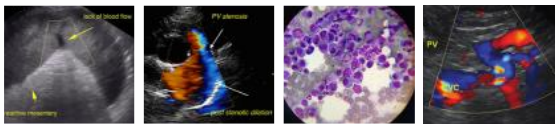


PATIENT

Artemis Parker

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

10 Years

WEIGHT

11 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Hills AH

REFERRING VET

Dr. Cole

INVOICE

14252

DATE

7/7/22

PRESENTING CLINICAL SIGNS

10 yo FS DSH with chronic vomiting that has increased in frequency, appetite is also decreased Abnormal PE/Chem/CBC/UA Results: Altered labwork values: Senior lab sent to idexx today, last labwork done 9/2021 all WNL Current Medications Adequan

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. Moderate, dependent to non-dependent sediment with focal areas of minor mineral were present. 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 aortic trifurcation was free of pathology.

Normal size and margination were 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 4.0 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

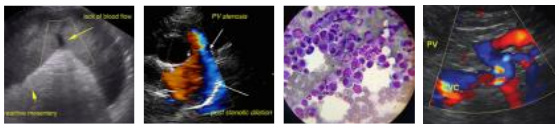
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.34 cm width.

Spleen

The spleen exhibited 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.

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.



PATIENT

Artemis Parker

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

10 Years

WEIGHT

11 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Hills AH

REFERRING VET

Dr. Cole

INVOICE

14252

DATE

7/7/22

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 intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy primarily affecting the jejunum. The duodenum wall measured 0.24 cm width. The jejunum wall measured up to 0.30 cm width.

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

Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of concurrent active pancreatic inflammation or neoplastic disease were evident.

Free Abdomen

No omental masses, significant lymphadenopathy or peritoneal free fluid was present.

ULTRASONOGRAPHIC FINDINGS

- IBD intestinal pattern
- Mild chronic renal changes
- Moderate urinary bladder sediment and focal mineral

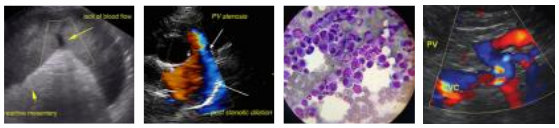
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full urinary work up if not pending with potential for urine C/S if evidence of inflammatory cells is suggested.

The overall appearance of the small intestine Is consistent with infiltrative enteropathy and suggestive of Inflammatory Infiltrative enteropathy i.e., IBD/eosinophilic enteritis. The potential for emerging to low-grade neoplastic infiltrative enteropathy with round cells such as lymphoma, which may present in a similar sonographic manner, cannot be definitively excluded. Full-thickness intestinal biopsies are required for a definitive diagnosis. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

Empirically, IBD protocol which may include hydrolyzed diet trial, empirical cobalamin supplementation, as-needed gastrointestinal support, +/- Prednisolone at the lowest effective dose to control clinical signs with an assessment of clinical response and monitoring of body weight would be reasonable.

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



ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Artemis Parker

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

10 Years

WEIGHT

11 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Hills AH

REFERRING VET

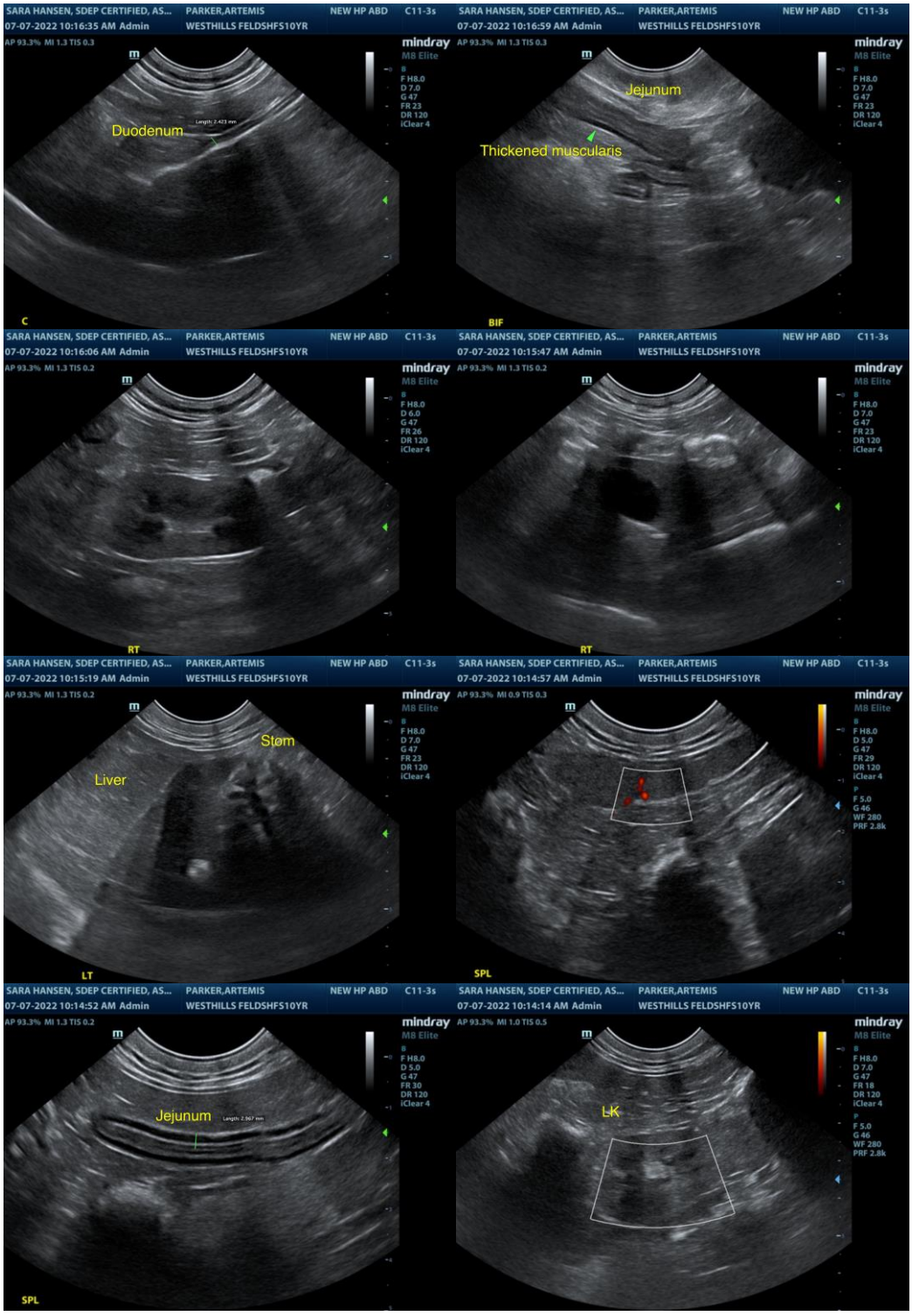
Dr. Cole

INVOICE

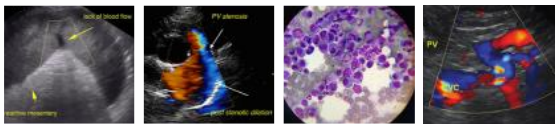
14252

DATE

7/7/22



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



ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Artemis Parker

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

10 Years

WEIGHT

11 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

West Hills AH

REFERRING VET

Dr. Cole

INVOICE

14252

DATE

7/7/22

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