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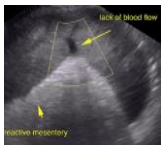
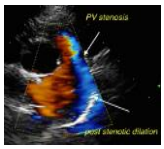
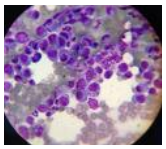
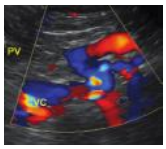

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Lebron Quaytman

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

15

WEIGHT

5.4 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. De Cordon

HOSPITAL NAME

Mason Dixon Animal ER

REFERRING VET

Dr. De Cordon

INVOICE

11083ag

DATE

07/10/2022

PRESENTING CLINICAL SIGNS

has been vomiting and having diarrhea all over the house and has been kind of lethargic and not acting himself. transferring for overnight care. O was kind of unclear as to what is going on with the pt.Not eating normally

Abnormal PE/Chem/CBC/UA Results

RDVM bloodwork- Ph 2.8, decreased chloride, amylase 1150. Mild leukocytosis- with monocytosis 1.66, eosinophilia 3.9, basophilia 2.34.

UA- SpGr 1.065, quiet sediment

proBNP- normal

FELV/FIV- neg

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 moderate to marked particulate to pinpoint hyperechoic sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

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. Mild pyelectasia was present in the left kidney.

The left kidney measured 3.9 cm in length. The right kidney measured 3.8 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a focal area of hyperechoic mineral. The left adrenal gland measured 0.46 cm width. The right adrenal gland was not definitively visualized.

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 0.89 cm in width at the level of the hilus.

Liver

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.

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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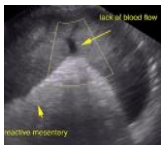

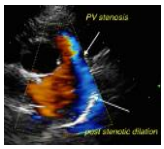

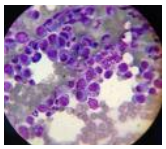
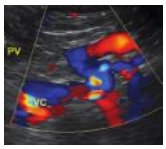

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Gastrointestinal

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 measured 0.25 cm in width.

The small intestine presented intact yet segmental to generalized prominent wall layering owing to a variably prominent muscularis layer. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.33 cm in width. The jejunum wall measured 0.30 cm in width. The ileocolic wall measured 0.49 cm in width.

The colon exhibited intact yet mildly prominent wall layering. Soft to nonformed feces present in the descending colon lumen.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No omental masses or peritoneal effusion was present.

Intermittent enlarged colic lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 1.1 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

- Moderate to marked UB sediment
- Mild chronic kidneys with LK pyelectasia
- Normal stomach
- Intact yet variably thickened SI walls - infiltrative enteropathy pattern with considerations including IBD / eosinophilic enteritis vs round cell neoplasia ie lymphoma or other
- Colitis with nonformed feces consistent with diarrhea
- Mild enlarged to hypoechoic colic lymph nodes - hyperplasia, lymphadenitis owing to inflammatory SI / colon disease, early neoplastic lymphadenopathy possible
- Secondary: Focal left adrenal dystrophic mineral - age related feline variant

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Cystocentesis for UA and C/S if inflammatory cells. Full thickness SI biopsies are needed to definitive diagnosis. Fresh fecal analysis and GI panel to include PLI/TLI/B12/Folate is recommended. FNA of colic LN could be considered if accessible. Empirical IBD protocol such as hydrolyzed diet, high colony count probiotic, B12 supplementation, Metronidazole if concern for dysbiosis +/- Prednisolone at lowest effective dose to control clinical signs and reassessment would be reasonable.

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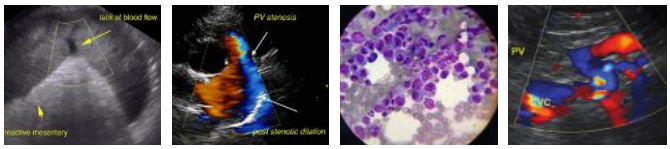

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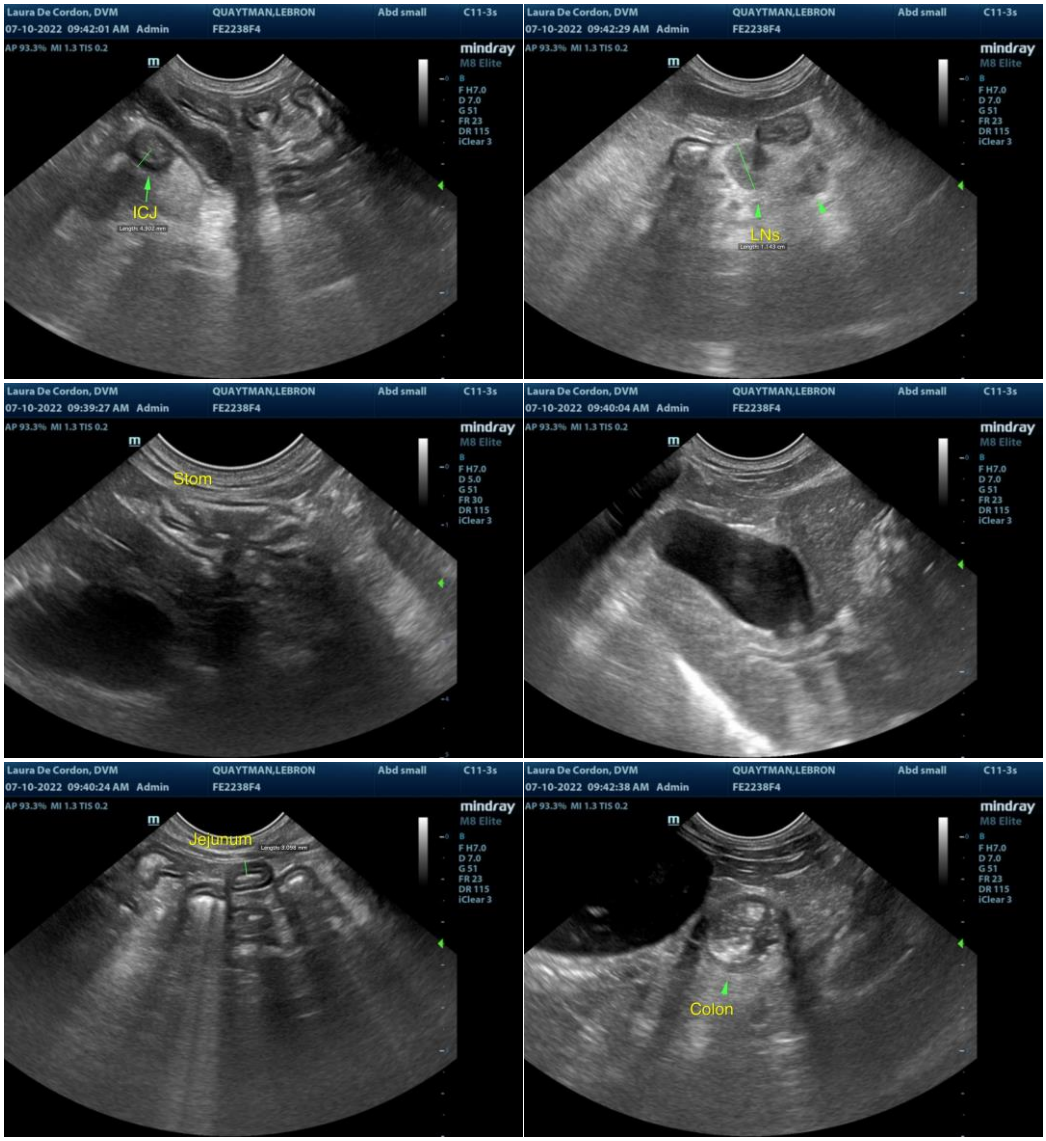

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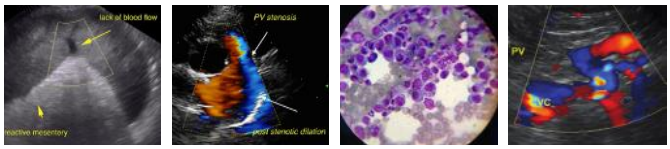

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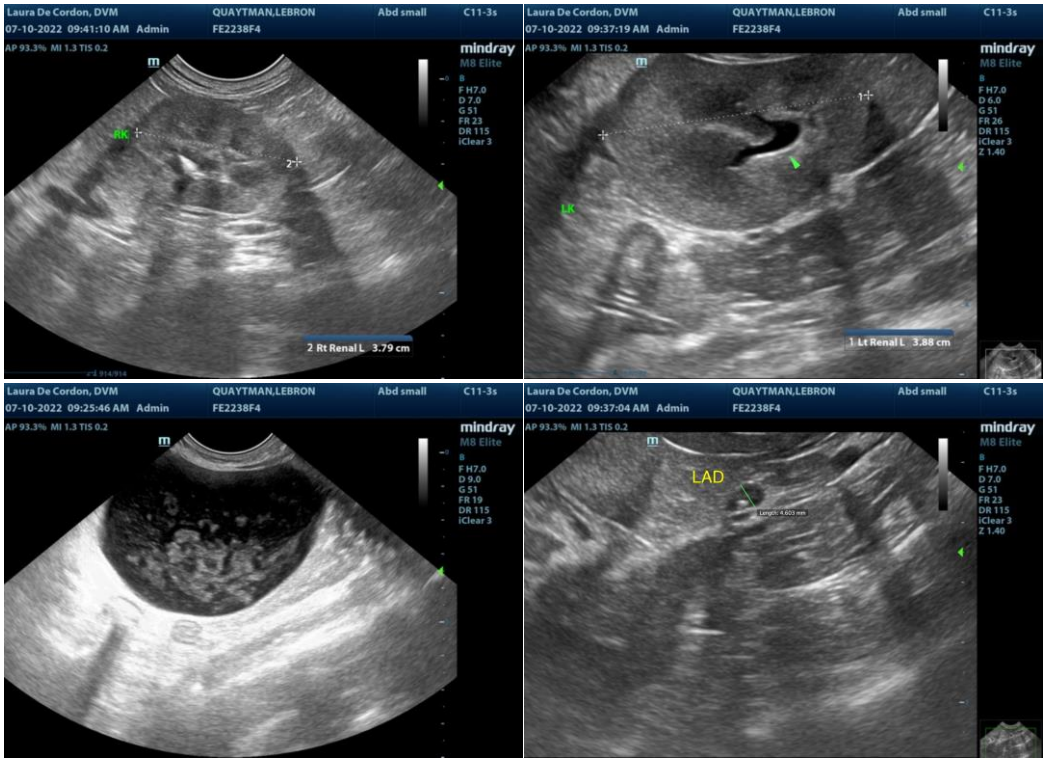

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com