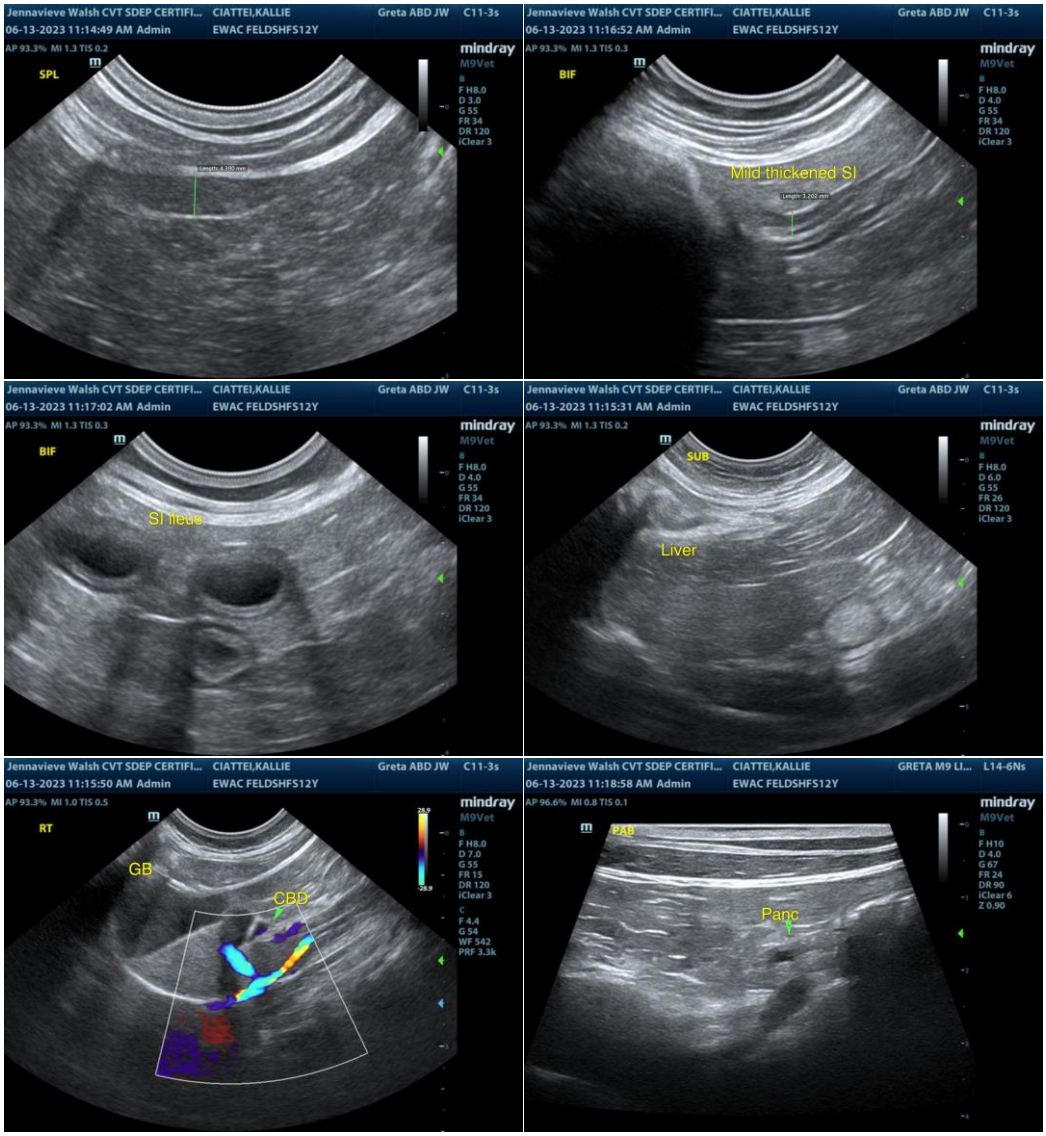

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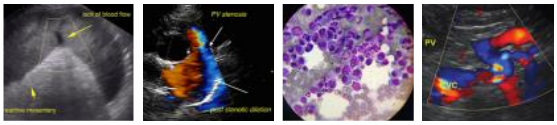

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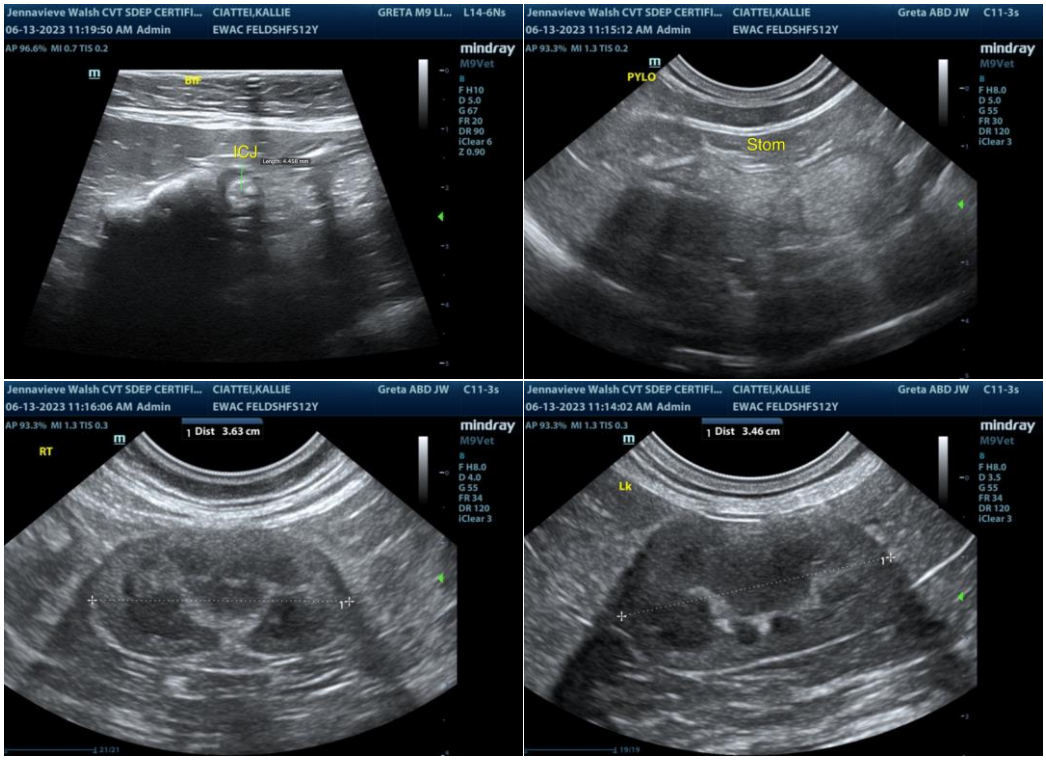

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com