

PATIENT PRESENTING CLINICAL SIGNS

Giovanni Green
Several month history of diarrhea and intermittent vomiting in a patient who is otherwise doing well. Diarrhea has been generally unresponsive to symptomatic treatments. Examination is unremarkable, except patient did lose a pound between 7-22 and today Current Medications Gabapentin, Torb, and Bup for US; Radiographic Findings Radiographs taken in June were unremarkable

Feline
Abnormal PE/Chem/CBC/UA Results: 7-23-21 Idexx Diarrhea PCR Panel: Two positives - Clostridium perf. Alpha toxin, with low levels of gene copies (likely not contributing to diarrhea) and Coronavirus PCR (also unlikely to be significant). 6-17-21 Chem 17/PCV - No significant abnormalities, but TP and Globulin did not read.

BREED

Burmilla

SEX

Neutered Male

AGE

20 Months

WEIGHT

9.18 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Heidi Putnam

HOSPITAL NAME

Santa Clara AH

REFERRING VET

Dr. Barbara Brasted-Maki

INVOICE

24519

DATE

8/10/21

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. 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 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 and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The right kidney measured 3.5 cm. The left kidney measured 3.2 cm.

Adrenal Glands

No overt pathology in the area of the left and right adrenal glands.

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 0.60 cm in width at the level of the hilus.

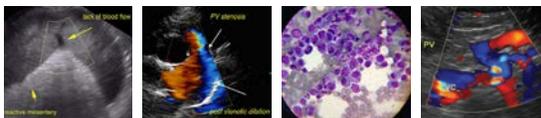
Liver

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. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. Gastric body wall 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. Jejunum wall measured 0.31 cm.



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

Giovanni Green **Pancreas**

SPECIES 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 active inflammation or neoplastic disease was evident.

Feline

BREED Intermittent, mildly prominent to enlarged jejunocolic lymph nodes were present. Example measured 0.83 cm diameter. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

Burmilla

SEX **Free Abdomen**

Neutered Male No effusion.

ULTRASONOGRAPHIC FINDINGS

AGE

20 Months

- Enteropathy with generalized muscularis layer hypertrophy
- Intermittent, mildly prominent to isoechoic jejunocolic lymph nodes – associated lymphoid hyperplasia or minor reactive lymphadenitis suspected, no overt lymphatic neoplastic criteria.

WEIGHT

9.18 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

The appearance of the small intestine is compatible with infiltrative enteropathy. Primary consideration for inflammatory infiltrative enteropathy/IBD, while the possibility of neoplastic infiltrative enteropathy with round cells (which may present in a similar sonographic manner) is considered less likely, yet cannot be definitively excluded. Dry form FIP is also possible, yet considered an unlikely differential diagnosis. Given the young age of the patient and presence of outer layer muscularis hypertrophy, full thickness intestinal biopsies are recommended for further clarification and potential guidance of treatment in this case.

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Heidi Putnam

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. If intestinal biopsies are not possible or not elected, empirical therapy for IBD, which may include hydrolyzed diet trial, cobalamin supplementation, high colony count probiotic +/- Prednisolone trial at lowest effective does to control clinical signs along with as-needed gastrointestinal support, would be reasonable with assessment of clinical response.

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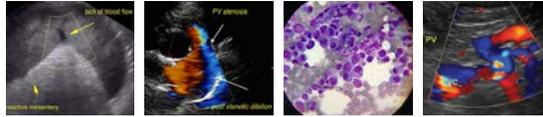
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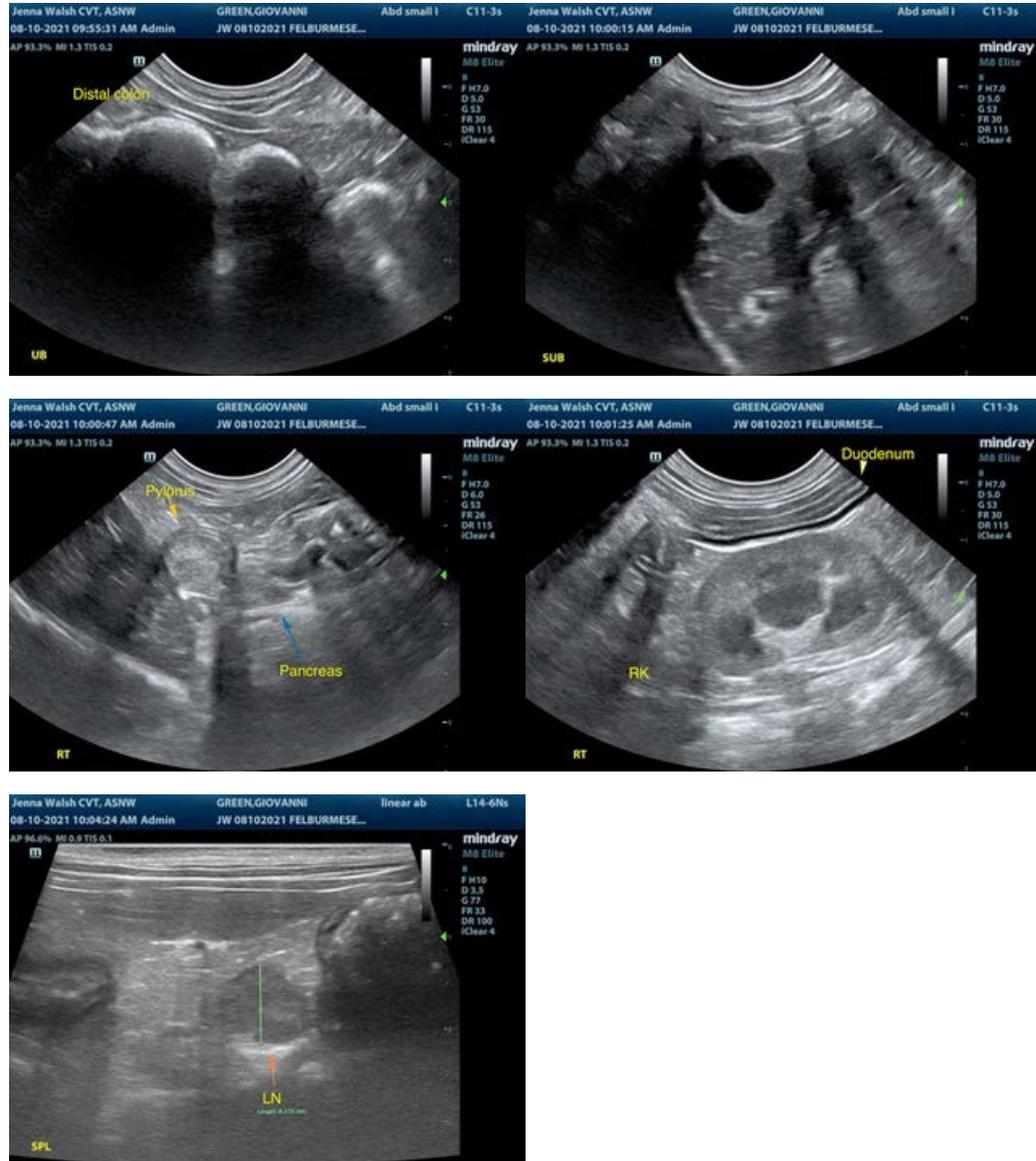
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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