



PATIENT

Suki Kelly

SPECIES

Feline

BREED

Siamese

SEX

FS

AGE

12 years

WEIGHT

4.1 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Cippawa AH

REFERRING VET

Dr. Van Leeuwen

INVOICE

14250

DATE

7/7/22

PRESENTING CLINICAL SIGNS

Has lost some weight, owner reports over the past week Vomiting daily - food or bile Stomach grumbly Interested in food, but taking in less QAR-BAR mm slightly tacky Skin tent 1-2 sec Eyes- resting nystagmus Dental- CI 0-2, GI 0-1, resorptive lesion 207 Abdomen- soft and comfortable for palpation, palpates WNL. Cerenia given.

Abnormal PE/Chem/CBC/UA Results: Feleuk/FIV negative. HCT 0.47 Lymphocytes 0.7 CI 109 TC02 33 Anion gap 27 ALT 426 AST 139 fPL 2.3 TT4 29.4

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild nondependent 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.

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 pyelectasia was present. The left kidney measured 3.3 cm in length. The right kidney measured 4.0 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 0.27 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 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 0.85 cm width at the level of the hilus.

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.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained anechoic pyloric fluid was present.



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The small intestine presented primary intact wall layering and subjective maintained 1:3 muscularis/mucosa ratio with segmental Intact yet mildly prominent Intestinal wall layering in the subjective mid to caudal abdomen, along with segmental mild to moderate Intestinal mural hypertrophy exhibiting decreased mural echogenicity and loss of distinct wall layering. Intestinal wall width within the area of segmental thickening intestine measured up to 0.5 cm. By comparison, the normal-appearing duodenum measured 0.21 cm wall width, while the normal-appearing jejunum measured 0.25 cm wall width.

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

Pancreas

The pancreas exhibited normal to possible mild prominent size noted in the right pancreatic limb with subtle hypochoic parenchyma compared to adjacent nonreactive peripancreatic omentum.

Free Abdomen

Subtle evidence of peri intestinal reactive mesentery was noted around the segmentally thickened Intestine. No evidence of significant concurrent lymphadenopathy or evidence of peritoneal free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

- Segmentally thickened intestine exhibiting decreased mural echogenicity and loss of distinct wall layering
- Hepatopathy - subjectively benign, likely inflammatory hepatopathy given the elevated ALT/AST combination
- Potential low-grade pancreatitis
- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The segmentally thickened intestine is sonographically consistent with infiltrative enteropathy. Considerations may include; inflammatory infiltrative enteropathy i.e., IBD/eosinophilic enteritis, or early neoplastic lymphadenopathy, i.e., lymphoma or other. Minor potential for dry form FIP is considered a less likely differential diagnosis.

Full-thickness intestinal biopsies would be required for a definitive diagnosis. Potential for Triad Disease may be possible in this patient. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate.

Three view chest radiographs are suggested If not done to rule out occult thoracic pathology as a contributing factor to the weight loss. Empirically, IBD protocol with as-needed gastrointestinal and hepatic support with an assessment of clinical response and continued monitoring of body weight would be reasonable. If biopsies are not elected, sonographic monitoring of the segmentally thickened intestine for evidence of progression with an initial recheck in 4 weeks is recommended.



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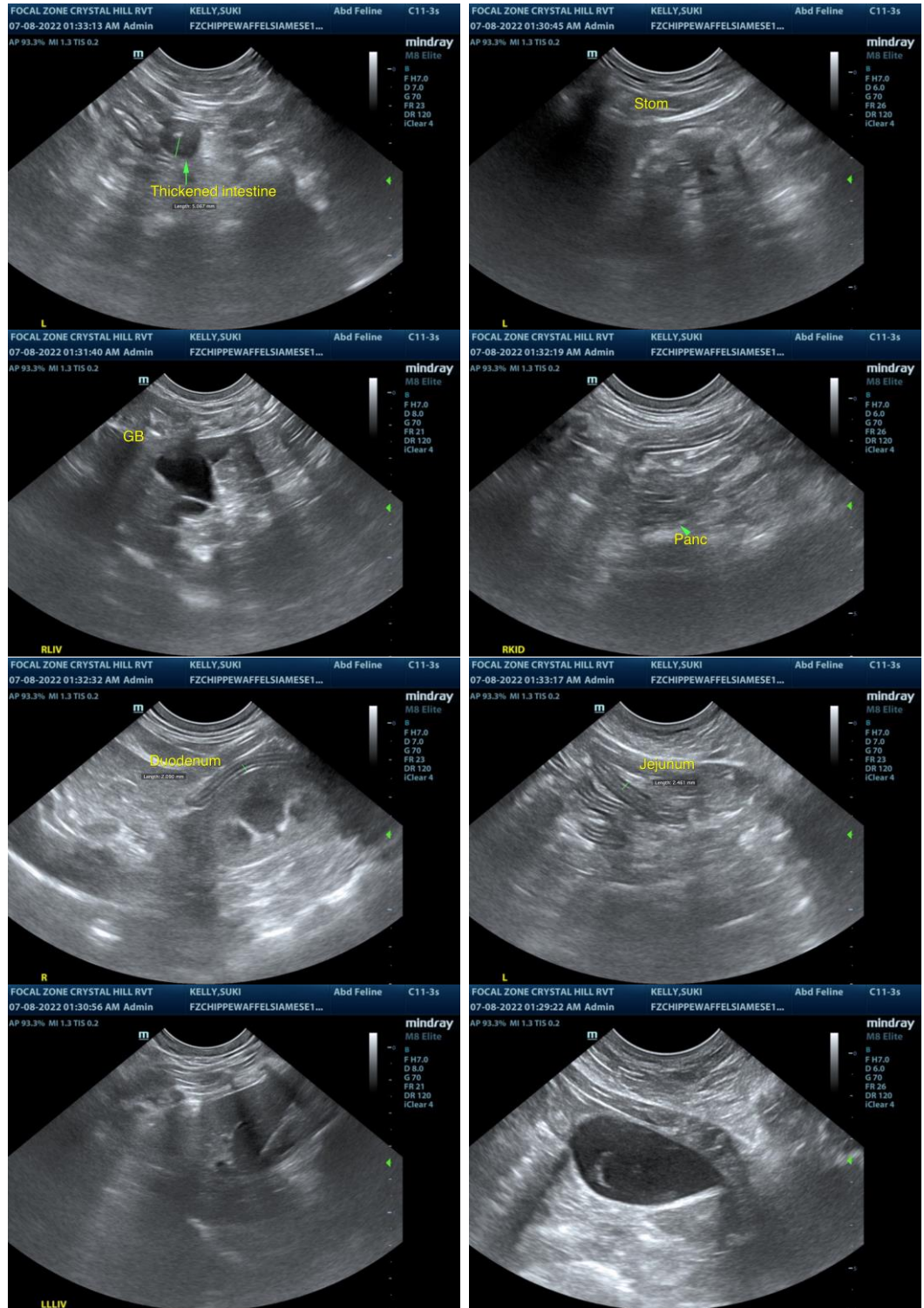
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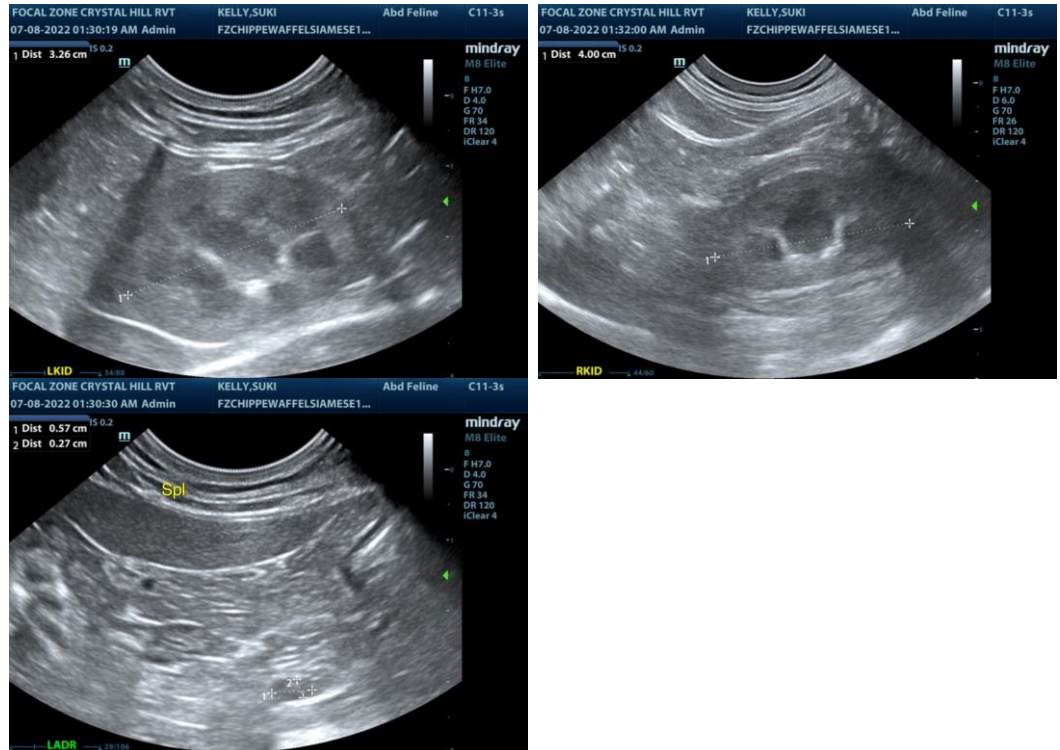
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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