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VETERINARY ULTRASOUND SERVICES
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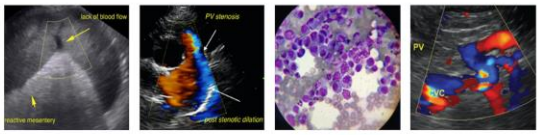


SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Piper Stanche

SPECIES
Feline

BREED
DSH

SEX
FS

AGE
2014

WEIGHT
5.9

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

IMAGING PERFORMED BY
Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME
Lehighton AH

REFERRING VET
Carpenter

INVOICE
14427

DATE
7/27/22

PRESENTING CLINICAL SIGNS

Chronic diarrhea Proviable kit, Catlax

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.

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 3.3 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

No overt pathology was noted In the area of the left adrenal gland. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.32 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 0.61 cm width at the level of the hilus.

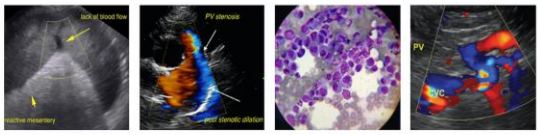
Liver/ Gallbladder

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

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 width measured 0.25 cm.

The small intestine exhibited intact wall layering and primarily maintained 1:3 muscularis/mucosa ratio. Segmental areas of mildly prominent jejunal walls with maintained intact wall layering were present. The jejunum wall measured up to 0.25 cm width. No evidence of loss of Intestinal wall layering or



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Intestinal masses to the level of the ileocolic junction. The ileocolic junction measured 0.3 cm wall width.

Intact yet mildly prominent proximal colon wall was noted with subjective semi-formed feces present in the proximal colon lumen. The proximal colon wall width measured 0.24 cm. By comparison, normal-appearing distal descending colon wall measured 0.15 cm.

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

No overt or significant lymphadenopathy or evidence of peritoneal free fluid was present. Subtle evidence of peri intestinal reactive mesentery was noted.

ULTRASONOGRAPHIC FINDINGS

- Mild proximal colitis
- Suspect mild inflammatory enteropathy, potential for low-grade inflammatory bowel
- Pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The segmental small intestine exhibited intact yet subjective mild prominent wall layering which, although normal or patient variant is possible, may suggest underlying mild to low-grade inflammatory enteropathy. Concurrent subjective mild pancreatitis was sonographically evident which Is often seen concurrently with underlying intestinal disease in cats.

A GI panel to include PLI/TLI/Cobalamin/Folate, fresh fecal analysis to rule out parasitic ova/Giardia +/- diarrhea PCR panel to assess for potential infectious disease Is warranted.

Dietary intolerance / food allergy, occult parasitism if the patient is indoor / outdoor, or dysbiosis could also be possible. Enterocolic biopsies may be required for a definitive diagnosis.

Empirically, hydrolyzed or potential higher fiber diet with potential long-term dietary therapy, empirical deworming in the patient is indoor/outdoor even if fecal testing is negative, high colony count probiotics such as Proviable, as-needed antibiotic therapy, +/- pending additional diagnostics, Prednisolone trial at the lowest effective dose to control clinical signs with assessment of clinical response would be reasonable. Recheck sonogram is suggested to assess for progressive enterocolic or pancreatic inflammatory changes if persistent gastrointestinal signs, or evidence of weight loss despite empirical therapy.

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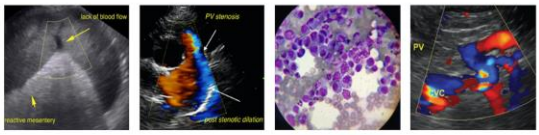

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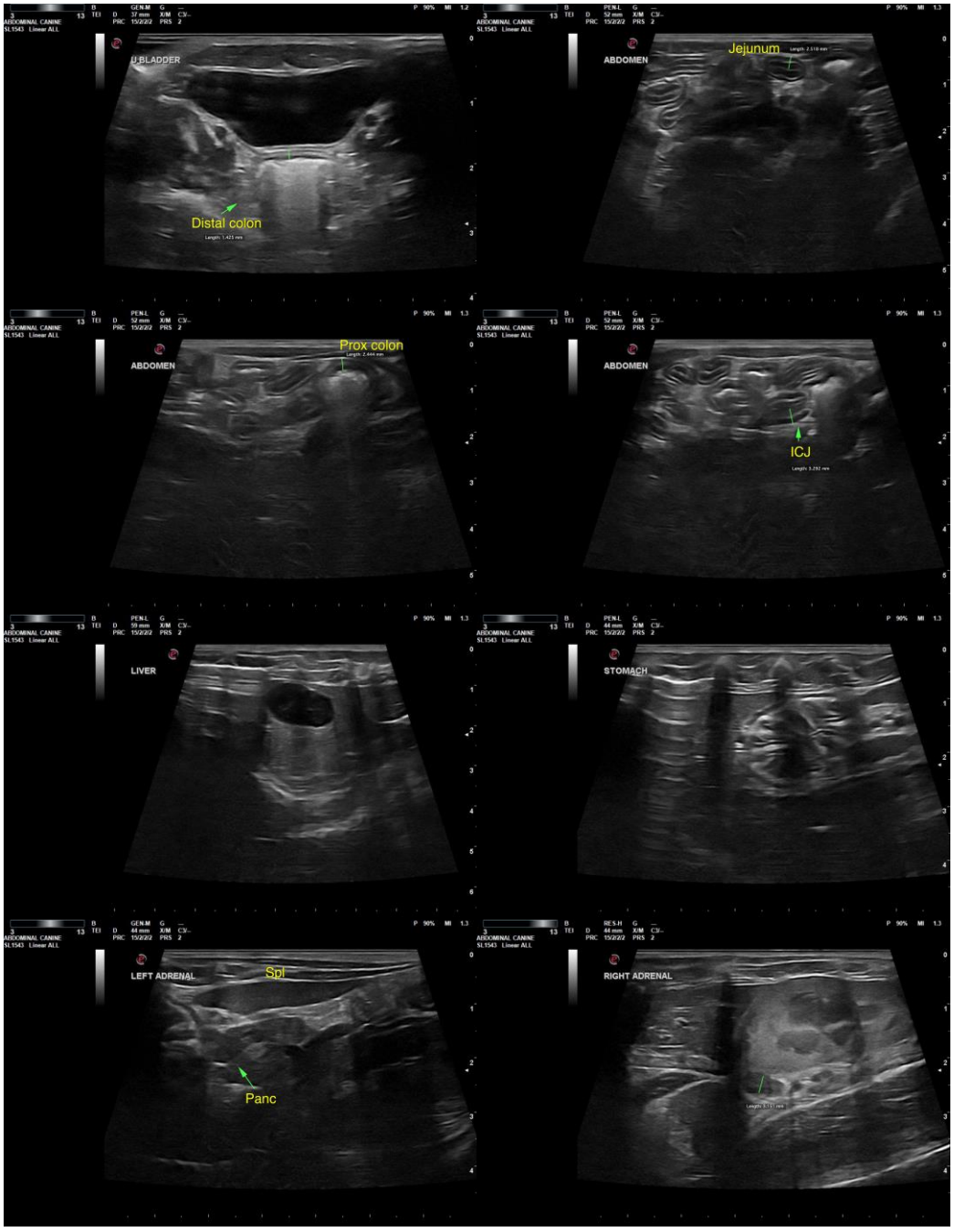

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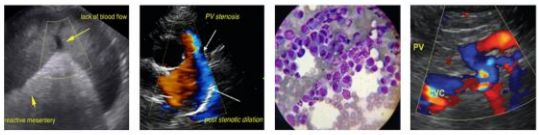

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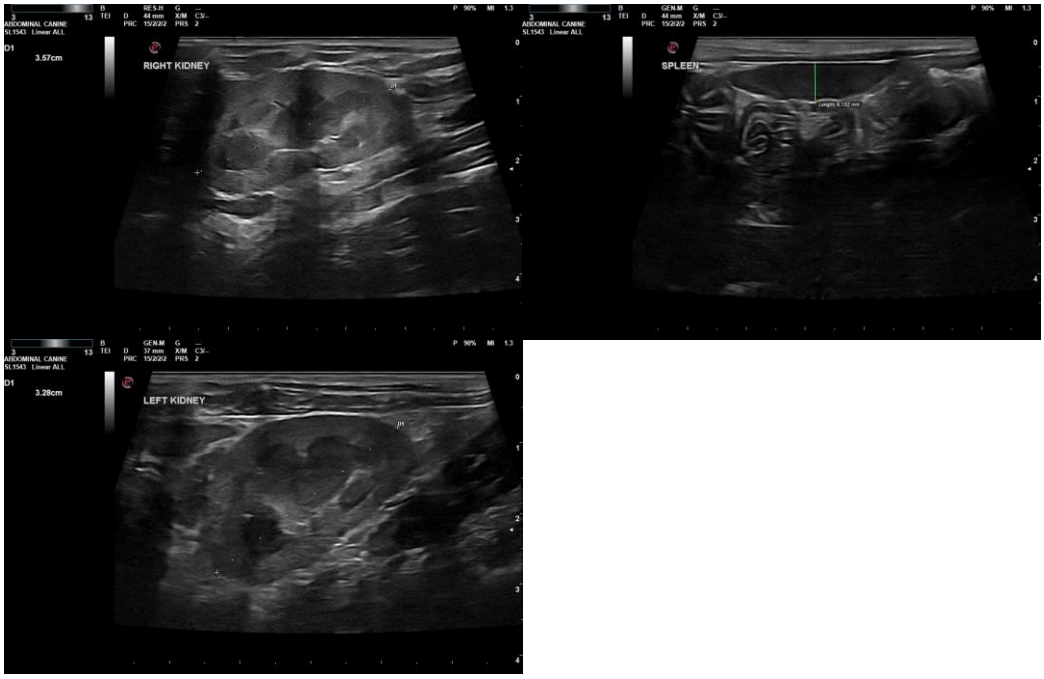

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com