

PATIENT

Zane Haynes

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

12 y

WEIGHT

6.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

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LLC

REFERRING VET

Dr. Kastella

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17341

DATE

7/21/23

PRESENTING CLINICAL SIGNS

This patient was seen at an ER on 7/2/23 for reduced appetite and weight loss and vomiting. He was emaciated, pale, per records. Radiographs showed reduced serosal detail secondary due to low BCS. LARGE amount of fecal matter in ascending, and descending colon - no rad report available. Patient was given an enema and started on SC fluids at home as well as the below meds: Rx: Lactulose 10g/15mL - 0.5mL PO q 6-12hrs for constipation # 10ml Rx: Prednisolone 5mg - 1/2 tablet PO q 12hrs #20 Rx: Doxycycline 5mg/mL - 3mL PO q12hrs x 7d, then recheck #1 bottle (60mL) ER veterinarian was concerned about immune-mediated disease, vector borne disease, or neoplasia. I saw him 7/7/22 and he was still very pale and emaciated but was eating a little better and not vomiting. He ate canned critical care food and Churu very well during exam. No heart murmur. No fever. Moderate dehydration and large amount of flea dirt noted on hair coat. Current Medications Prednisolone, Doxycycline, Lactulose, Mirataz Radiographic Findings None - ER reported large volume of stool in colon on radiographs Primary Question/Differential to Be Answered in This Exam Cause for ongoing anemia? Concern for lymphoma or other neoplasia.

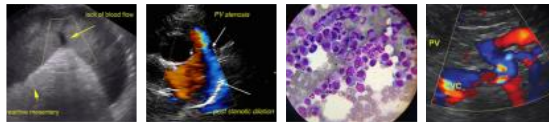
Abnormal PE/Chem/CBC/UA Results: From July 7, 2023 CBC: RBC 3.6 (5.9-11.5), Hemoglobin (HGB) 7 (8-16), Hematocrit (HCT) 19% (30-50), Neutrophils 10168 (1900-9500), Plt 562 (165-494) Pathologist review: Moderate anemia with borderline regeneration -- could be due to hemorrhage or hemolysis, or possibly FeLV infection. Many RBC Heinz bodies are present and the majority are relatively small, most supportive of endogenous oxidant injury (e.g. secondary to disorders such as diabetes mellitus, hyperthyroidism, other metabolic disease, lymphoma) with minimal affect on RBC lifespan. However, some Heinz bodies are larger and exogenous oxidant injury (and resultant hemolytic anemia) must also be considered (e.g. due to acetaminophen, onions, propylene glycol; any history of ingestion?). Occasional large lymphoid cells are seen and these could be reactive or possibly neoplastic (lymphoma). No left shift or toxic change, no infectious agents are identified. Alb 2.2, Glob 5.5 (inflammation), Normal hepatic and renal parameters. TT4 normal @ 1, SDMA normal @ 11 FeLV = neg and FIV = neg Anemia PCR all negative (Ana/Ehr, Bartonella, C. felis, M. haemofelis, M. haemominutum)

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. 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.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Mild uniform increased cortex echogenicity was present with mildly enhanced corticomedullary border demarcation. The left kidney measured 3.9 cm in length. The right kidney measured 4.0 cm in length.



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Adrenal Glands

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The left and right adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.4 cm width and the right adrenal gland measured 0.53 cm width.

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Spleen

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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 0.56 cm width at the level of the mid-spleen.

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Liver/ Gallbladder

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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 containing primarily anechoic content with mild, echogenic gallbladder sediment. The cystic and common bile ducts were normal without evidence of post hepatic obstructive criteria.

WEIGHT

6.5 lbs.

Gastrointestinal

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The stomach presented intact wall layering with minor retained anechoic fluid. No evidence of mechanical pyloric outflow obstruction was noted.

The small intestine appeared to exhibit primarily intact wall layering and maintained a 1:3 muscularis/mucosa ratio. Intact, normal appearing small intestinal wall measured 0.23 cm. Unspecified segmental thickened small intestine vs. colon was noted in the mid to cranial abdomen exhibiting intact to indistinct wall layer detail with thickened colon vs. small intestinal wall measuring up to 0.40 cm.

Discernable descending colon exhibited subjective distention with strongly shadowing fecal matter, consistent with patient history.

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Pancreas

The left pancreatic limb exhibited mild to variable prominent size with capsule asymmetry and nonhomogeneous, mildly hypoechoic parenchyma compared to the adjacent omentum.

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Free Abdomen

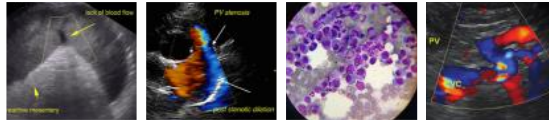
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Intermittent, variably prominent to enlarged, primarily symmetrical homogeneous mesenteric and medial iliac lymph nodes were present with an example measuring 2.1 cm x 1.1 cm. The lymph nodes exhibited borderline abnormal width: length ratio (~0.5). Mild peri lymphatic to peri enterocolic hyperechoic omentum was noted. Scant to mild volume peritoneal free fluid was present.

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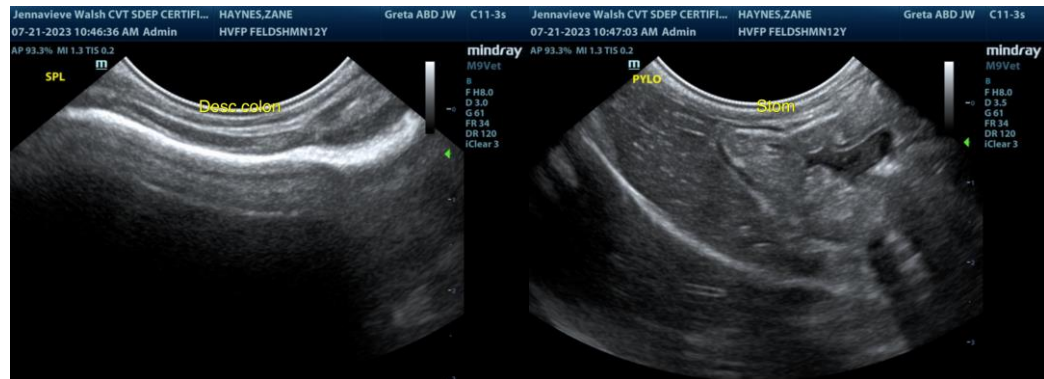
ULTRASONOGRAPHIC FINDINGS

- Segmentally thickened mid to cranial abdominal colon vs. small bowel - thickened proximal to transverse colon favored with colon fecal distention
- Intermittent variably enlarged, homogeneous mesenteric and medial iliac lymphadenopathy
- Possible concurrent left pancreas chronic / chronic active pancreatitis pattern
- Minor retained gastric fluid
- Mild gallbladder sediment
- Nonspecific mild chronic renal changes, normal renal size
- Scant to mild volume peritoneal effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The segmental thickened suspected colon vs. small bowel is suggestive of infiltrative criteria with considerations including inflammatory neoplastic or granulomatous (FIP) etiologies. Intermittent, variable lymphoid hyperplasia, lymphadenitis, granulomatous lymphadenopathy, or early neoplastic lymphadenopathy are possible.

Further assessment may include ultrasound guided lymph node FNA cytology, as well as if possible effusion analysis cytology, C/S, and FIP titers / PCR. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Potentially, current Prednisolone may be masking intrabdominal or gastroenterocolic pathology. A very guarded prognosis is suspected.





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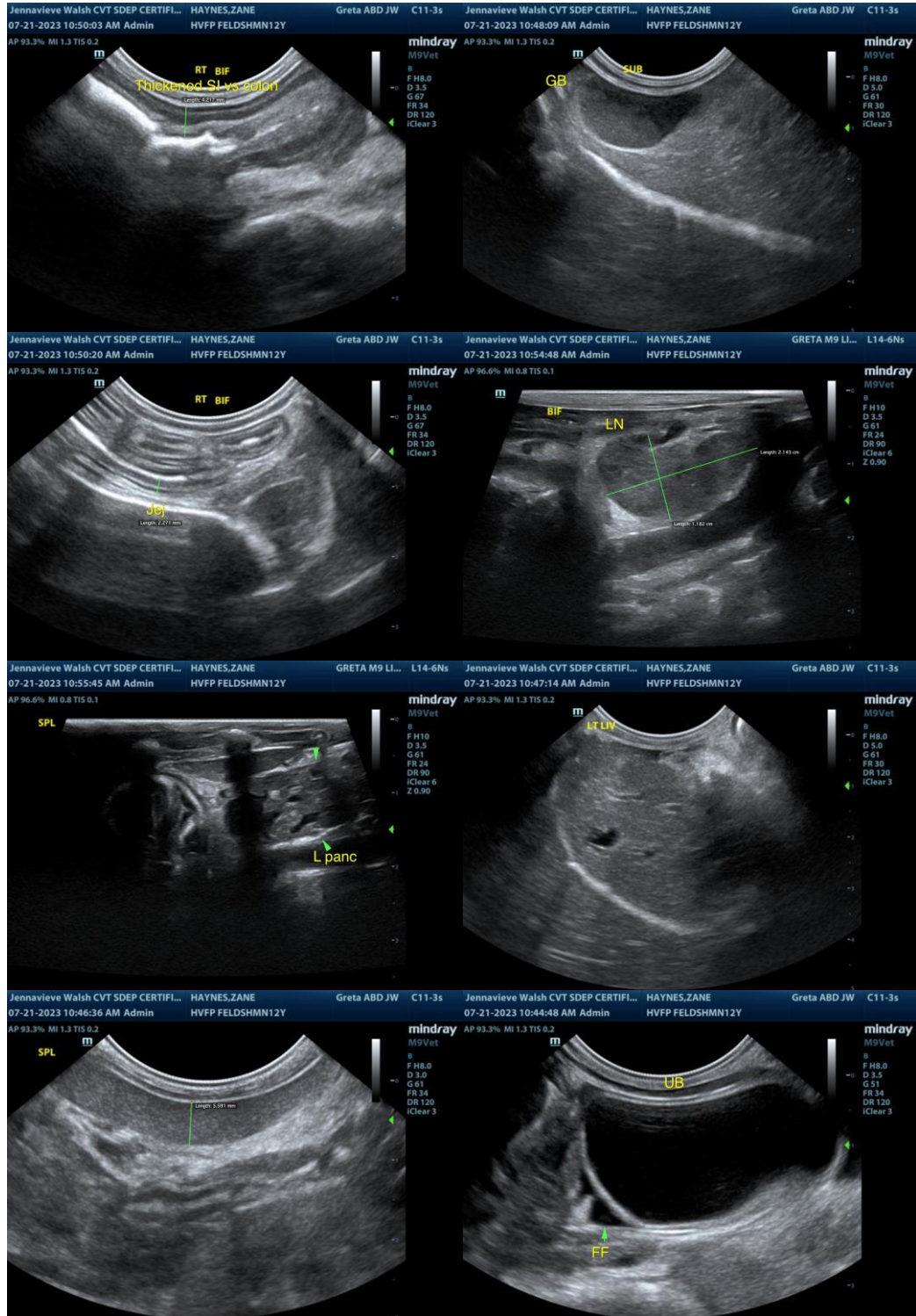
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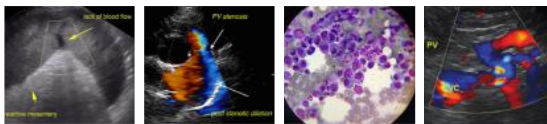
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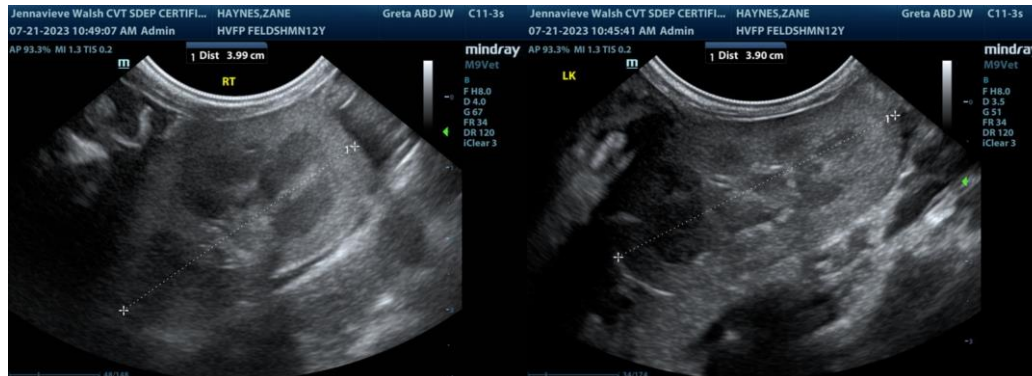
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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