



PATIENT

Gypsy Roof

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

7yr

WEIGHT

4.6kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Bend Animal
Emergency and
Specialty Center

REFERRING VET

Dr. Stone

INVOICE

11237ag

DATE

07/29/2022

PRESENTING CLINICAL SIGNS

History: Pt is a transfer from Feline Fine. Here for V for past 7-8 days with mild pyrexia (103.1 F). Loss of appetite for past 3 days. No stool seen in past 3 days either. Vomits immediately when drinking water and shortly after eating food. No known foreign objects consumed at home. No plants or unusual stressors. No other cats or dogs in house. 5D before V, Pt escaped from house; was o/s for five minutes, which has been the only opportunity to have gotten into something.

Abnormal PE/Chem/CBC/UA Results: PE: Overweight. Mild tense in abdominal palpation. Mild pyrexia, 102.6F Blood work: 7/26/22: - UA: USG >1.050, mild proteinuria (30), otherwise wnl 7/27/22: CBC: Mild hemoconcentration, RBC: 11.92 M/uL (7.12-11.46) Otherwise NSF CHEM: Ca: 7.8 mg/dL (8.2-11.2) TP: 5.0 g/dL (6.3-8.8) ALB: 2.2 g/dL (2.6-3.9) GLOB: 2.8 g/dL (3-5.9) ALT: 24 U/L (27-158) ALP: 10 U/L (12-59) CHOL: 85 mg/dL (91-305) Spec fPLI: 1.7 ug/L (0-3.5)

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 minor 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 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 3.9 cm in length. The right kidney measured 3.8 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 0.32 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.34 cm width.

Spleen

The spleen exhibited normal size and contour with a finely textured and homogenous parenchyma and a solitary nondisruptive hyperechoic mid splenic nodule consistent with benign myelolipoma. 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.

Liver

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 measured 0.25 cm in width.



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The small intestine presented generalized prominent wall layering owing to prominent muscularis layer. Segments of the small intestine exhibiting decreased mural echogenicity and loss of distinct wall layer detail in the area of the jejunum and ileum. The duodenum wall measured 0.30 cm in width. The jejunum wall measured up to 0.36 cm in width.

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

Pancreas

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The left pancreatic limb was mildly prominent in size exhibiting subtle hypoechoic to nonhomogeneous parenchyma. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

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No peritoneal effusion was present.

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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 0.53 cm width.

ULTRASONOGRAPHIC FINDINGS

- Thickened small intestine with segmental indistinct wall layer detail
- Mildly prominent hypoechoic left pancreas
- Intermittent benign/reactive mesenteric lymph nodes
- Minor urinary bladder sediment

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4.6kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

Although sampling is required for definitive diagnosis the small intestine is consistent with infiltrative enteropathy, considerations may include IBD/eosinophilic enteritis with the possibility of emerging neoplastic enteropathy which may present in a similar sonographic manner. Full thickness intestinal biopsies are required for a definitive diagnosis. Infectious intestinal disease is also possible.

IMAGING PERFORMED BY

Patti Mayfield DVM

Empirically continued as needed GI support, conservative therapy for IBD and potential low grade pancreatic inflammation would be reasonable. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Recheck sonogram is recommended to assess for progressive intestinal mural changes and/or evidence of pancreatic inflammation if clinical signs persist.

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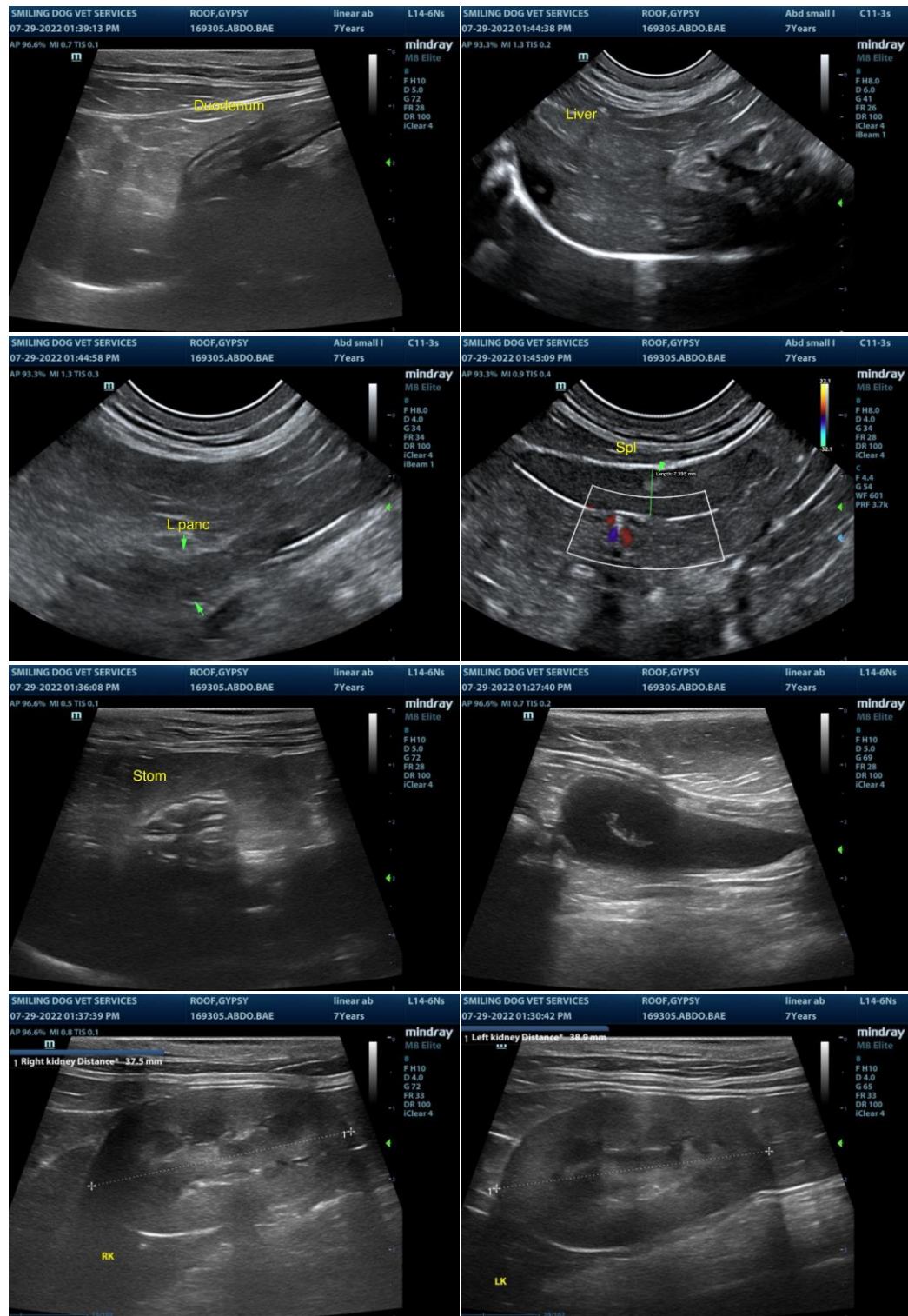
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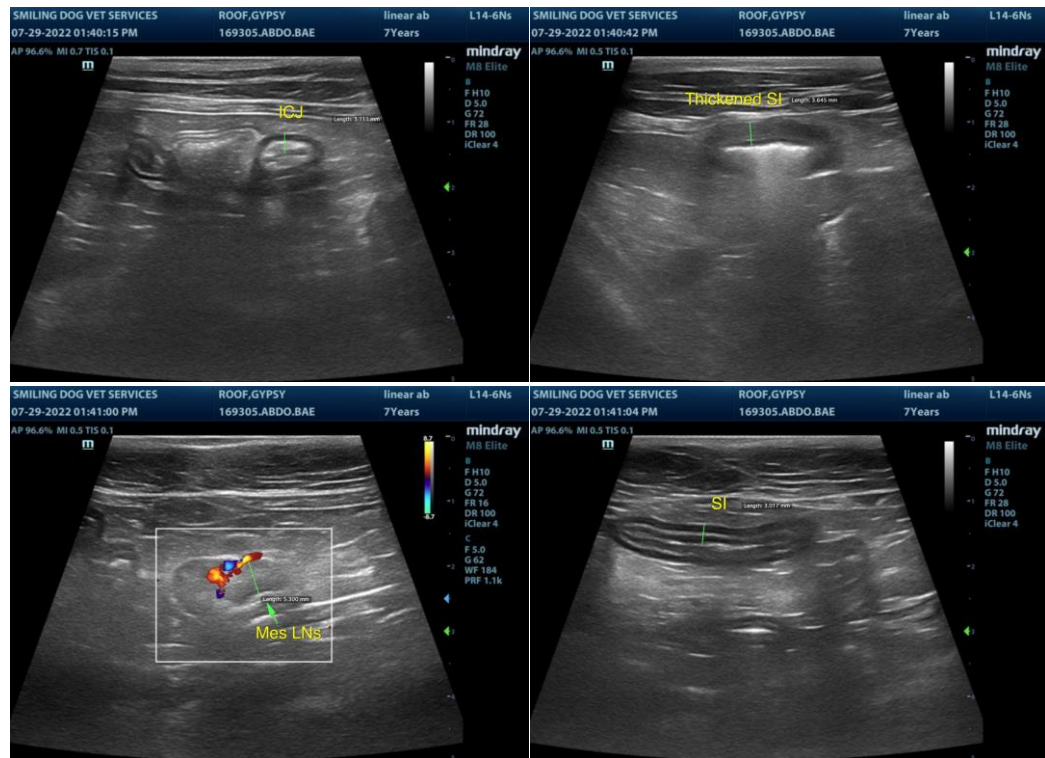
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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