



PATIENT

PRESENTING CLINICAL SIGNS

Diego Yandun

History: Patient presented to the hospital for vomiting and diarrhea. For the past 3 days, P has been vomiting (food, bile, dark color). P has been eating on and off for about few months. Has a history of hyperthyroidism and generally has a sensitive stomach. Normal drinking; No c/s

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DSH

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.

SEX

MN

Normal size and margination was 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.

AGE

14 y

The left kidney measured 3.8 cm in length. The right kidney measured 4.0 cm in length.

The area of the aortic trifurcation was free of pathology.

WEIGHT

6.4lb

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 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.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Dr. Kiim

Liver

HOSPITAL NAME

Ridgefield Park
Animal Hospital

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

REFERRING VET

Dr. Kim

The gallbladder was non-distended in size with primarily anechoic luminal content. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction measuring 0.3 cm in diameter.

INVOICE

10970ag

Gastrointestinal

The stomach presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.25 cm in width.

DATE

06/25/2022

The small intestine presented intact yet thickened wall layering owing to prominent muscularis layer. No overt evidence of loss of wall layering or overt intestinal masses. The small intestinal wall measured 0.34



PATIENT	cm in width. The ileocolic wall measured 0.45 cm in width. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.
Diego Yandun	Normal visible colon wall layers were present with apparent semi formed to soft feces in lumen.
SPECIES	<i>Pancreas</i>
Feline	The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.
BREED	<i>Free Abdomen</i>
DSH	No peritoneal effusion was present.
SEX	Intermittent enlarged jejunocolic lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 2.3 cm x 0.88 cm.
MN	
AGE	ULTRASONOGRAPHIC FINDINGS
14 y	<ul style="list-style-type: none"> • Infiltrative enteropathy pattern-inflammatory (IBD/eosinophilic) vs neoplastic (lymphoma or other) infiltrative enteropathy possible • associated jejunocolic lymphadenopathy-hyperplasia, reactive lymphadenitis suspected • Concurrent pancreatitis • Mild nonobstructive CBD dilation • Bilateral mild chronic renal changes
WEIGHT	
6.4lb	
INTERPRETED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The finding of CBD dilation may suggest age related changes or be secondary to underlying cholangitis / cholangiohepatitis especially if previous or current liver enzymes elevations have been noted. No overt signs of post hepatic obstruction.
IMAGING PERFORMED BY	Chronic IBD is suspected given the Gi presentation and appearance of the concurrent jejunocolic lymphadenopathy. Some degree of concurrent pancreatitis as a contributing factor is likely. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Full thickness intestinal biopsies would be required for a definitive diagnosis.
Dr. Kiim	
HOSPITAL NAME	Empirical IBD protocol with as needed GI support and conservative therapy for low grade pancreatitis with assessment of clinical response and monitoring of body weight would be reasonable.
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HOSPITAL NAME

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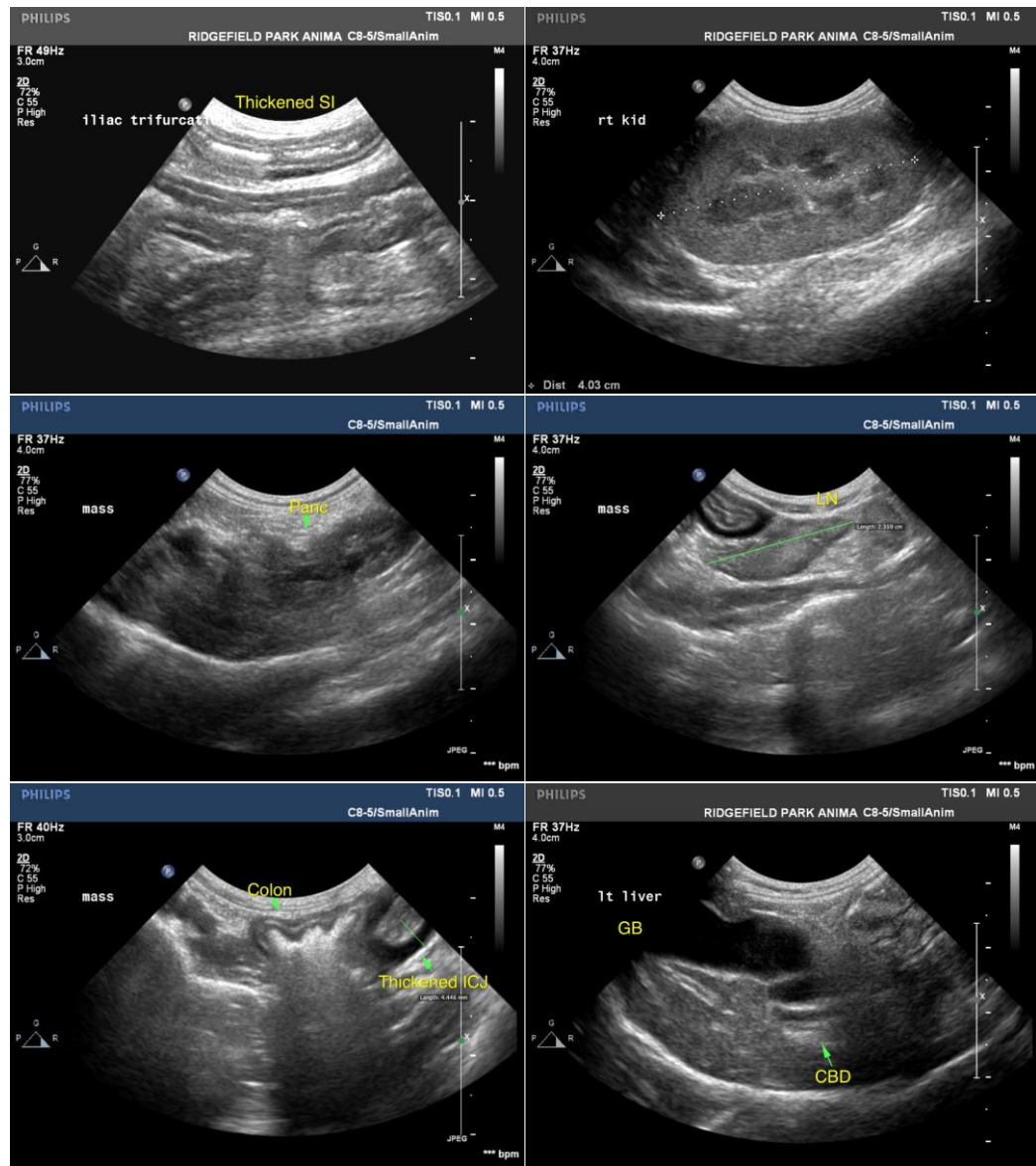
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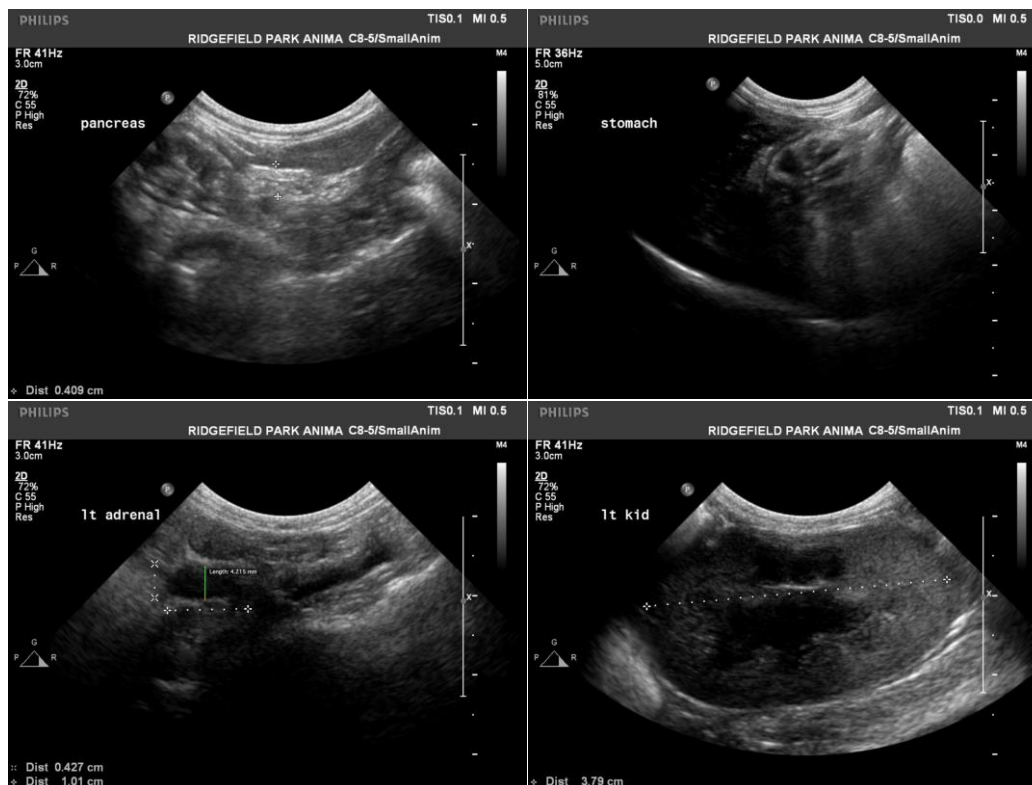
MN

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14 y

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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.

INTERPRETED BY

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

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)

IMAGING PERFORMED BY

Dr. Kiim

info@SonoPath.com

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