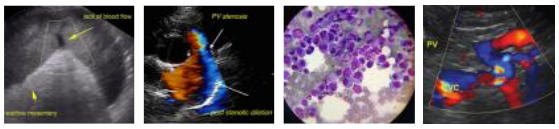
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



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

PATIENT

Chad Brown

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

11 years

WEIGHT

9.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Endgwood AC

REFERRING VET

Dr. Kimball

INVOICE

14006

DATE

6/3/22

PRESENTING CLINICAL SIGNS

Ongoing weight loss for past 6 months with decreased appetite. Possible cranial abdominal mass palpated on exam.
Abnormal PE/Chem/CBC/UA Results: Most recent blood work done 4/28/22. Only mild neutrophilia seen Current Medications Gabapentin 50mg PO q12h. Mirataz transdermal ointment q24h
Radiographic Findings Gas filled stomach and intestines

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.

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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.7 cm in length. The right kidney measured 4.0 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 0.32 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.34 cm width.

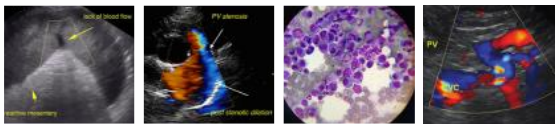
Spleen

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.

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 containing primarily anechoic content with minor luminal debris, likely secondary to fasting and considered incidental. The cystic and common bile ducts were normal.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



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

PATIENT

Chad Brown

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

11 years

WEIGHT

9.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Endgwood AC

REFERRING VET

Dr. Kimball

INVOICE

14006

DATE

6/3/22

Gastrointestinal

The stomach exhibited regional to generalized thickened walls exhibiting a combination of Intact and discernable wall layer detail with areas of indistinct to possible loss of wall layer detail. The ventral gastric body wall width measured up to approximately 1.0 cm. The stomach was primarily empty with minor retained anechoic fluid and luminal gas. No overt evidence of mechanical pyloric outflow obstruction. By comparison, the pylorus wall measured 0.30 cm width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The duodenum wall width measured 0.28 cm. The jejunum wall width measured 0.22 cm. No overt pathology was noted in the area of the ileocolic junction.

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

Pancreas

The pancreas was mildly prominent in size with subtle areas of capsule asymmetry. The left limb, right limb, and base of the pancreas presented mild hypoechoic parenchyma compared to the adjacent reactive peripancreatic omentum. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

Free Abdomen

No omental masses, significant lymphadenopathy or evidence of peritoneal effusion was present. Regional perigastric reactive mesentery was noted.

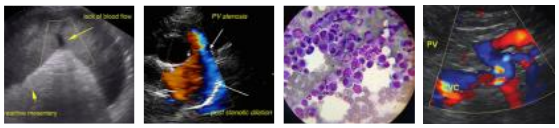
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Thickened stomach with areas of indistinct wall layer detail
- Mild active to chronic active pancreatitis pattern
- Associated perigastric and peripancreatic reactive mesentery
- Overtly normal small bowel

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The thickened stomach may potentially correlate with the reported palpable cranial abdominal mass. General considerations for the thickened stomach may include nonspecific moderate to possible chronic gastritis with primary concern for infiltrative gastric neoplasia. A contributing or secondary factor to the patient's clinical signs may include subjective mild active to chronic active pancreatitis, which potentially may result In some degree of primary or concurrent gastric inflammation. However, the areas of indistinct to loss of discernable wall gastric wall layer detail are concerning for neoplastic process. Gastric mural biopsies are required for definitive diagnosis.



PATIENT

Chad Brown

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

11 years

WEIGHT

9.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Endgwood AC

REFERRING VET

Dr. Kimball

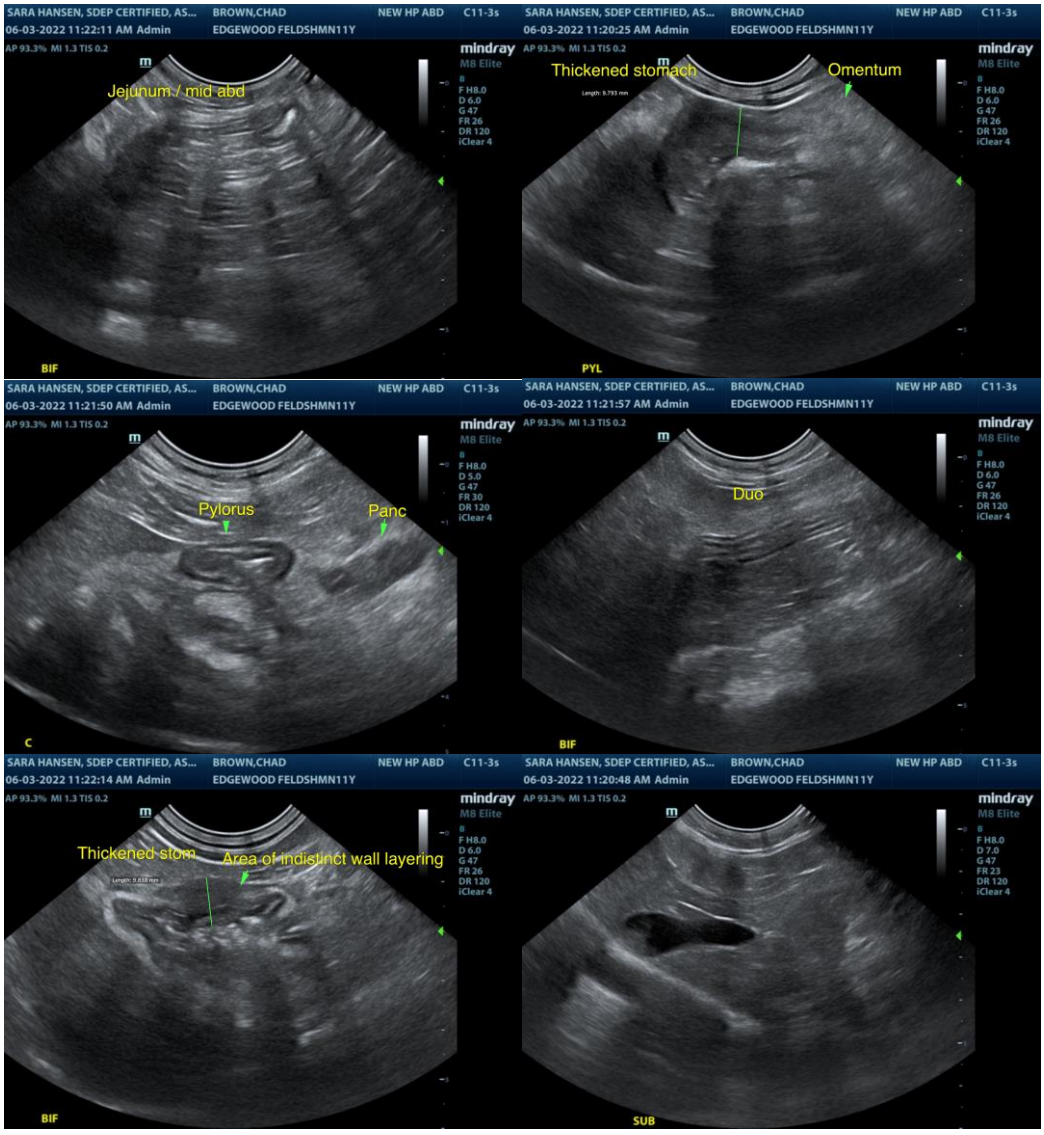
INVOICE

14006

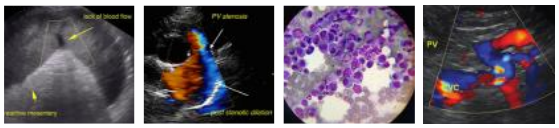
DATE

6/3/22

Additional assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate to correlate with the pancreatic presentation, as well as rule out concurrent occult small intestinal disease. Three view chest radiographs are suggested to assess for or rule out thoracic pathology as a contributing factor to the patient's weight loss and clinical signs.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



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

PATIENT

Chad Brown

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

11 years

WEIGHT

9.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Endgwood AC

REFERRING VET

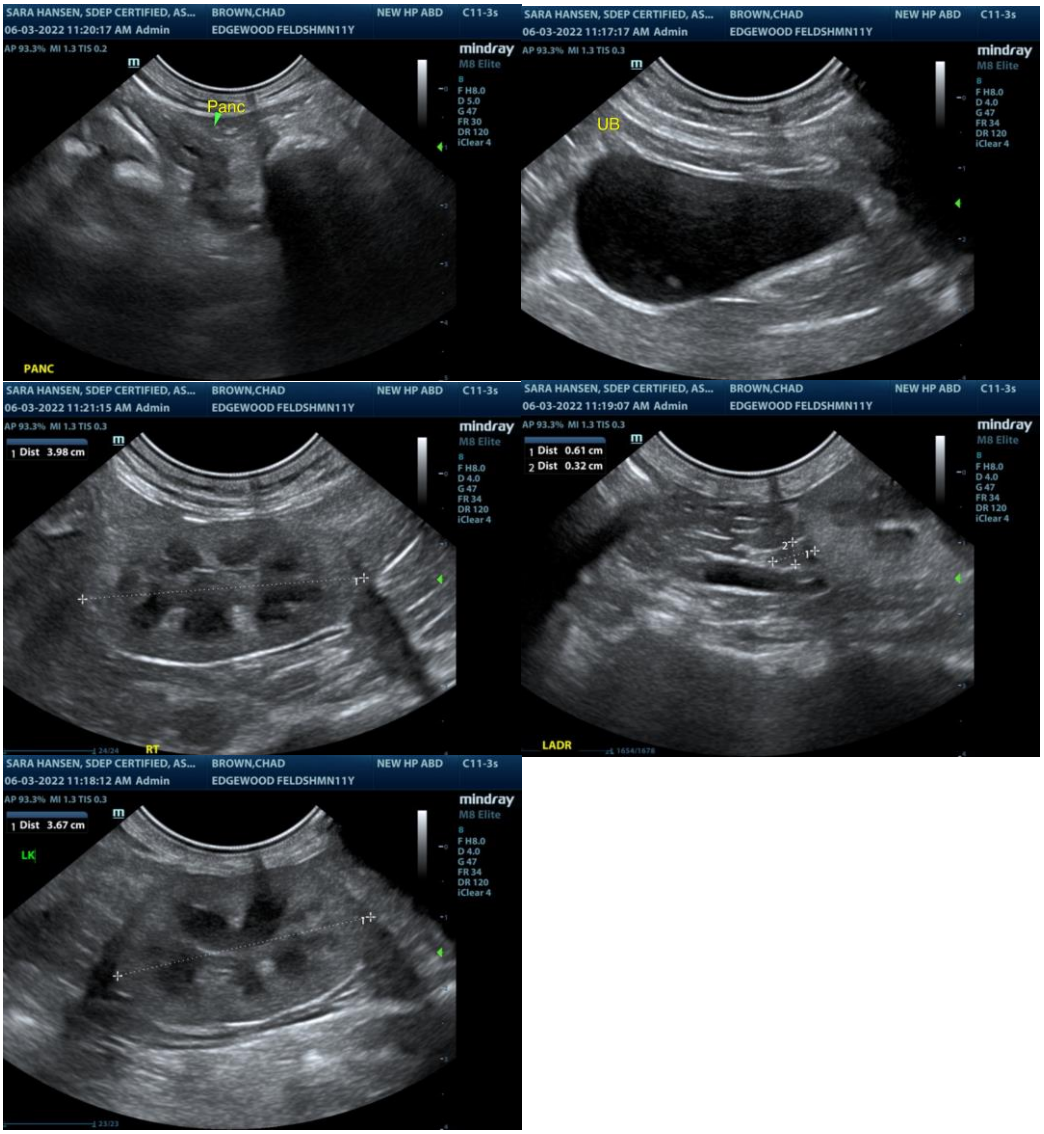
Dr. Kimball

INVOICE

14006

DATE

6/3/22



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