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Clinical Sonography & Telecytology
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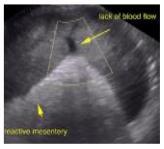
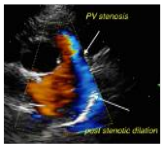
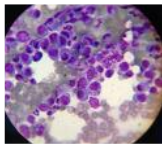
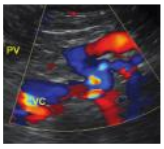




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Jack Jasiulewicz

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

14 years

WEIGHT

9.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

A. Rodriguez

HOSPITAL NAME

Foxfield VS

REFERRING VET

A. Rodriguez

INVOICE

14434

DATE

7/28/22

PRESENTING CLINICAL SIGNS

In and out of litter box. Weak hind end. ADR. Bladder large but expressible
Abnormal PE/Chem/CBC/UA Results: HCT: 28, Glob: 6.3, ALT: 307. ALB: 2.5

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. Primarily anechoic urine was present in the lumen. Mild, primarily dependent, particulate to pinpoint to hyperechoic sediment, which may Indicate cellular / crystalline debris, mucus, or lipid. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the iliac trifurcation was free of pathology with normal subjective blood flow on color doppler assessment and without evidence of overt saddle thrombus, medial iliac or sublumbar lymphadenopathy / masses.

Normal renal size with asymmetrical margination were 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. Mild nonobstructive medullary mineral noted in both kidneys. No evidence of pyelectasia was noted. The left kidney measured 4.3 cm in length. The right kidney measured 3.8 cm in length.

Adrenal Glands

The bilateral adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.41 cm width. The right adrenal gland measured 0.5 cm width.

Spleen

No overt pathology was noted in the area of the spleen.

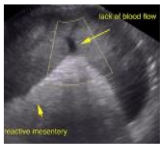
Liver/ Gallbladder

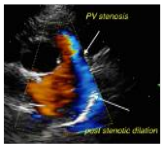
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild gallbladder debris. The cystic and common bile ducts were normal.

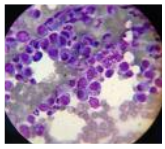
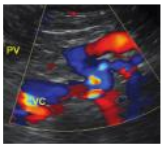
Gastrointestinal

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 width measured 0.25 cm.

The small intestine presented intact wall layering with segmental propensity for mildly prominent muscularis layer and concurrent mild wall thickening. The duodenum wall measured up to 0.30 cm





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width. The ileocolic wall measured 0.34 cm width. No overt pathology was noted in the area of the ileocolic junction.

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

Pancreas

The pancreas was indistinctly visualized yet exhibited subjective normal size and contour with mildly hypoechoic to nonhomogeneous parenchyma compared to adjacent omentum.

Free Abdomen

Probable mid to cranial abdominal (potentially colic) 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 perilymphatic inflammation was evident. An example of lymph node size was 1.1 cm in diameter. No free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder sediment
- Moderate chronic renal changes exhibiting nonobstructive minor medullary mineral
- Suspect cholangitis / cholangiohepatitis
- Intact yet segmentally prominent small bowel walls - potential inflammatory enteropathy / IBD
- Associated likely mid to cranial abdominal mesenteric lymphadenopathy - hyperplasia, reactive lymphadenitis suspected, emerging neoplastic lymphadenopathy possible yet considered less likely
- Possible mild concurrent pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine exhibited subtle to mild mural changes which, although patient variant is possible, is suggestive of underlying inflammatory enteropathy and potential for IBD. However, this finding is nonspecific given the lack of reported gastrointestinal signs. Triad Disease could also be a consideration in this patient if evidence of weight loss or gastrointestinal signs. The possibility of emerging intestinal or lymphatic neoplastic criteria i.e., lymphoma Is considered less likely yet cannot be definitively excluded.

No overt pathology in the area of the iliac trifurcation i.e., saddle thrombus. Urine culture and sensitivity on a sterile urine sample is recommended.

Assuming normal clotting status, screening hepatic and (if accessible) lymph node FNA for screening cytology primarily to assess for evidence of inflammation could be considered. Thorough neurological and muscular / skeletal examination, if not done, Is recommended to assess for occult pathology as a contributing factor to the patient's clinical history.

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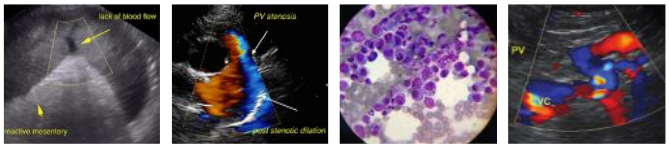

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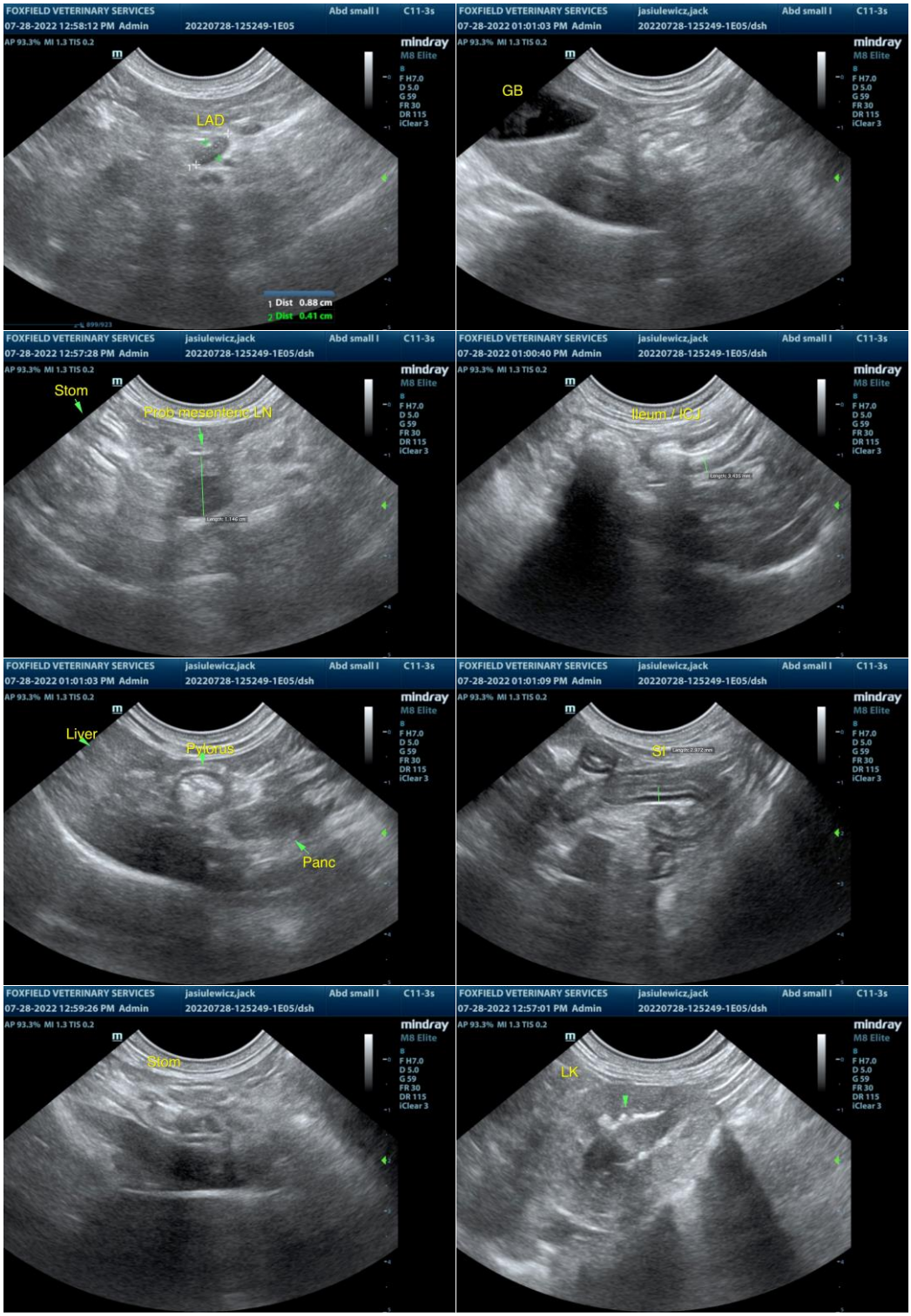

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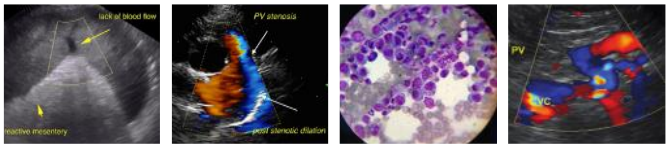

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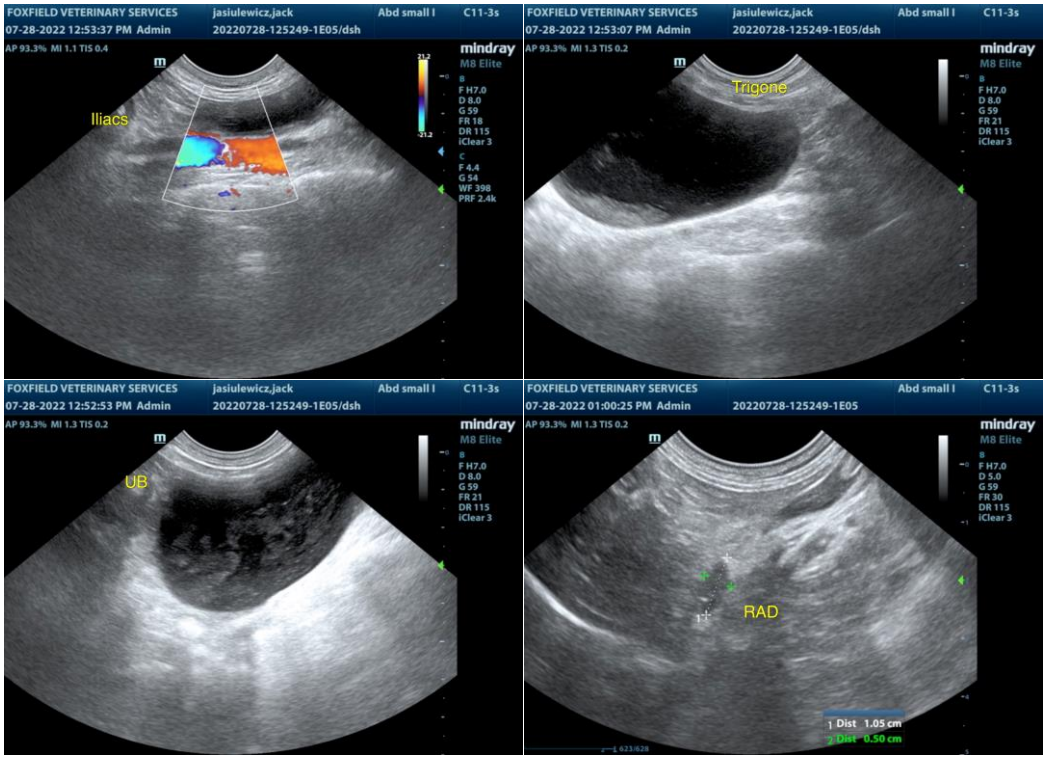

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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