



PATIENT PRESENTING CLINICAL SIGNS

Jacob Firmstone Three-month history of weight loss. Vomiting three months ago, now vomiting again.
 ALT 184, ALP 196, TBILI 0.8, Lipase 54, T4 2.8, SDMA 15, Unremarkable CBC

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline **Urinary System**

BREED The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

DSH

SEX The area of the aortic trifurcation was free of pathology.

MN

AGE 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 3.1 cm in length. The right kidney measured 3.9 cm in length.

2007

WEIGHT Adrenal Glands

NA The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 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. The spleen measured 0.76 cm width at the level of the hilus.

IMAGING PERFORMED BY
 Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME Liver/ Gallbladder

Cherryville AH

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 cystic and common bile ducts were normal.

REFERRING VET

NA

Gastrointestinal

INVOICE

14007

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 0.26 cm. The pylorus wall width measured 0.25 cm.

DATE

6/3/22



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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.

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

SPECIES

Pancreas

Feline

The left limb of the pancreas was normal in size and contour with subtle hypoechoic parenchyma compared to adjacent omentum. Subtle pancreatic duct dilation was present.

BREED

Free Abdomen

DSH

Multiple jejunocolic lymph 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 of a lymph node measured 0.55 cm diameter. No free fluid was noted.

SEX

MN

ULTRASONOGRAPHIC FINDINGS

AGE

2007

Primary Findings

- Infiltrative enteropathy pattern - probable IBD / eosinophilic enteritis, potential for neoplastic infiltrative enteropathy with round cells such as lymphoma, possible
- Associated jejunocolic lymphadenopathy - subjectively benign / reactive
- Suspect low-grade pancreatitis
- Benign low-grade hepatopathy - metabolic, reactive, vacuolar, or Inflammatory (cholangiohepatitis), hepatopathy possible

WEIGHT

NA

Secondary Findings

- Bilateral mild chronic renal changes

INTERPRETED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Possible Triad Disease may be a consideration in this patient. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate +/-, assuming normal clotting status, hepatic FNA of screening cytology, primarily to assess for or possibly identify inflammatory cell type. Full-thickness intestinal +/- hepatopancreatic biopsies are likely required for a definitive diagnosis.

IMAGING PERFORMED BY

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ARDMS/RVT

HOSPITAL NAME

Cherryville AH

Pending GI panel or if GI panel is not elected, empirical therapy for IBD / Triad Disease, which may include cobalamin supplementation, as-needed gastrointestinal support, Prednisolone trial 1.0-2.0 mg/kg PO at lowest effective dose to control clinical signs, novel protein or hydrolyzed diet with assessment of clinical response would be reasonable.

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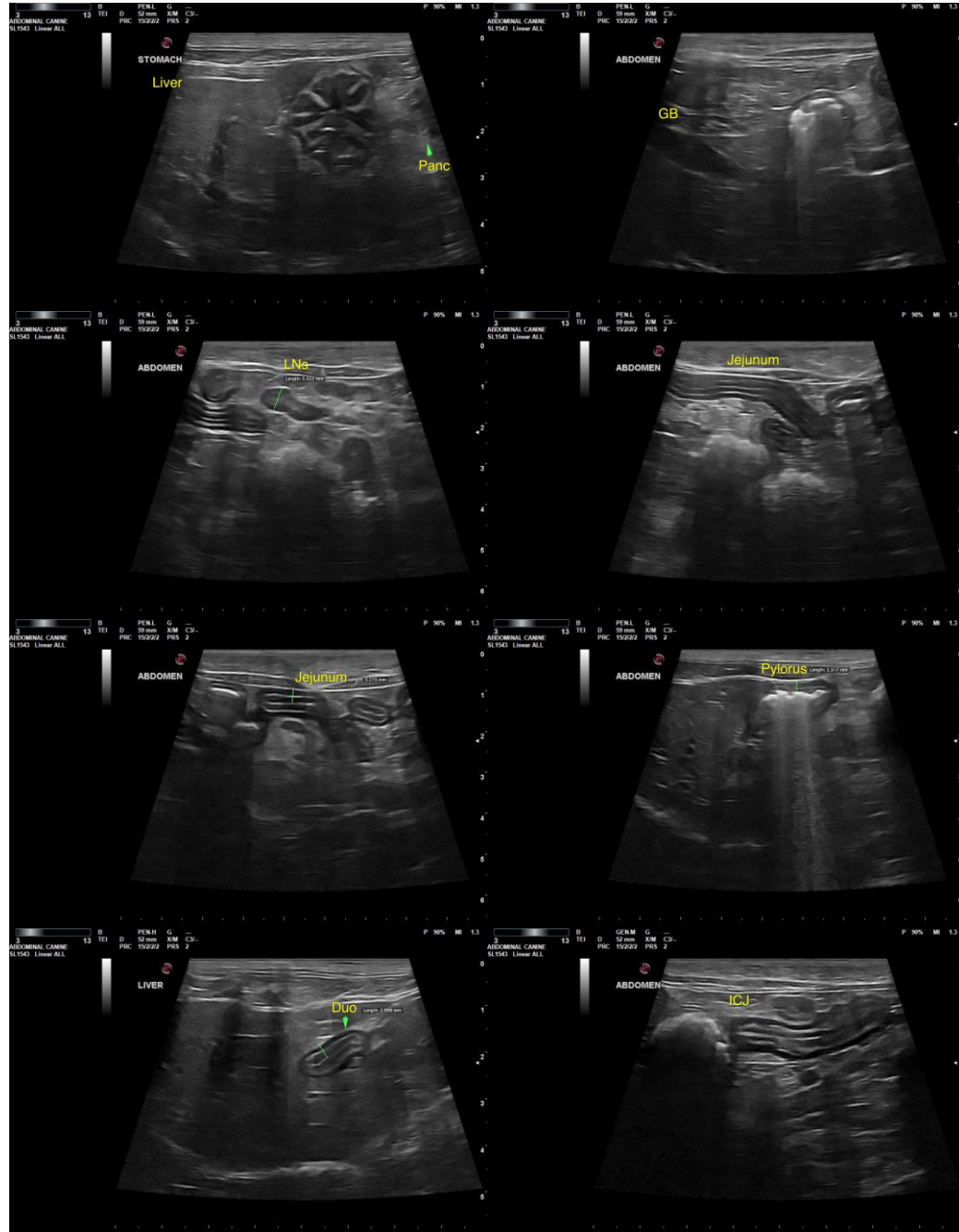
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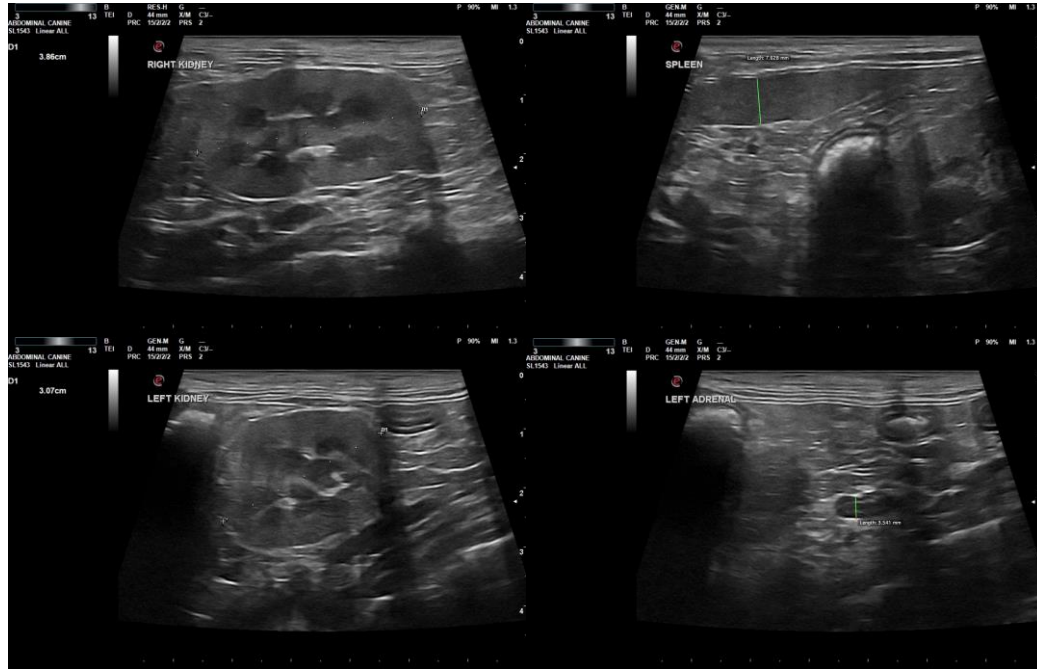
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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