

**PATIENT PRESENTING CLINICAL SIGNS**

Kingie Monteiro 3-4 month history excessive hunger with continued weight loss (approx 2 lb since April). Exam findings unremarkable. Most recent labwork done 7/11/22: CBC - RBC 6.83 (L); WBC 22.3 (H). Chem: ALT 395; AST 120; ALP 144; T Bili 1.7 ; Chol 373. Was on two week course of Clavamox and Denamarin - no improvement of values.

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

DSH

**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. Mino non-dependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

**SEX**

Neutered Male

Both kidneys were borderline enlarged in size compared to normal feline kidney size. Both kidneys exhibited adequate corticomedullary border demarcation and maintained 1:3 cortex/medulla ratio. The left kidney measured 4.6 cm. The right kidney measured 4.7 cm.

**AGE**

8 Years

**Adrenal Glands**

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.29 cm. The left adrenal gland measured 0.30 cm.

**WEIGHT**

8 Pounds

**Spleen**

The spleen exhibited mild generalized enlargement with maintained symmetrical capsule contour and finely textured homogenous parenchyma. No splenic masses. The spleen measured 1.1 cm in width at the level of the hilus.

**INTERPRETED BY**

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

**Liver**

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. Gallbladder walls were sonographically normal without evidence of gallbladder or peripheral gallbladder inflammatory criteria. The common bile duct was normal.

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Chase Vet Clinic

**Gastrointestinal**

**REFERRING VET**

Dr. Hallie Lipinski

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. Gastric body wall measured 0.25 cm.

The small intestine presented intact wall layering with segmental propensity for mildly prominent jejunal wall layering owing to mildly prominent segmental muscularis layer. Duodenum wall measured 0.23 cm. Jejunum wall measured up to 0.31 cm in wall width. Ileocolic wall measured 0.35 cm. No evidence of small intestinal masses.

**INVOICE**

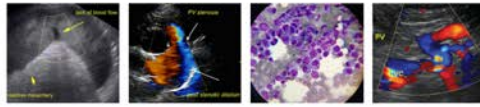
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Normal visible colon wall layers were present with apparent formed feces in lumen.

**DATE**

7/30/22

**Pancreas**



**PATIENT**

Kingie Monteiro

The pancreas was normal in size and contour with subtle hypoechoic parenchyma compared to adjacent non-reactive peripancreatic omentum.

**Free Abdomen**

**SPECIES**

Feline

Intermittent, mildly prominent to enlarged mesenteric nodes were present. Example measured 1.7 cm x 0.42 cm. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

**BREED**

DSH

No omental masses or evidence of peritoneal free fluid.

**SEX**

Neutered Male

**PRIMARY FINDINGS**

- Hepatopathy – suspect cholangiohepatitis.
- Mild non-specific splenomegaly – patient variant, incidental hyperplasia, hematopoiesis, or potential splenitis suspected. Neoplastic criteria is thought less likely.
- Intact yet segmentally prominent small bowel walls – suspect inflammatory enteropathy.
- Mildly hypoechoic pancreas – patient variant with potential for low-grade inflammation.

**AGE**

8 Years

**SECONDARY FINDINGS**

- Bilateral borderline prominent kidneys
- Mild urinary bladder sediment

**WEIGHT**

8 Pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The small intestine exhibited subtle mural changes and minor mural thickening. Although patient variant is possible, this is suggestive of underlying inflammatory enteropathy. Based on the intestinal presentation in combination with suspected cholangiohepatitis and potential mild pancreatitis, IBD or other chronic inflammatory enteropathy and Triaditis are considered most likely.

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Assuming normal clotting status, hepatosplenic FNA using 25-gauge needle is warranted for screening cytology, potentially to identify hepatic inflammatory cell type and rule out potential for occult hepatosplenic neoplasia as a considering factor. Definitive diagnosis would require full thickness intestinal biopsies and hepatic biopsies. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Empirically, Triaditis protocol with assessment of clinical response and monitoring of body weight would be reasonable.

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The borderline prominent kidneys are suspected to be a patient variant without overt evidence of renal neoplastic criteria. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

**REFERRING VET**

Dr. Hallie Lipinski

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Kinggie Monteiro

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Neutered Male

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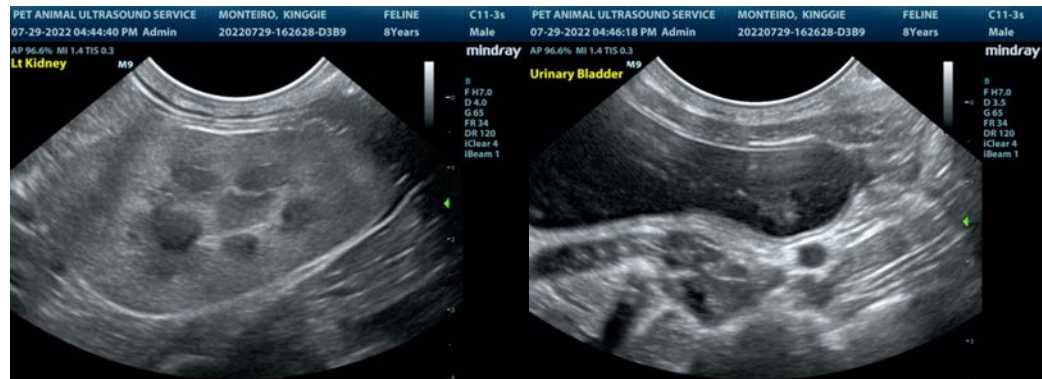
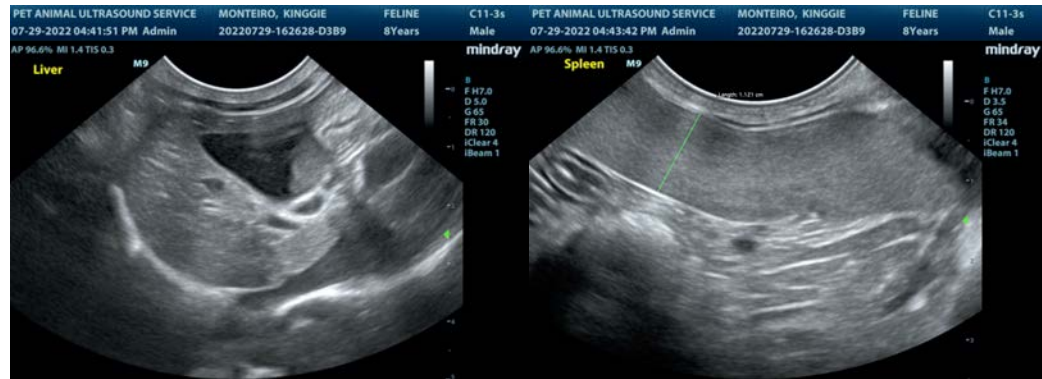
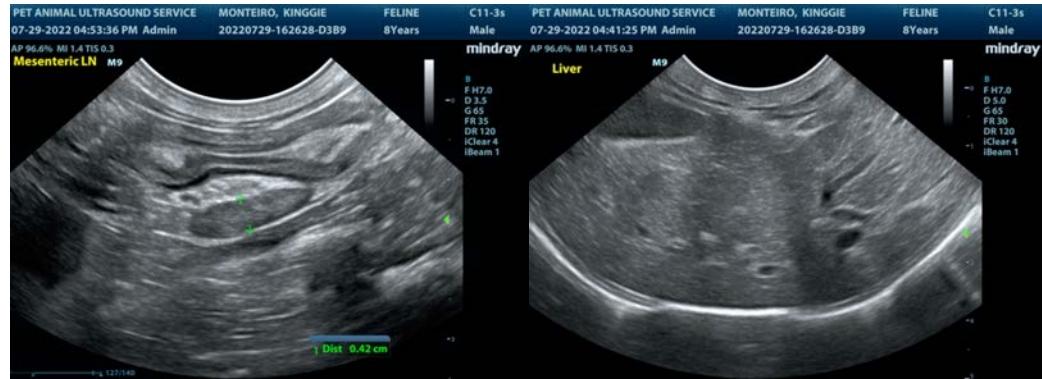
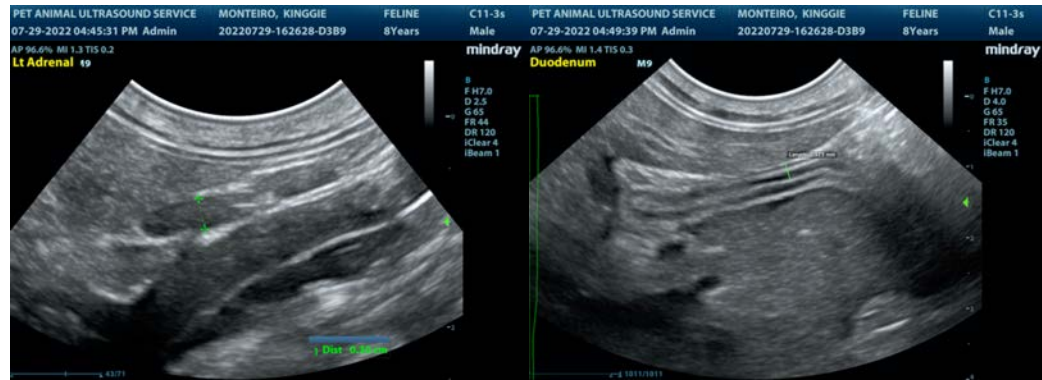
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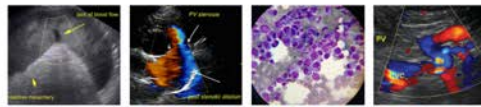
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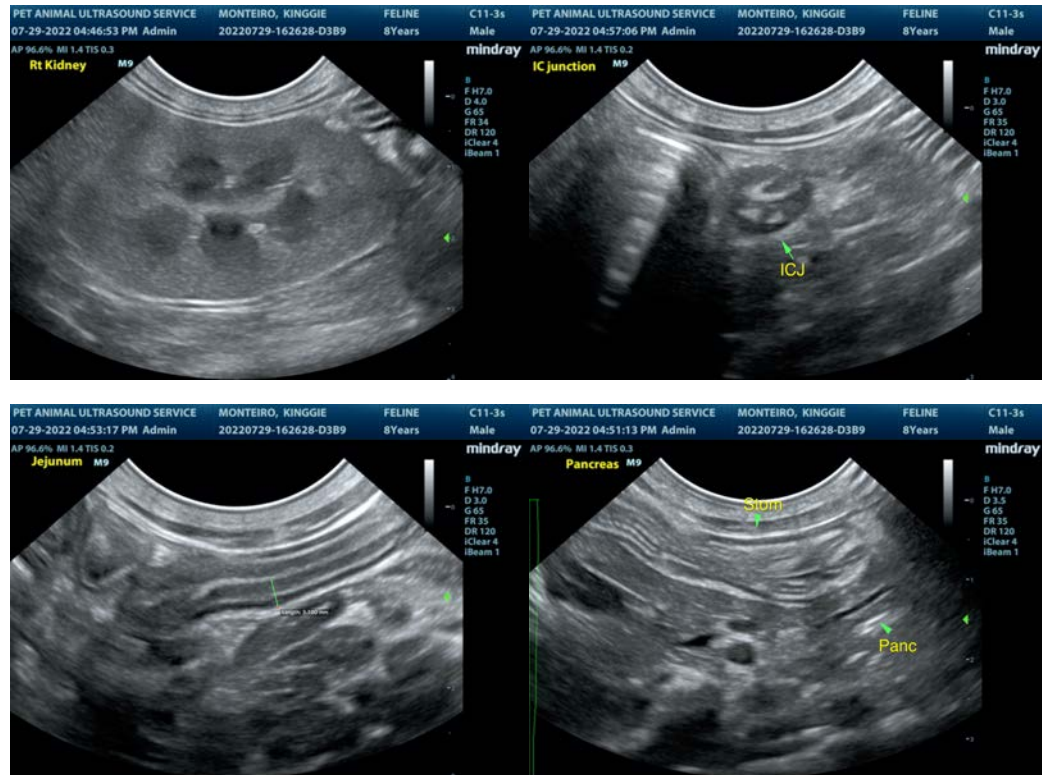
Neutered Male

**AGE**

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**WEIGHT**

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The information and recommendations provided are based on the images presented by the referring veterinarian. 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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