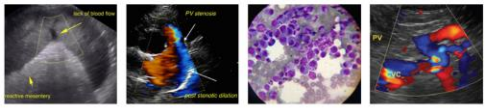

PATIENT

Link Rosa-Schwenk

SPECIES

Feline

BREED

DSH

SEX

MI

AGE

14yr

WEIGHT

9lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Cahse Veterinary Clinic

REFERRING VET

Dr. Lipinski

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DATE

07/11/2022

PRESENTING CLINICAL SIGNS

History: History of weight loss despite normal appetite. Labwork showed elevated liver values. Started on Clavamox and Denamarin x 4 weeks - recheck showed no improvement.

Abnormal PE/Chem/CBC/UA Results: WBC 22.7; neut 15.845; mono 1.498. Chem: TP 9.2; Glob 6.6; ALT 767; AST 174; ALP 198; Tbili 1.1; unconj 0.5; conj bili 0.6

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 mild nondependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 3.9 cm in length. The right kidney measured 4.4 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 uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 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. The spleen measured 0.96 cm in width at the level of the hilus.

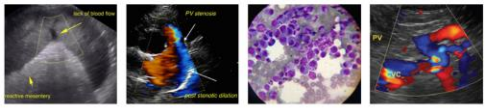
Liver

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content and mild nondependent mildly hyperechoic luminal debris. The cystic and common bile ducts were normal.

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 0.26 cm in width.

The small intestine presented intact yet segmental to generalized mildly prominent wall layering with 1:3 muscularis/mucosa ratio. No evidence of significant intestinal mural hypertrophy or loss of wall layering. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign



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material. The duodenum wall measured 0.23 cm in width. The jejunum wall measured up to 0.29 cm in width.

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

Pancreas

The pancreas was mildly prominent in size with areas of minor asymmetrical contour. Variably echogenic to nonhomogeneous pancreatic parenchyma with mild pancreatic duct dilation was present. Subtle evidence of peri pancreatic reactive mesentery was noted.

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 of a lymph node measured 0.57 cm diameter.

ULTRASONOGRAPHIC FINDINGS

- Hepatopathy-subjectively benign, likely chronic
- Mild gallbladder debris
- Chronic to chronic active pancreatitis pattern
- Probable IBD with associated mildly prominent benign/reactive mesenteric lymph nodes
- Bilateral nonspecific chronic renal changes
- Mild urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine exhibited mild mural changes suggestive of inflammatory criteria. Based on the GI presentation as well as subjective chronic to chronic active pancreatitis pattern, IBD or other chronic inflammatory enteropathy or triaditis is considered most likely. Definitive diagnosis would require sampling for histology. Assuming normal clotting status a hepatic FNA could be considered for screening cytology.

Empirical therapy for IBD, continued hepatosupportive medications and/or empirical triad disease protocol would be warranted if sampling is not elected.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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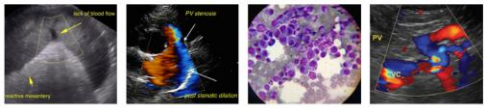

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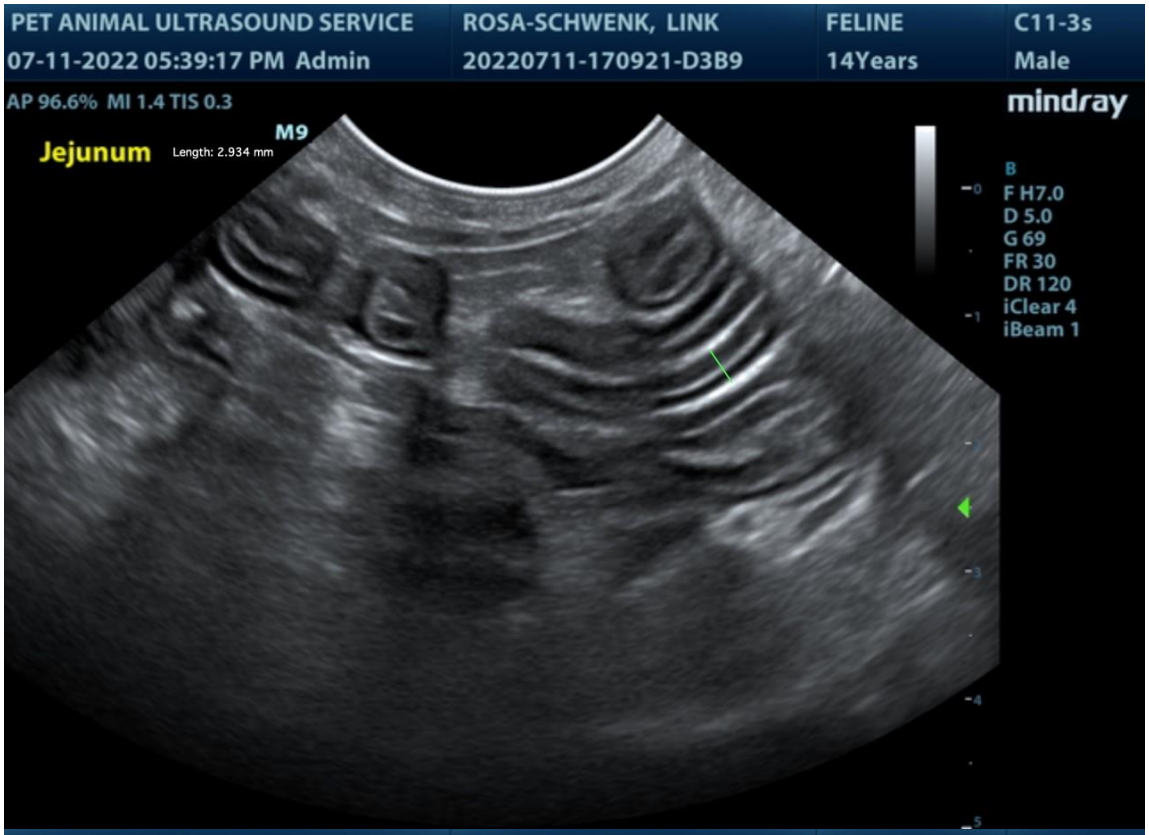

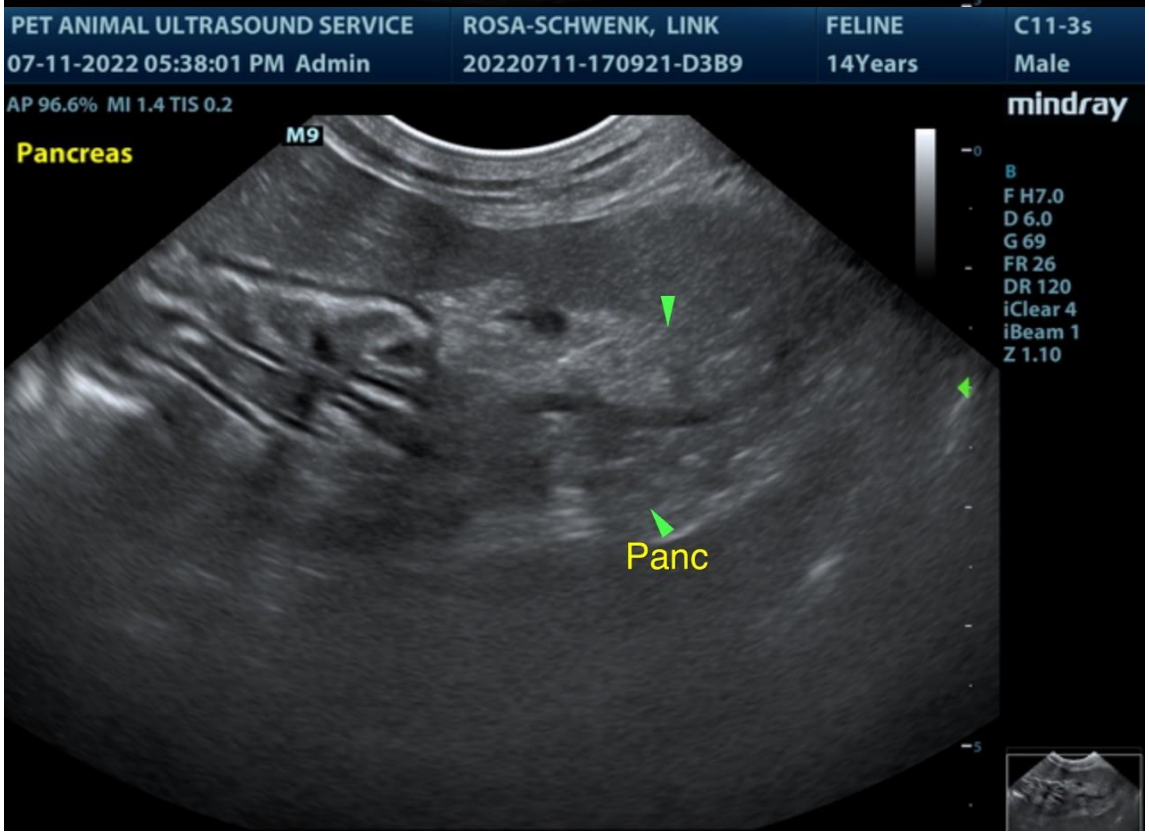

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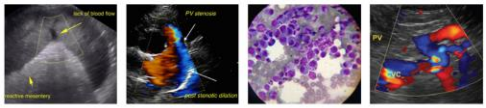

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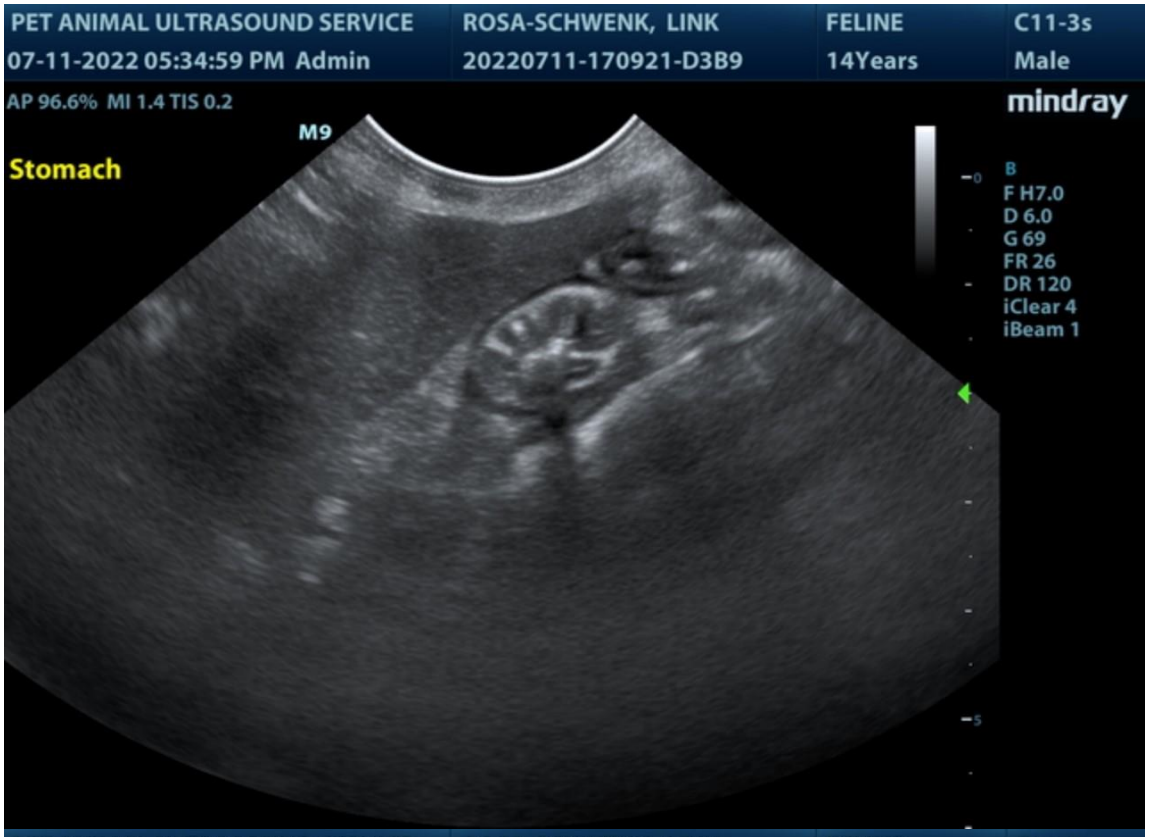

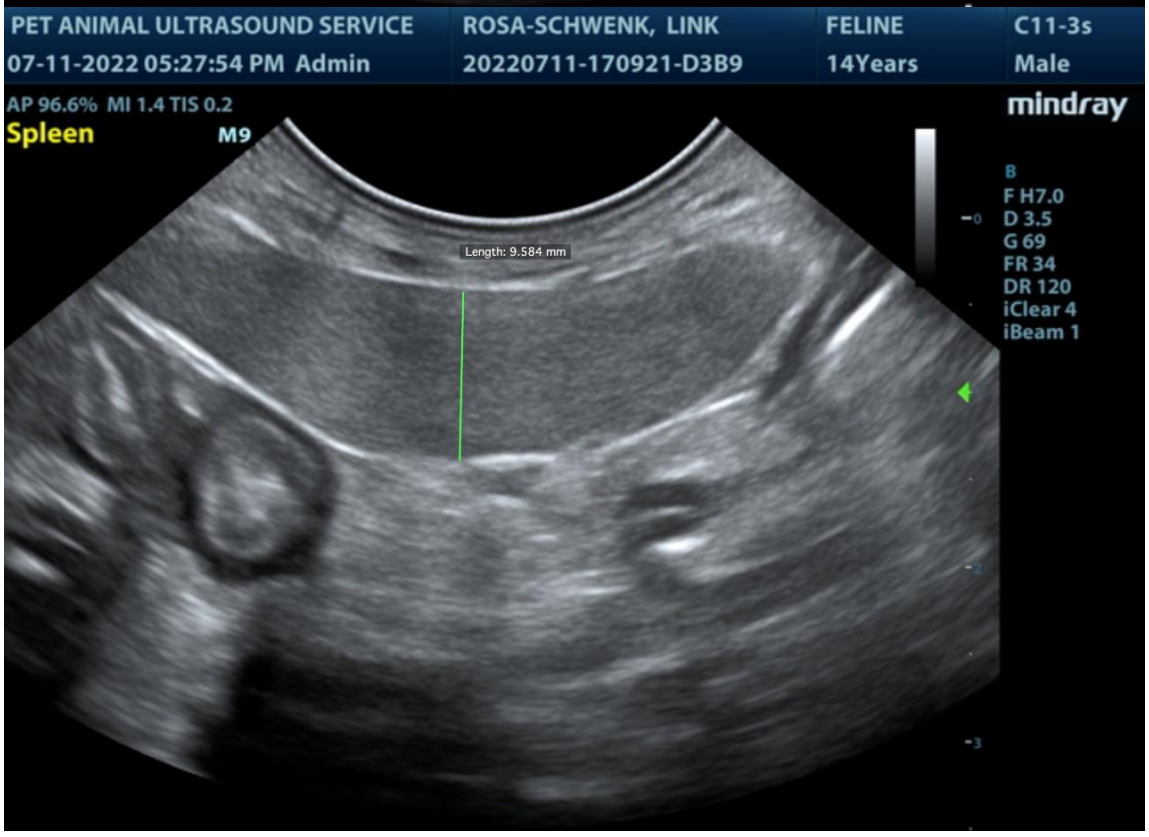

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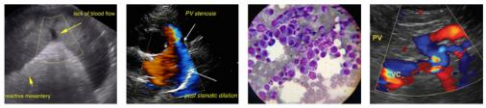

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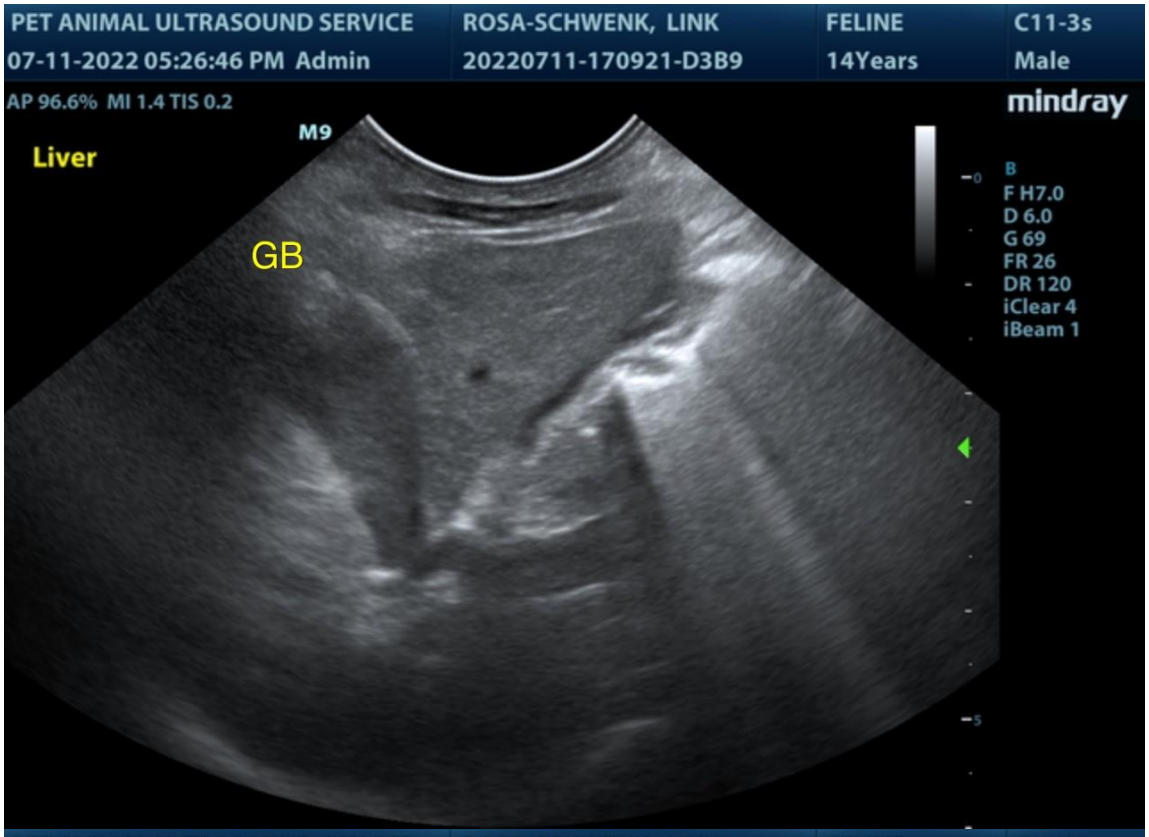

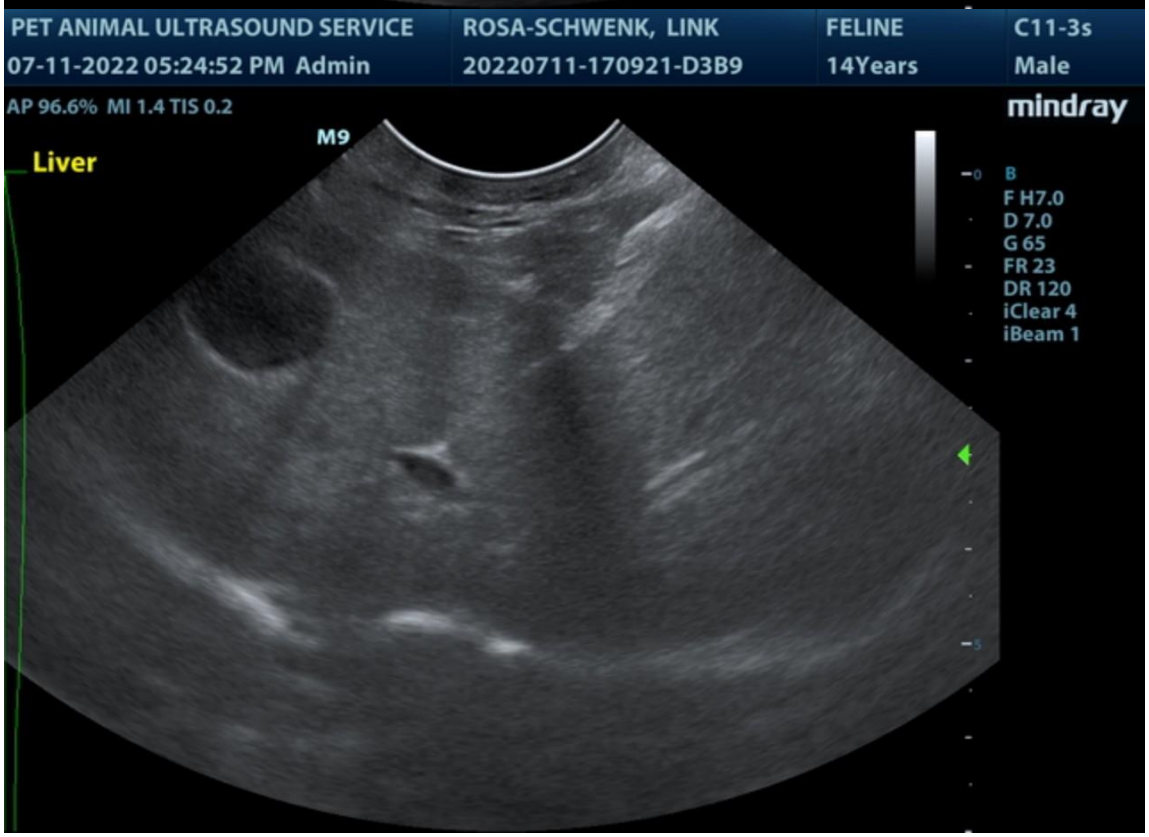

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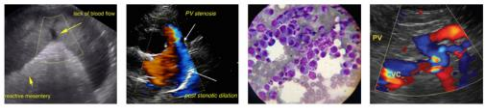

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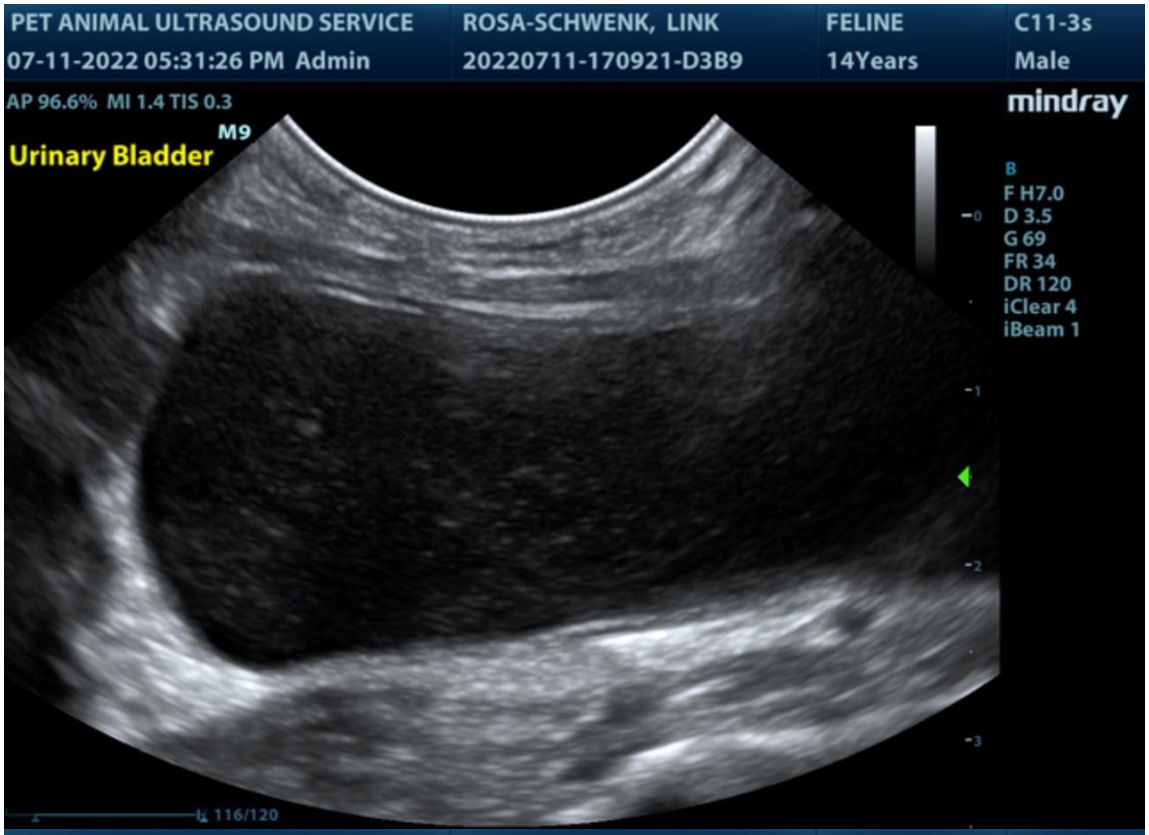

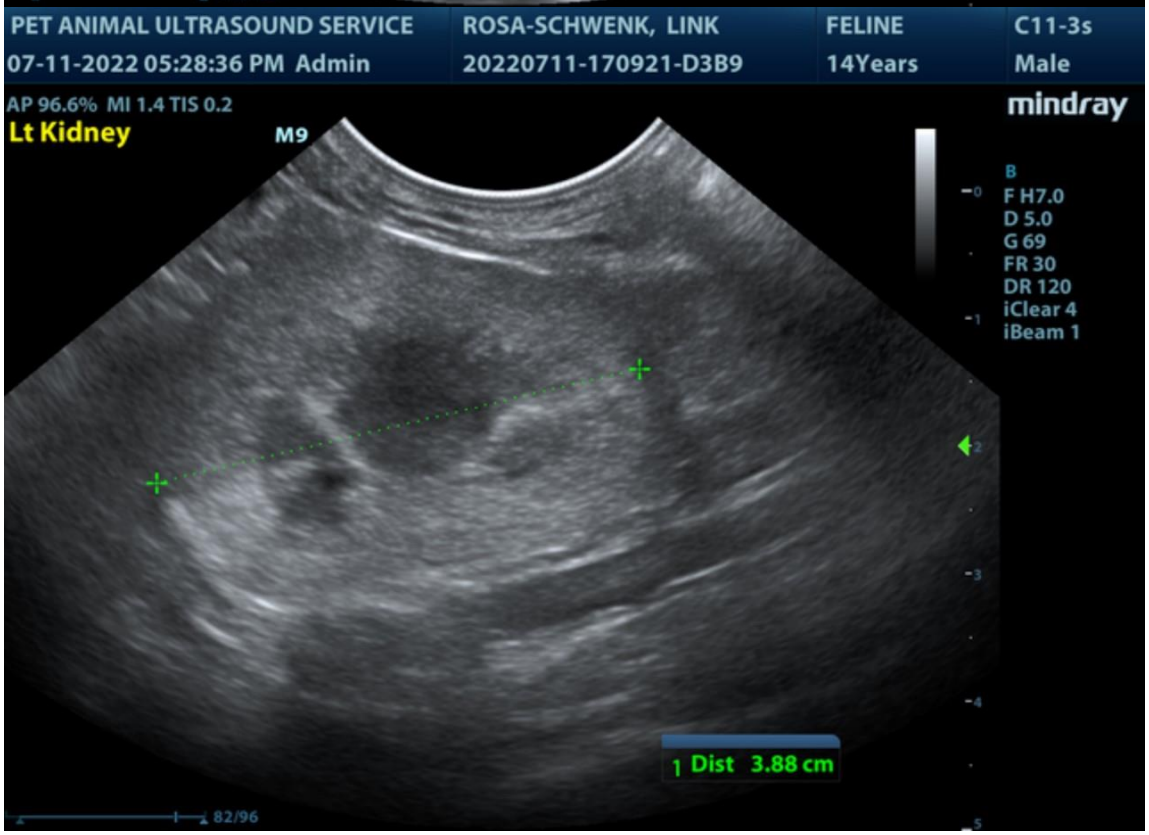

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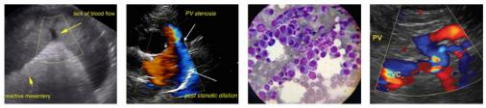

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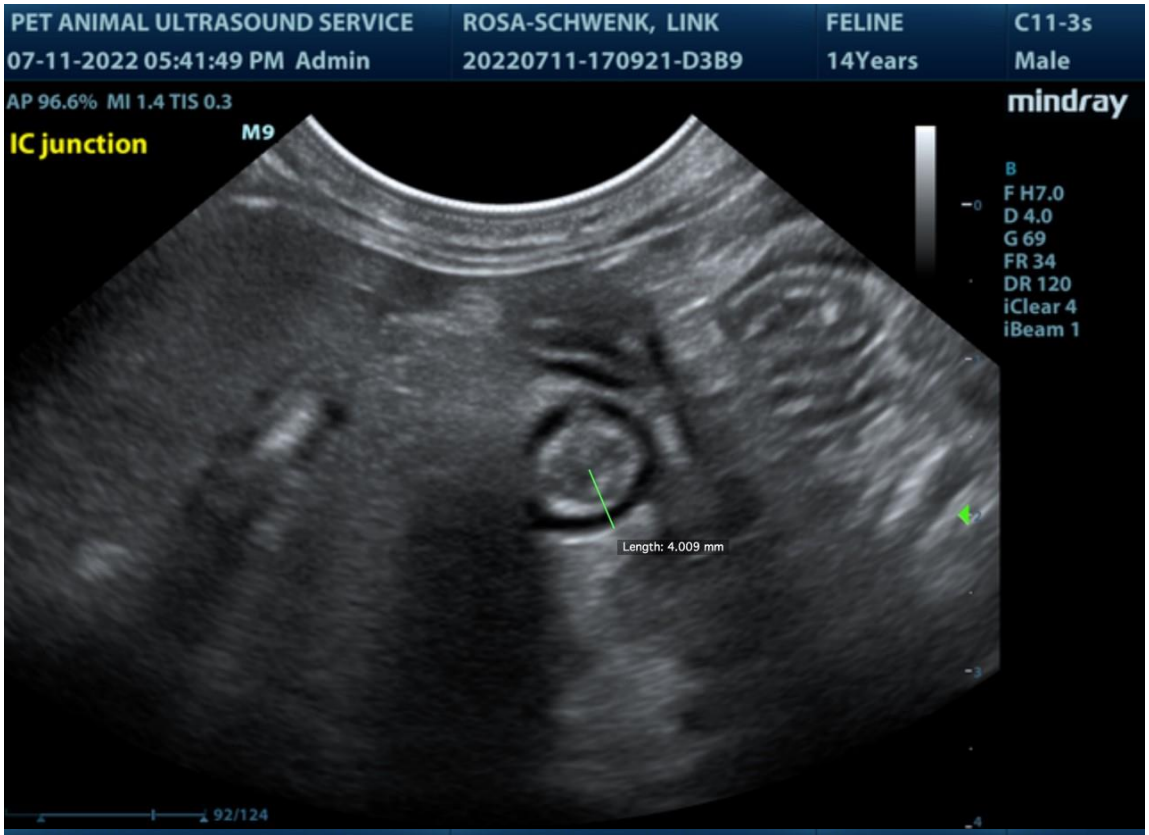

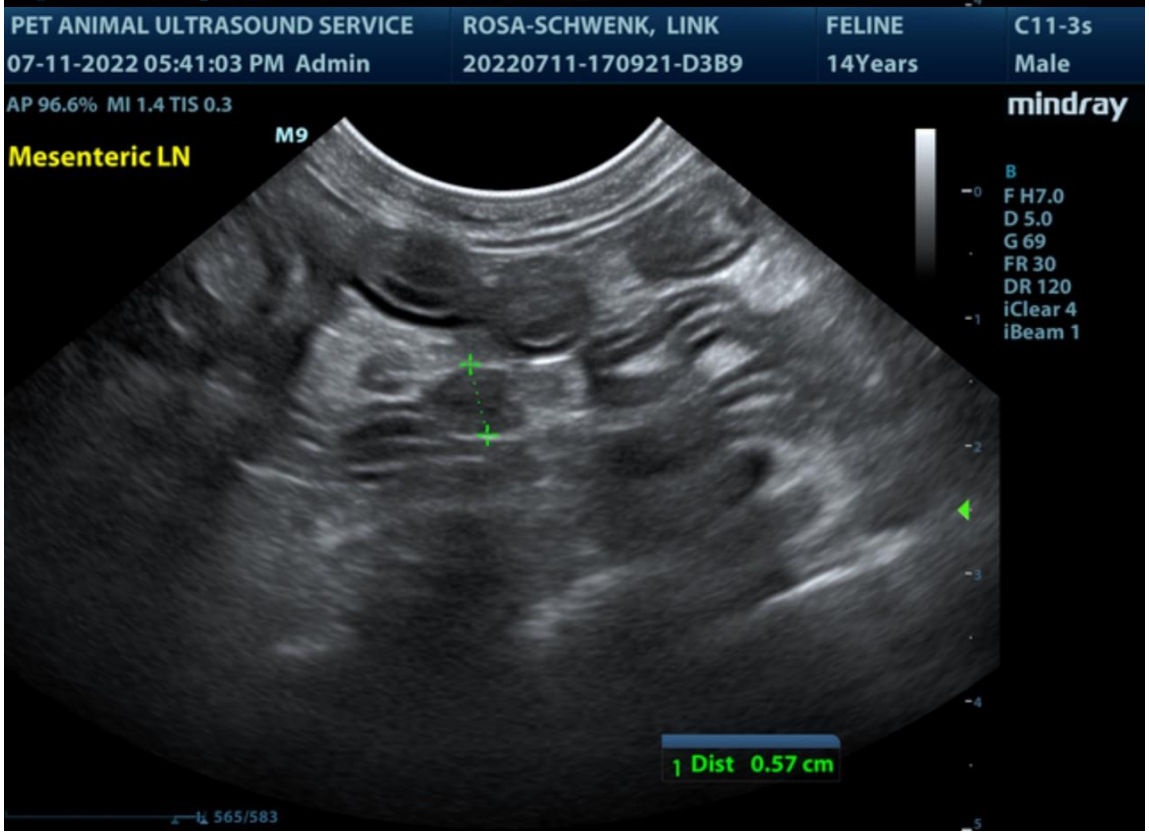

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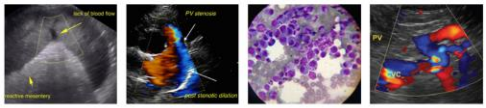

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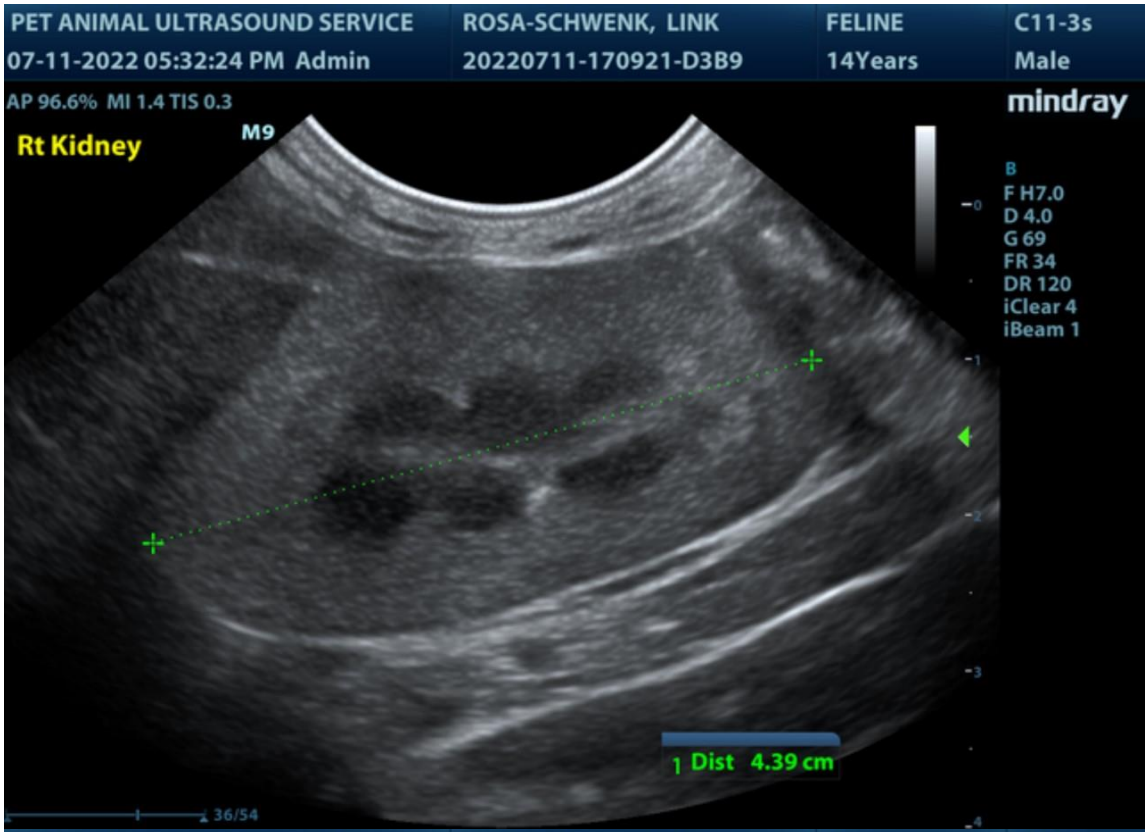

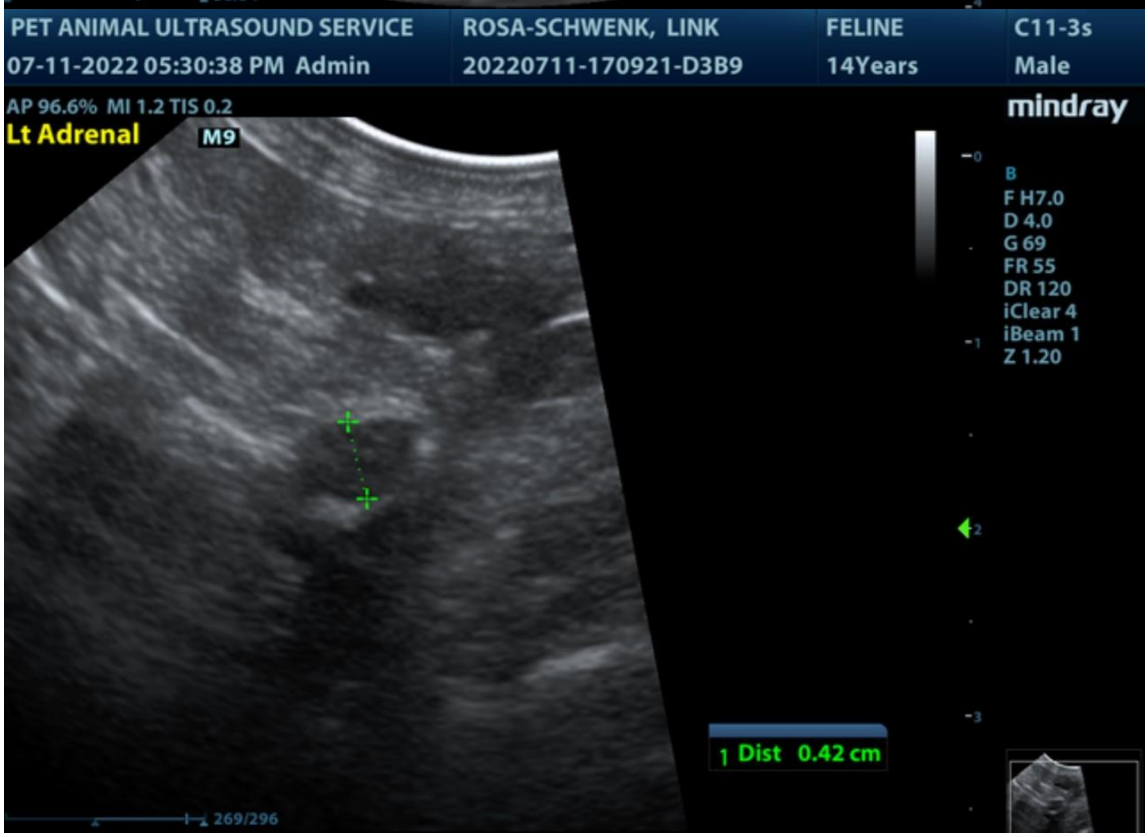

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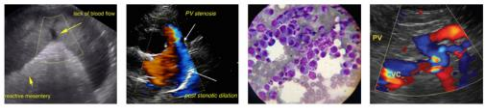

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veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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