



PATIENT

Taco Emmerso

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

12 years

WEIGHT

13.8 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDMS

HOSPITAL NAME

Norfolk County VS

REFERRING VET

Meredith Leoni, DVM

INVOICE

14269

DATE

7/7/22

PRESENTING CLINICAL SIGNS

Presented for daily vomiting x 4 weeks. Sometimes food, sometimes bile. Acting normally otherwise. PE unremarkable with exception of 1.8 lb weight loss over last year. Fasted cobalamin and folate pending. Neut 1802; remainder of CBC/Chem/T4/spec WNL Sedated with alfaxalone and butorphanol

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was 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. Minor bilateral pyelectasia was present. The left kidney measured 4.2 cm in length. The right kidney measured 4.4 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 0.40 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 cm width.

Spleen

The spleen was mildly prominent in size with primarily maintained finely textured homogeneous parenchyma. A solitary nondisruptive well-demarcated hyperechoic nodule was present in the medial parenchyma measuring 0.29 cm in diameter. The mildly prominent spleen is suspected to be secondary to anesthesia without overt evidence of neoplastic criteria.

Liver/ Gallbladder

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 mild, echogenic, nonmineralized biliary sludge. The gallbladder was otherwise normal. The cystic duct and common bile ducts were normal without evidence of dilation.

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.



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The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. The ileocolic junction measured 0.56 cm. The jejunum wall width measured up to 0.43 cm.

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

Pancreas

The pancreas was normal in size and contour with isoechoic pancreatic parenchyma compared to adjacent omentum with mild to moderate pancreatic duct dilation. The pancreatic duct dilation measured 29 cm in diameter.

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Intermittent jejunocolic lymph 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 1.5 cm x 0.51 cm. No effusion was noted.

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ULTRASONOGRAPHIC FINDINGS

- IBD intestinal pattern
- Intermittent benign / reactive jejunocolic lymph nodes - minor lymphoid hyperplasia or reactive lymphadenitis likely, not consistent with neoplastic criteria
- Mildly prominent spleen with solitary subjectively benign hyperechoic nodule - nodule suggestive of probable myelolipoma
- Mild chronic renal changes with minor pyelectasia
- Age-related pancreas, potential for low-grade chronic pancreatitis
- Mild gallbladder debris - likely incidental unless evidence of hepatic inflammation or cholestasis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The minor potential for neoplastic infiltrative enteropathy with round cells such as lymphoma which may present in a similar sonographic manner as IBD/eosinophilic enteritis, cannot be definitively excluded. A definitive diagnosis would require full-thickness intestinal biopsies. Correlation with pending cobalamin and folate levels is suggested.

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Empirical IBD protocol with as-needed gastrointestinal support, monitoring of body weight, and clinical response would be reasonable.

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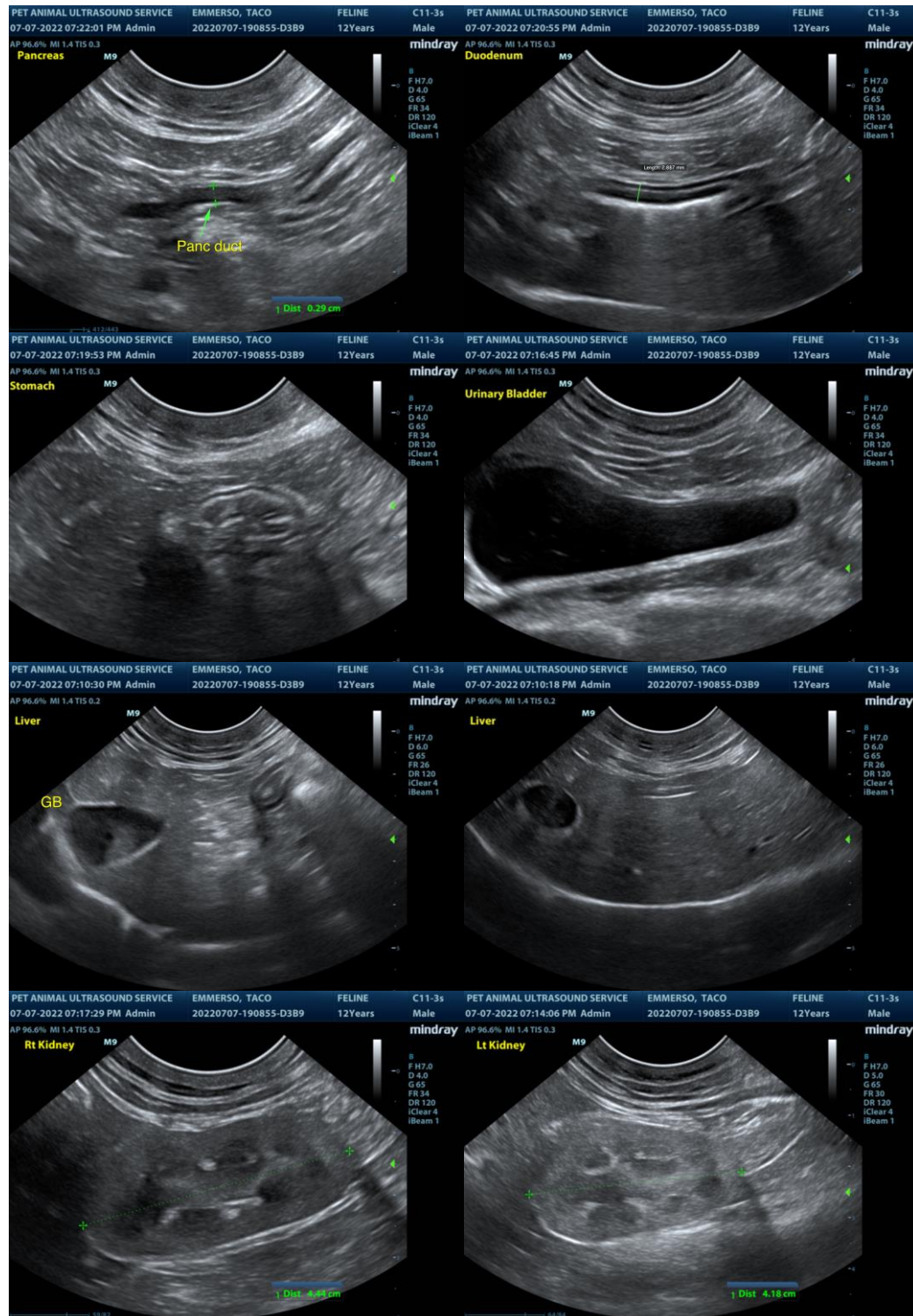
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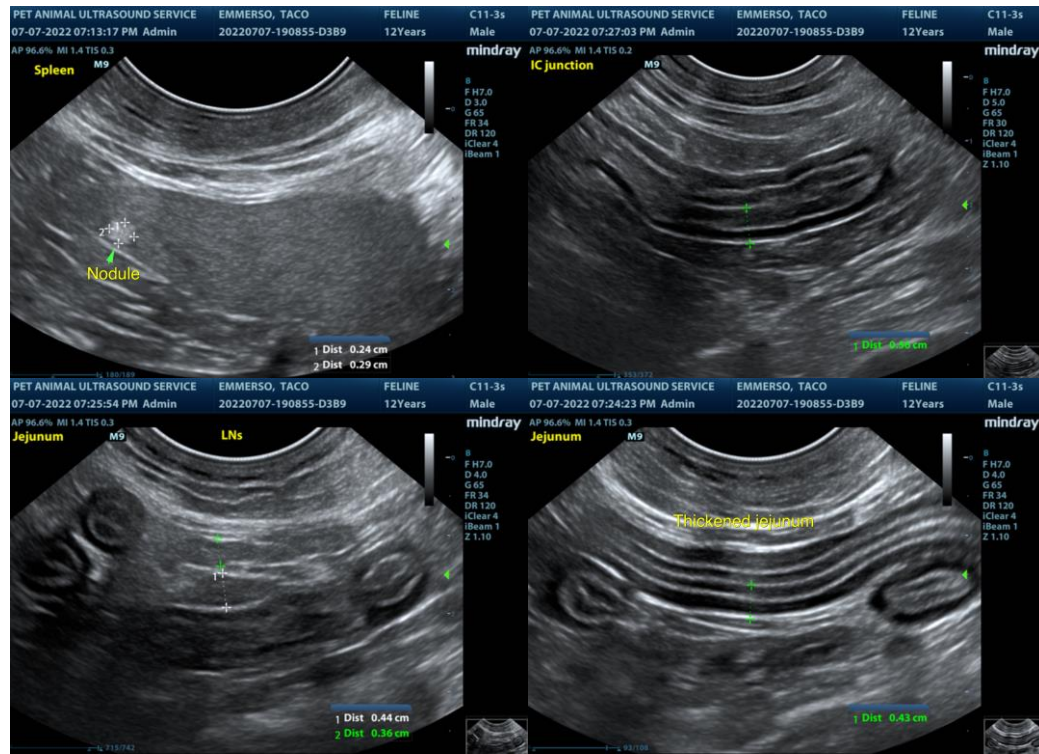
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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