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Clinical Sonography & Telecytology
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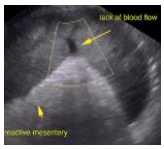
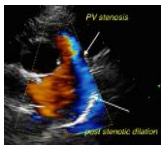
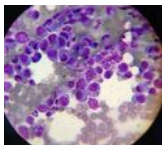
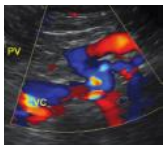




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Garfield Flaumitsch

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

12

WEIGHT

2.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

McKnight 24 Hour

REFERRING VET

Dr. Picyk

INVOICE

11026ag

DATE

07/03/2022

PRESENTING CLINICAL SIGNS

History: Weight loss vomiting muscle wasting Patient ate prior to scan

Abnormal PE/Chem/CBC/UA Results: Hyperalbuminemia hyperglobinemia

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 moderate particulate to pinpoint hyperechoic 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 was 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.3 cm in length. The right kidney measured 3.2 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 0.35 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 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 0.5 cm in width at the level of the hilus.

Liver

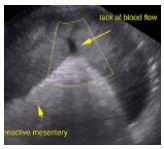
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs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

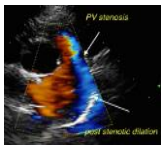
The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild luminal debris. No evidence of gallbladder inflammatory criteria. The cystic and common bile ducts were normal.

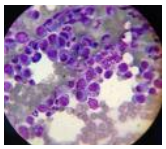
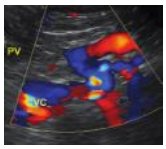
Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, nonshadowing ingesta without signs of obstruction or foreign material. The gastric body wall measured 0.26 cm in width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained mild variably echogenic nonshadowing ingesta/chyme consistent with normal





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food without signs of ileus, obstruction or foreign material. The jejunum wall measured 0.21 cm in width. The ileocolic wall measured 0.33 cm in width.

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

Pancreas

The left limb 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

Intermittent focally enlarged 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 subtle perilymphatic mesenteric inflammation was evident. An example of lymph node size was 2.5 cm x 0.64 cm.

No peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Overtly normal GI tract with gastric and small intestinal ingesta/chyme
- Potential low grade pancreatitis
- Mild age related kidney changes
- Urinary bladder sediment
- Mild gallbladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Even without evidence of intestinal mural changes, underlying chronic probable inflammatory enteropathy is a top differential diagnosis given the patients weight loss and muscle wasting. Potential for triad disease may be possible if previously elevated hepatic enzymes. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Depending on the degree of hyperglobulinemia, protein electrophoresis could be considered. The presence of GI ingesta may indicate post prandial presentation, however if documented NPO some degree of hypomotility or inefficient peristalsis owing to underlying GI disease may be present. Empirical therapy for inflammatory bowel/pancreatitis and/or triad disease with assessment of clinical response would be reasonable. Full thickness intestinal biopsies would be required for a definitive diagnosis.

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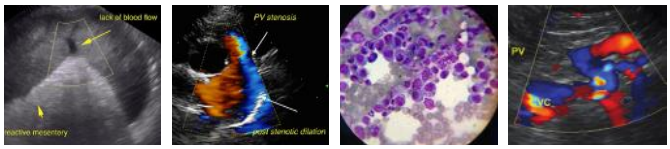

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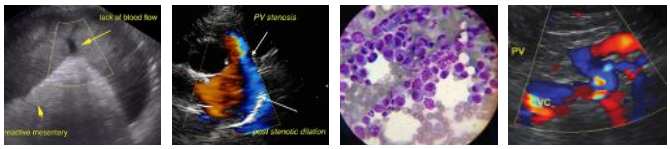

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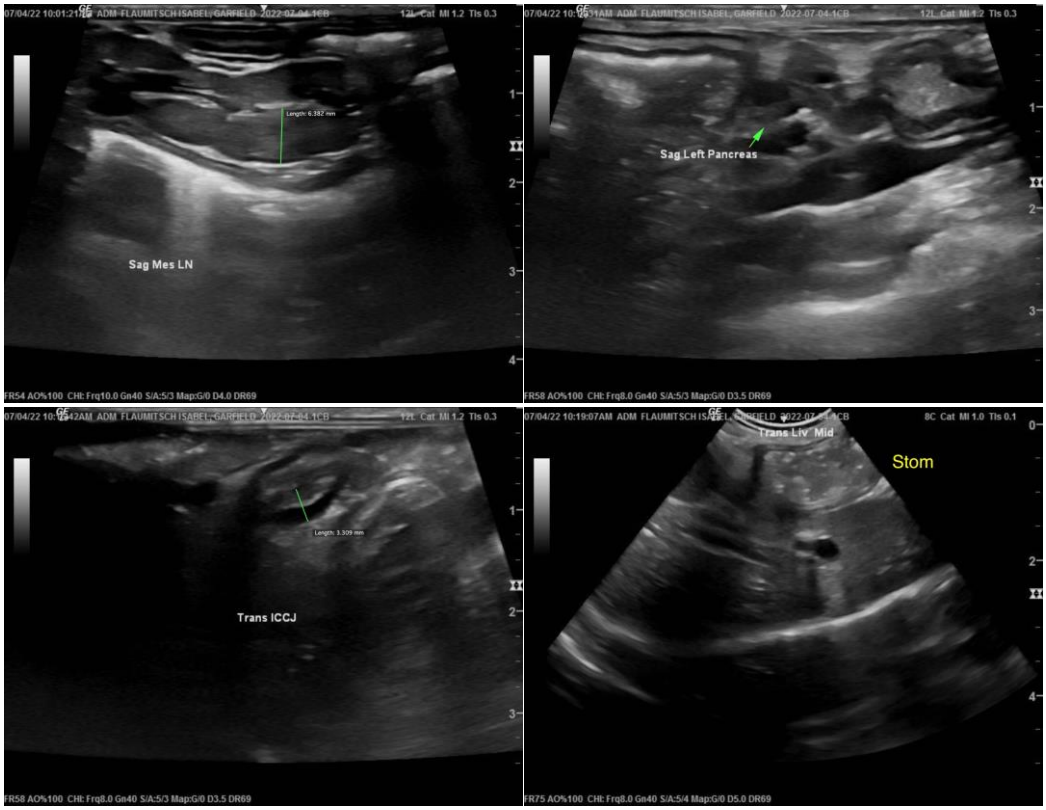

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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