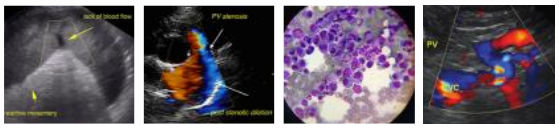


PATIENT

Morpheus Wild

SPECIES

Feline

BREED

DMH

SEX

MN

AGE

14 months

WEIGHT

8.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Q Street AH

REFERRING VET

Dr. Bretschneider

INVOICE

14038

DATE

6/7/22

PRESENTING CLINICAL SIGNS

recurrent gastroenteritis, vomiting persistently this time for 4 days. Not keeping food down CBC/Chem- all normal on march 8 Current Medications Cerenia - still vomiting though

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. Primarily anechoic urine was present in the lumen. Mild, primarily dependent to mildly nondependent sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were 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 4.0 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

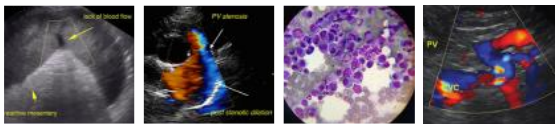
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 cm width.

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 with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained anechoic pyloric fluid was present. The pylorus wall width measured 0.22 cm. The gastric body wall width measured 0.24 cm.

The intestinal walls demonstrated intact wall layers exhibited altered to inverted muscularis / mucosa ratio owing to generalized prominent to thickened muscularis layer. No evidence of loss of intestinal wall layering, mechanical / metabolic small intestinal ileus pattern, or Intestinal masses. The duodenum wall width measured 0.27 cm. The jejunum wall width measured 0.28 cm.

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

Pancreas

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.

Free Abdomen

Intermittent jejunal to 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). No peritoneal free fluid was noted. The omentum was of uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Infiltrative enteropathy pattern with altered to inverted wall layer ratio
- Intermittent subjective benign / reactive jejunal / jejunocolic lymph nodes
- Suspect concurrent low-grade pancreatitis

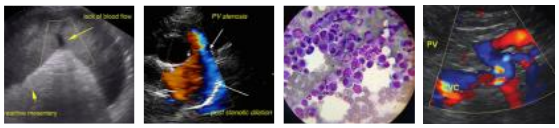
Secondary Findings

- Mild urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

The intestinal presentation is consistent with infiltrative enteropathy. Considerations may include suspected inflammatory infiltrative enteropathy (IBD/ eosinophilic enteritis) and associated benign / reactive lymphadenopathy. Potential for neoplastic infiltrative enteropathy with round cells such as lymphoma or less likely dry form FIP, (both of which may present in a similar sonographic manner)



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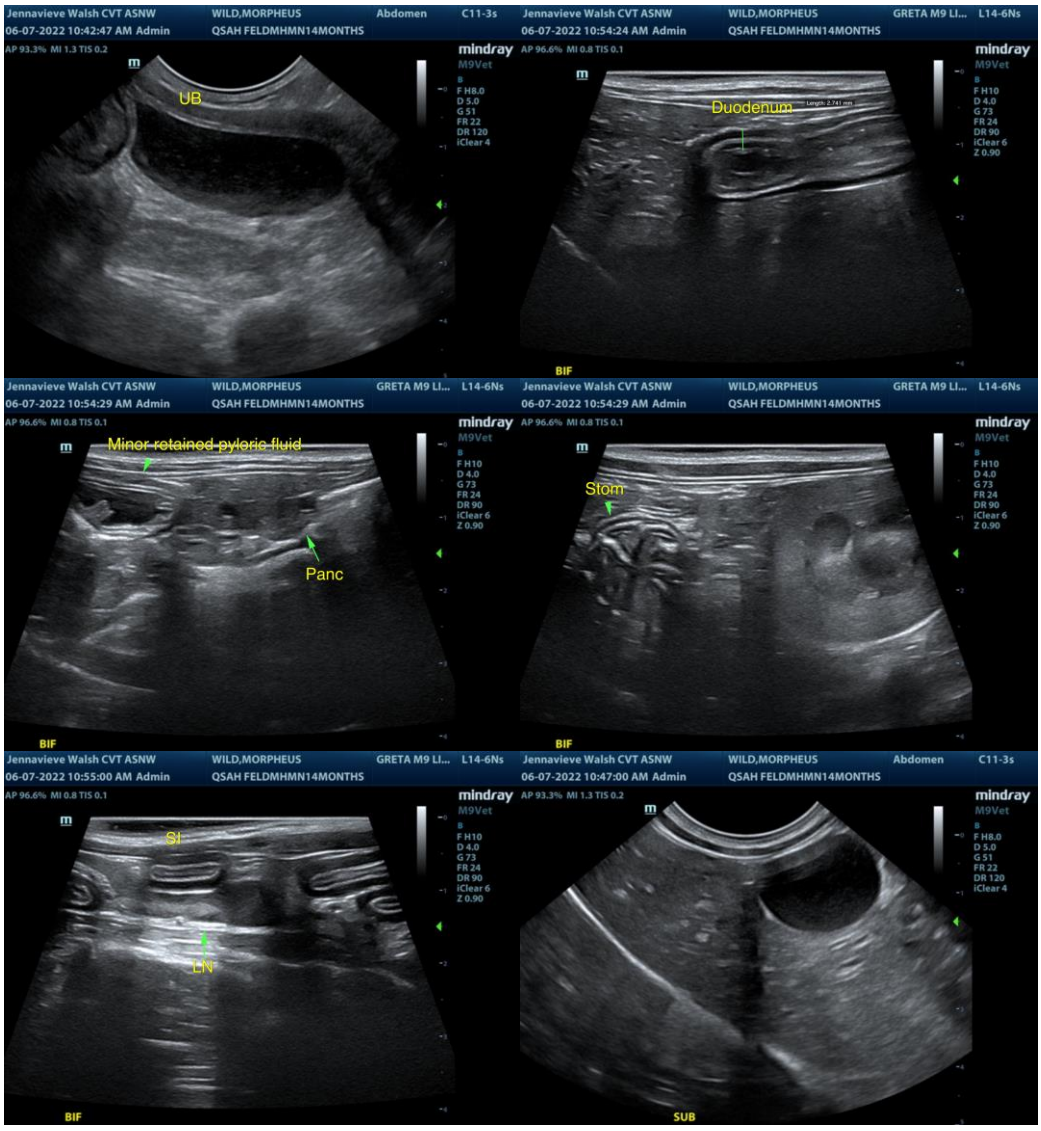
cannot be definitively excluded. A definitive diagnosis would require full-thickness Intestinal biopsies for histopathology which is recommended given the young age of the patient. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. If biopsies are not possible, empirical therapy for IBD / eosinophilic enteritis and low-grade pancreatitis with as-needed gastrointestinal support and assessment of clinical response +/- sonographic monitoring of the pancreas and small intestine for evidence of progressive inflammatory changes would be reasonable.



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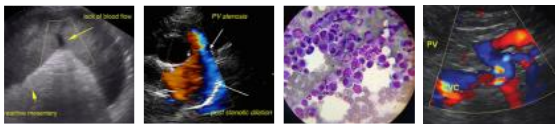

ANIMAL SOUNDS NW
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IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

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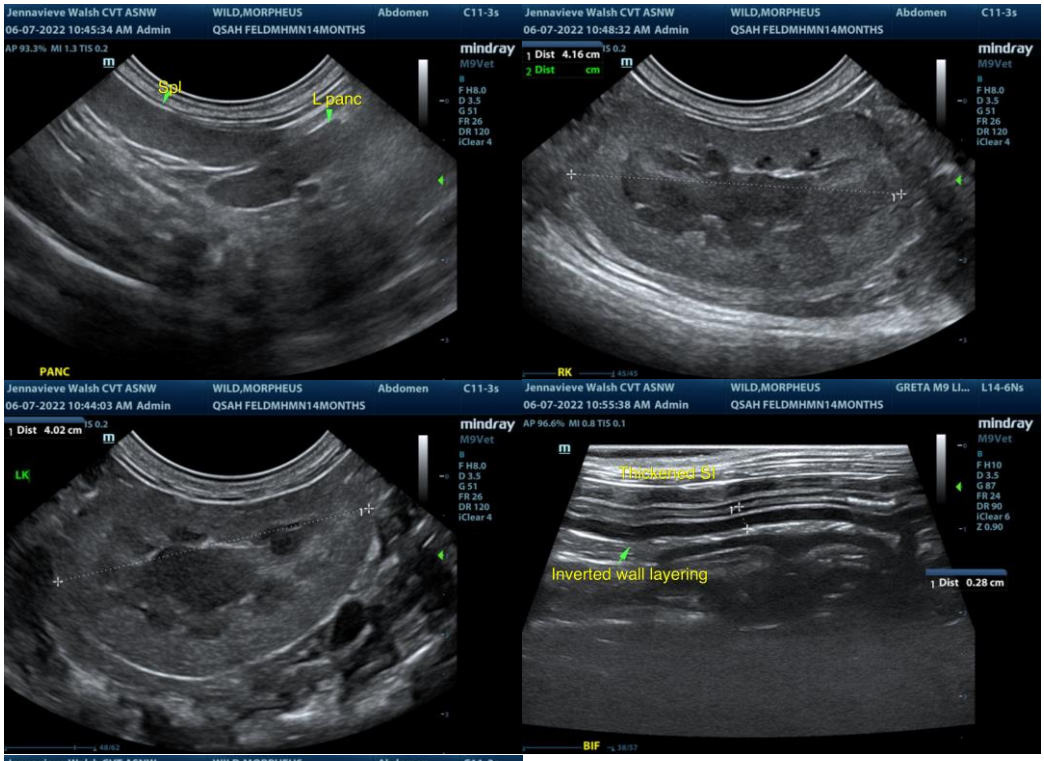

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com