



PATIENT

Heckle Leunnissen

SPECIES

Feline

BREED

DMH

SEX

Neutered Male

AGE

13 yr

WEIGHT

7.3 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Jenny Parrish

HOSPITAL NAME

Local Mobile
Veterinary Service

REFERRING VET

Jenny Parrish

INVOICE

10327

DATE

7/14/2023

PRESENTING CLINICAL SIGNS

Clinical signs/history: Weight loss (unintentional) despite good appetite over the past few months. no vomiting or diarrhea per owner.

Abnormal PE/Chem/CBC/UA Results: Exam findings: BCS 3-4/9 (previously overweight based on previous vet records). Differential or Definitive Diagnoses related to referral: R/O GI lymphoma vs. other neoplasia vs. IBS Diagnoses that may also be relevant: Normal urinalysis with normal UPC; Chemistry shows albumin 2.1 (2.5 low), globulins 6.9 (5.3 high). TP 9 (8.8 high) WBC 20,000. PMNs 11368, Monos 1218

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 no uroliths. Urinary bladder minor non-dependent particulate to hyperechoic sediment which may indicate minor crystalline debris, lipid mucus, or protein. 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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.8 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. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.31 cm.

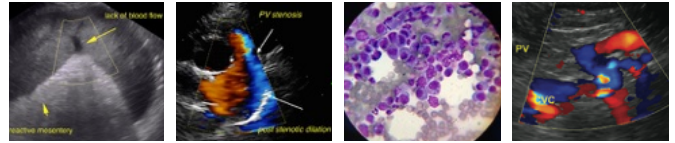
Spleen

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 0.61 cm width level of the mid spleen.

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.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The gastric body wall measures 0.25 cm. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

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The small intestine presented intact generalized thickened wall layering with 1:3 muscularis/mucosa ratio. Small intestine wall width measured up to 0.33 cm. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

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

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Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

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Free Abdomen

Mid-abdominal mesenteric 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 peri lymphatic inflammation was evident. An example of lymph node size was 3.1 cm x 1.0 cm. Mild reactive peri lymphatic omentum.

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No evidence of peritoneal effusion or omental masses was present.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Intact thickened small bowel walls
- Associated mesenteric lymphadenopathy.
- Mild chronic renal changes
- Mild urinary bladder sediment

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Small intestine bowel wall exhibited subjective mild mural changes consistent with infiltrative enteropathy criteria. Considerations may include IBD/eosinophilic enteritis, neoplastic infiltrative enteropathy with round cells i.e., lymphoma, mast cell neoplasia, less likely granulomatous enteropathy (dry FIP) associated lymphadenopathy may indicate reactive hyperplasia, lymphadenitis, or early neoplastic lymphadenopathy.

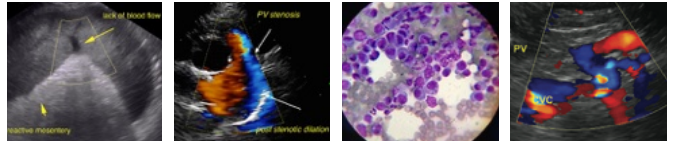
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Further assessment may include GI panel to include PLI/TLI/Cobalamin/Folate and screening lymphatic FNA cytology of assessable lymph node, full thickness intestinal biopsies. As well as lymph node biopsy likely required for a definitive diagnosis. Three-view chest radiographs if not done suggested to rule out occult thoracic pathology as a contributing factor to the weight loss. At times, unintentional weight loss may be the only clinical sign in cats with intestinal disease, without concurrent gastrointestinal signs. Pending additional diagnostics empirical IBD protocol would be reasonable if additional diagnostics or sampling is not elected.

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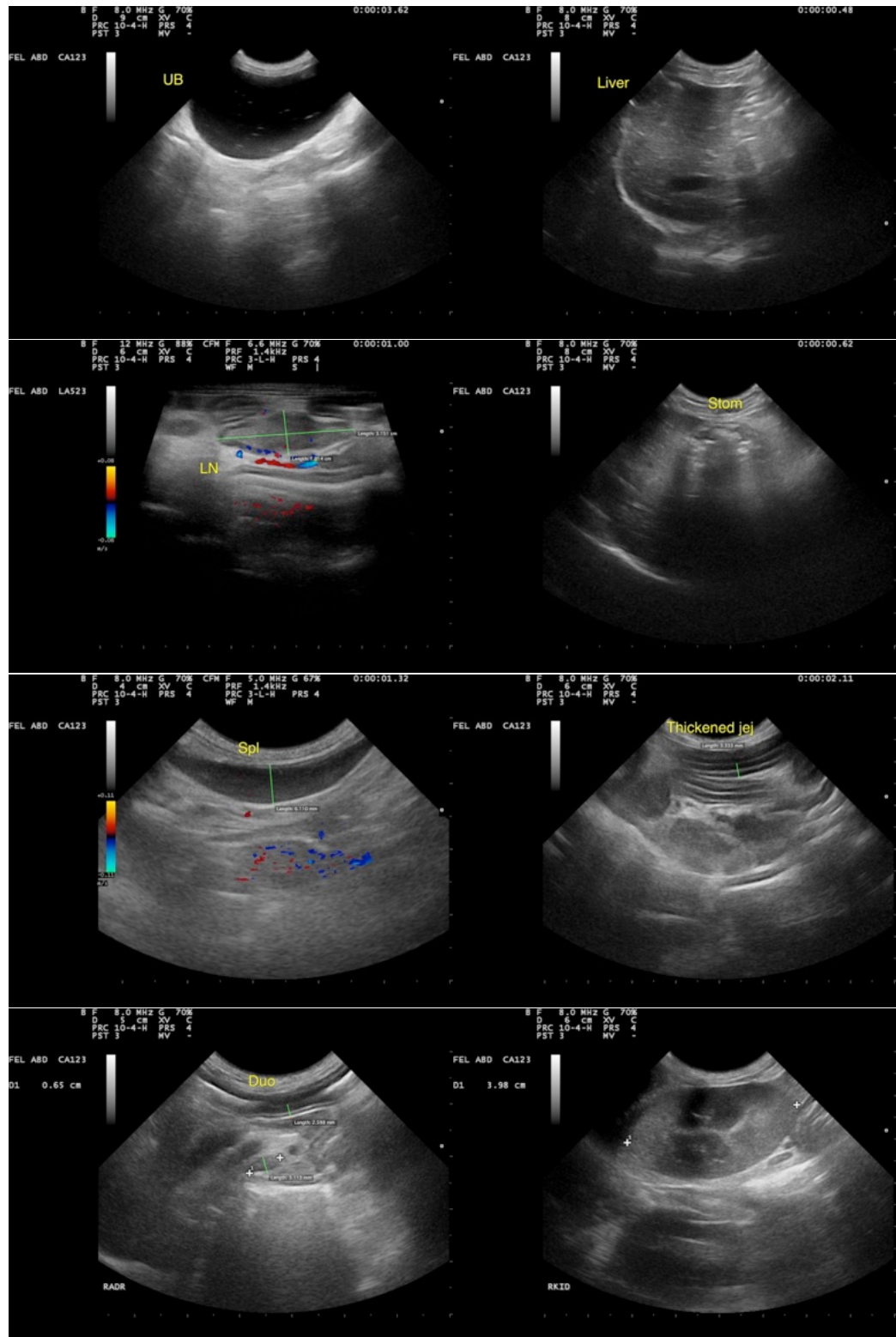
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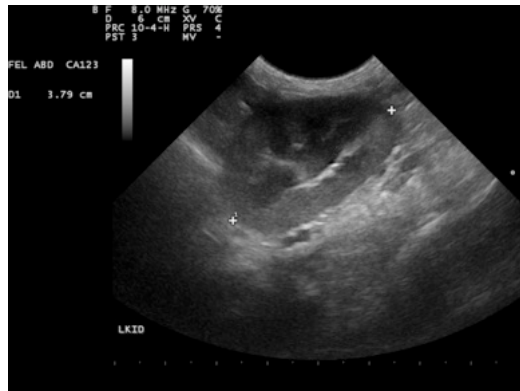
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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