



PATIENT

Winnie Giunta

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

12 year old

WEIGHT

6.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Animal General on
Hudson

REFERRING VET

Dr. Stefanie Lang

INVOICE

14106

DATE

6/15/22

PRESENTING CLINICAL SIGNS

Recheck abdominal ultrasound today. Patient has gained a small amount of weight, she weighed 5.8lbs on 4/27/22, now weighing 6.4 lbs.

Abnormal PE/Chem/CBC/UA Results: No recent reported bloods.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 was noted. No evidence of previously noted urinary bladder sediment or mucus.

The area of the aortic trifurcation was free of pathology.

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.3 cm in length. The right kidney measured 3.0 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm width. No overt pathology was noted in the area of the right adrenal gland.

Spleen

The spleen exhibited 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. The spleen measured 0.73 cm width.

Liver/ Gallbladder

The liver was normal in size with normal hepatic parenchyma echogenicity exhibiting moderate coarse echotexture. No masses or nodules were noted. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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 gastric body wall width measured 0.24 cm.



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The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. The small intestinal wall width measured 0.31 cm. No evidence of loss of intestinal wall layering or Intestinal masses.

SPECIES

Normal visible colon wall layers were present with apparent formed feces in lumen.

Feline

Pancreas

BREED

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

DSH

Free Abdomen

SEX

No omental masses, lymphadenopathy or peritoneal free fluid were present.

FS

AGE

ULTRASONOGRAPHIC FINDINGS

12 year old

- IBD intestinal pattern
- Mild heterogeneous pancreas
- Overtly normal liver / gallbladder with moderate coarse hepatic parenchyma
- Static chronic renal changes
- Normal urinary bladder

WEIGHT

6.4 lbs.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

The appearance of the small intestine continues to suggest inflammatory infiltrative enteropathy i.e., IBD / eosinophilic enteritis with low-grade neoplastic infiltrative enteropathy with round cells, i.e., low-grade lymphoma a continued possibility yet thought less likely.

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If not done, recheck chemistry panel and GI panel to include PLI/TLI/Cobalamin/Folate for further assessment of concurrent hepatic or pancreatic inflammation. Full-thickness intestinal biopsies would be required for a definitive diagnosis.

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Empirically, continued therapy for IBD +/- Triad Disease, if clinically indicated, would be reasonable.

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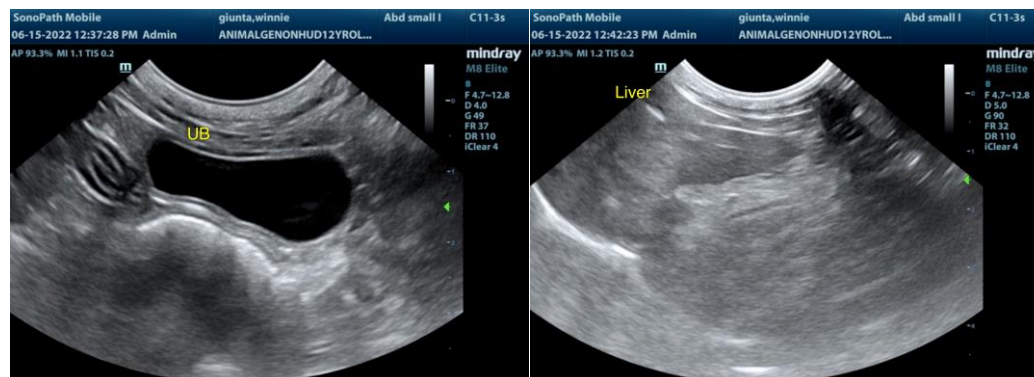
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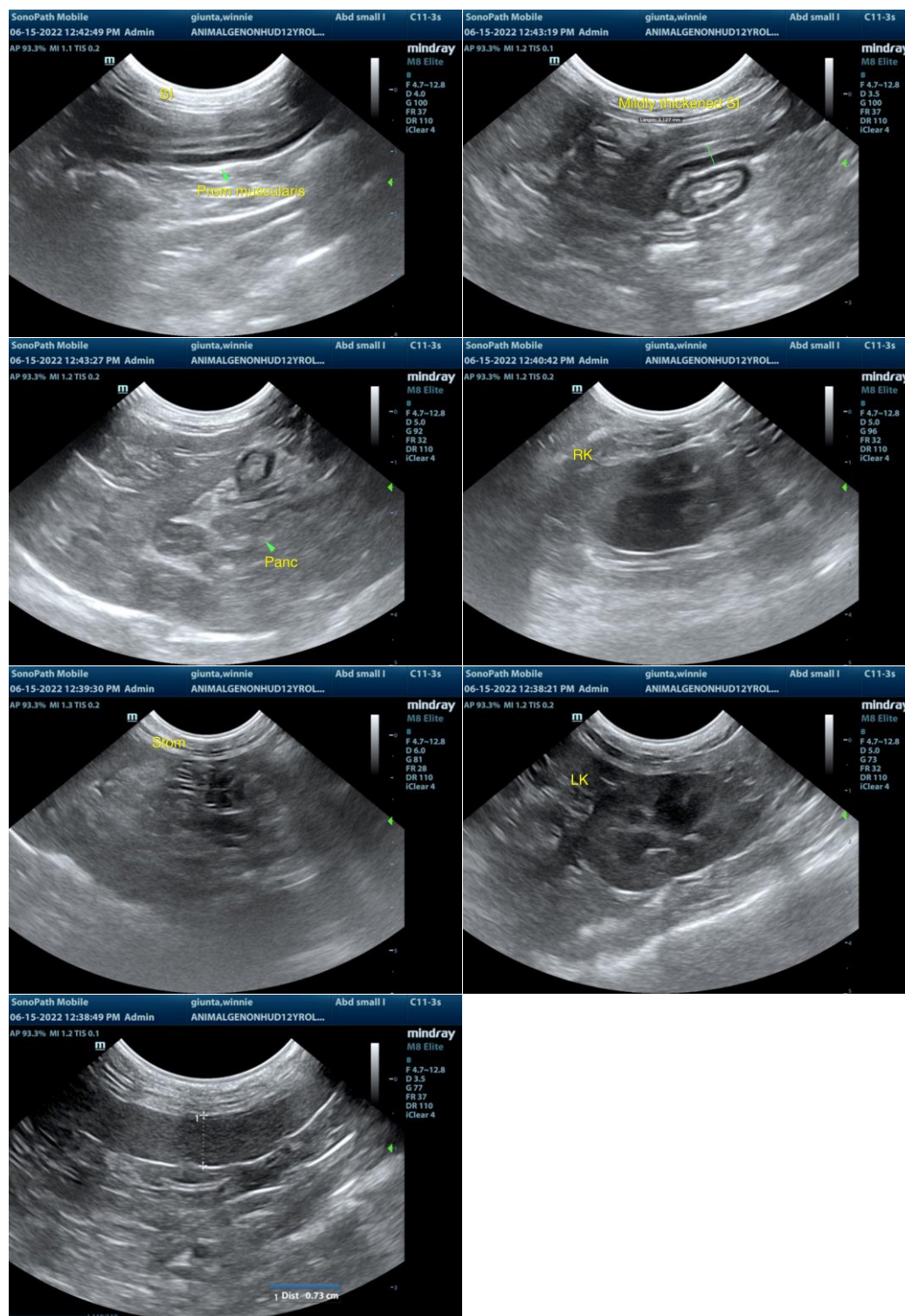
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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.

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info@SonoPath.com

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