

PATIENT PRESENTING CLINICAL SIGNS

Carl Czerwinski Presented for wt loss 4/15/23. Bw + thyroid wnl. O increased caloric intake over past 2 months. Wt loss persisting with 2-3 vomiting episodes per week. No diarrhea.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline

Urinary System

BREED

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.

DSH

SEX

MN

AGE

7yr

Bilateral borderline prominent size and normal capsule margination were present. Mild cortical hypertrophy with mild loss of corticomedullary definition was present. No pyelectasia or overt neoplastic criteria. The left kidney measured 4.6 cm in length. The right kidney measured 4.8 cm in length.

The area of the aortic trifurcation was free of pathology.

WEIGHT

Adrenal Glands

12.5lb

Bilateral prominent size and symmetrical contour with mildly non-homogenous hypoechoic parenchyma was present. Areas of bilateral dystrophic mineralization were present. The left adrenal gland measured 0.56 cm width. The right adrenal gland measured 0.57 cm width.

INTERPRETED BY

Spleen

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

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 0.85 cm in width at the level of the hilus.

IMAGING PERFORMED BY

Liver/Gallbladder

Loetitia Saint-Jacques,
LVT

HOSPITAL NAME

The liver was subjectively mildly enlarged in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. Mild hepatic congestion likely secondary to sedation was present. The gallbladder appeared to be divided into two separate compartments consistent with bilobed gallbladder which is a normal variant in a cat. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with echogenic non-organized sediment. Mildly prominent duodenal papilla yet without overt evidence of obstructive pathology.

Donner Truckee
Veterinary Hospital

REFERRING VET

Dr India Vannini

INVOICE

Gastrointestinal

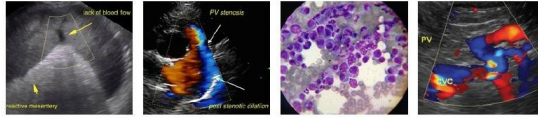
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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained anechoic fluid with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.26 cm in width.

DATE

06/26/2023

The small intestine presented generalized intact thickened wall layering with a prominent to thickened muscularis and mucosa layer. The lumen of the small intestine was empty with no signs of ileus,



PATIENT

Carl Czerwinski

obstruction or foreign material. The duodenum wall measured 0.38 cm width. The jejunum wall measured 0.45 cm width. The ileocolic wall measured 0.59 cm width.

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

SPECIES

Feline

Pancreas

The pancreas exhibited mild prominent size with mild asymmetrical contour with non-homogenous hypoechoic parenchyma. Moderate left limb pancreatic duct dilation was present.

BREED

DSH

Free Abdomen

Intermittent mildly prominent to enlarged mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example measured 1.9 cm x 0.75 cm.

SEX

MN

Intermittent scant pockets of peritoneal free fluid were present.

AGE

7yr

ULTRASONOGRAPHIC FINDINGS

WEIGHT

12.5lb

- Generalized enteropathy with thickened yet intact wall layering.
- Intermittent variably prominent mesenteric lymphadenopathy.
- Bilobed gallbladder with mild sediment-bilobed gallbladder normal variant in a cat.
- Scant peritoneal free fluid.

INTERPRETED BY

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Secondary findings

- Non-specific mild chronic renal changes.
- Bilateral prominent adrenal glands with dystrophic pinpoint mineral.

IMAGING PERFORMED BY

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LVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Based on GI mural changes with concurrent chronic pancreatitis pattern, IBD or other chronic inflammatory enteropathy and triaditis are considered most probable. Potential for neoplastic infiltrative enteropathy with round cells which may present similarly cannot be definitively excluded. Intestinal/hepatopancreatic full thickness/surgical biopsies would be required for a definitive diagnosis.

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Assessment of systemic BP and monitoring of potassium level given adrenal presentation may be considered.

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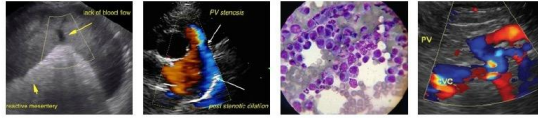
Empirical therapy for triad disease with as needed GI support, monitoring of clinical response/body weight would be reasonable if sampling is not elected. Sonographic monitoring of the bilateral adrenal glands is warranted if evidence of hypertension/hypokalemia.

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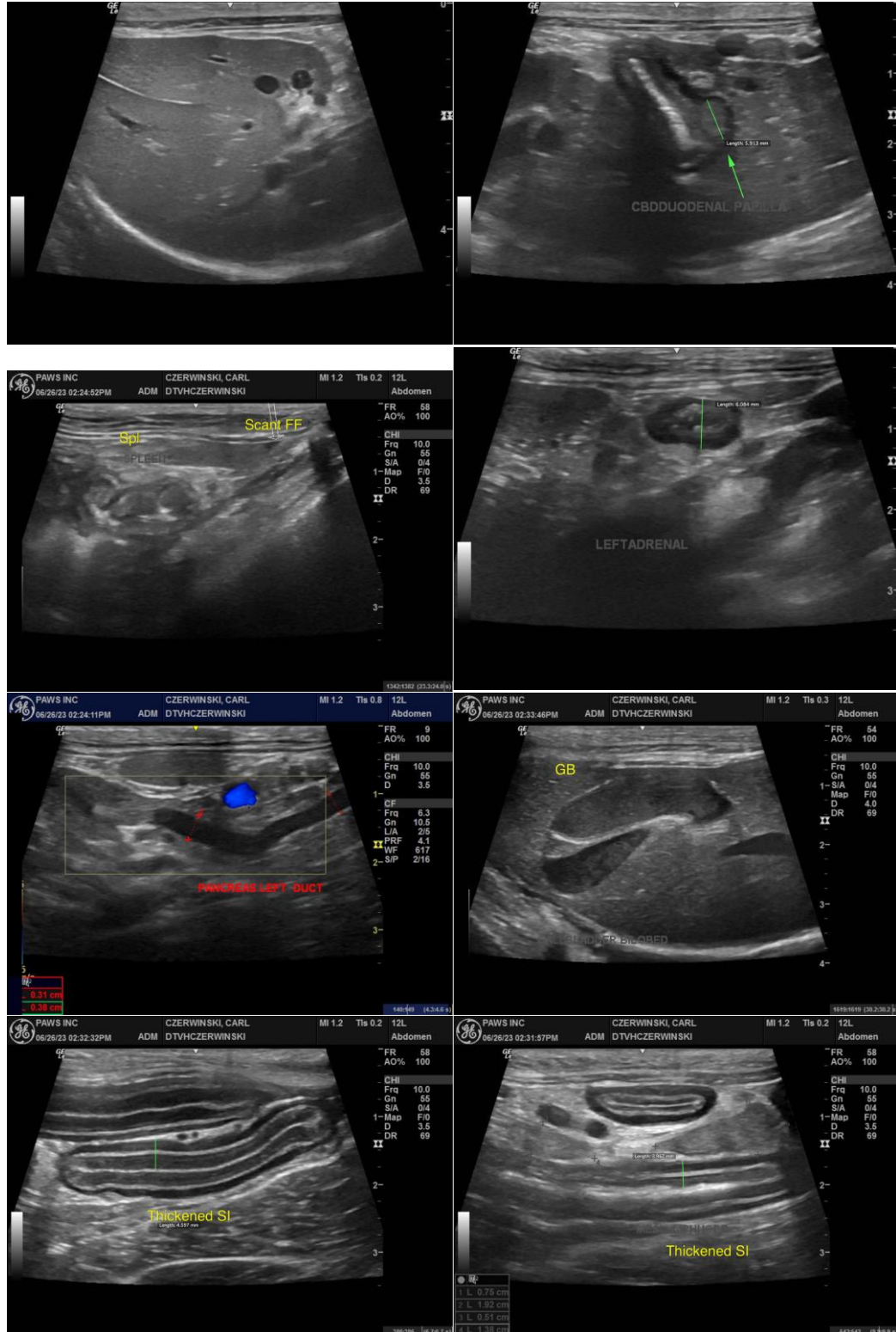
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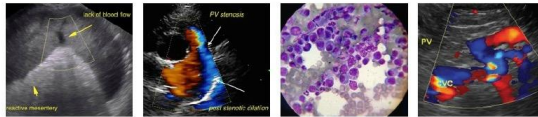
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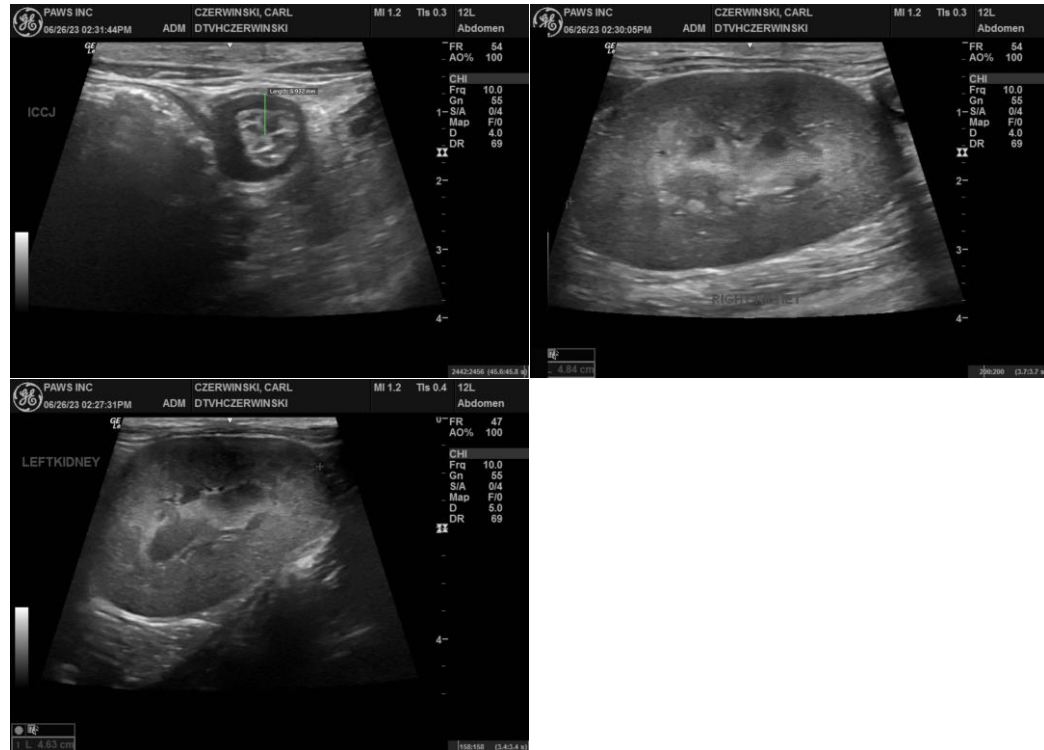
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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