



PATIENT

Fiona Scott

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

14 years

WEIGHT

6.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Animal General
Hudson

REFERRING VET

Dr. Ng

INVOICE

14549

DATE

8/10/22

PRESENTING CLINICAL SIGNS

Chronic V+, wt loss. Grade 2/6 systolic murmur (new)
Abnormal PE/Chem/CBC/UA Results: BUN ^, Crea 1.2, T4 ok

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 was noted.

The area of the aortic trifurcation was free of pathology.

Normal margination was 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. Pinpoint areas of medullary mineral were present. No evidence of pelvic dilation was present. The left kidney was borderline subnormal in size measuring 3.0 cm in length. The right kidney was normal in size measuring 3.6 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age-related finding and not pathological. The left adrenal gland measured 0.44 width and the right adrenal gland measured 0.5 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 0.7 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. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material. The gastric body wall width measured 0.24 cm.



PATIENT	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.
Fiona Scott	
SPECIES	Normal visible colon wall layers were present with apparent formed feces in lumen.
	<i>Pancreas</i>
Feline	The pancreas was normal in size and contour with mild hypoechoic to nonhomogeneous parenchyma with minor pancreatic duct dilation.
BREED	
DSH	<i>Free Abdomen</i>
SEX	Intermittent, mildly enlarged, nonhomogeneous isoechoic mesenteric lymph nodes were present with an example measuring 2.4 cm x 1.0 cm, exhibiting maintained normal width:length ratio (<0.5). No effusion was present.
FS	
AGE	ULTRASONOGRAPHIC FINDINGS
14 years	<i>Primary Findings</i>
WEIGHT	<ul style="list-style-type: none"> • Enteropathy - probable chronic IBD • Associated nonhomogeneous mesenteric lymphadenopathy • Suspect low-grade to mild pancreatitis • Bilateral chronic renal changes
6.5 lbs.	
INTERPRETED BY	<i>Secondary Findings</i>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Pinpoint adrenal dystrophic mineralization - normal / age-related variant in a cat, not considered pathological
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Jessica Miller	The small intestine exhibited mild mural changes suggestive of chronic Inflammatory enteropathy / IBD. Potential for neoplastic infiltrative enteropathy with round cells such as lymphoma may be considered a less likely differential diagnosis, given the chronicity of gastrointestinal signs, however, 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.
HOSPITAL NAME	Empirically, IBD/low-grade pancreatitis protocol, which may include as-needed gastrointestinal support, hydrolyzed diet trial with potential long-term dietary therapy, broad-spectrum deworming if clinically indicated, and Prednisolone trial at the lowest effective dose to control clinical signs with an assessment of clinical response and continued monitoring of body weight would be reasonable.
Animal General Hudson	
REFERRING VET	Full urinary workup including urinalysis, screening urine C/S and baseline UPC is recommended. Early CRD therapy could also be considered pending urinary workup.
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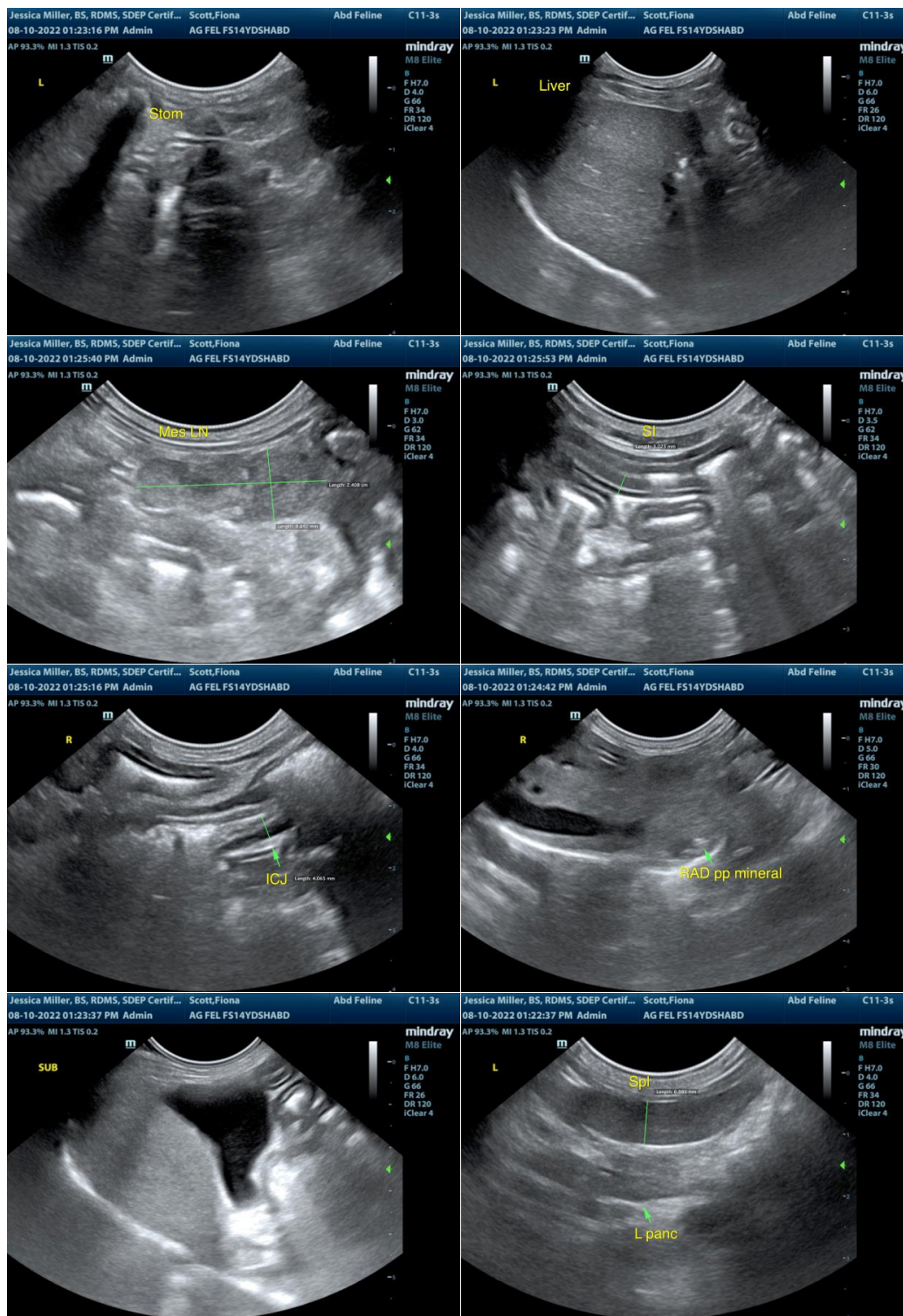
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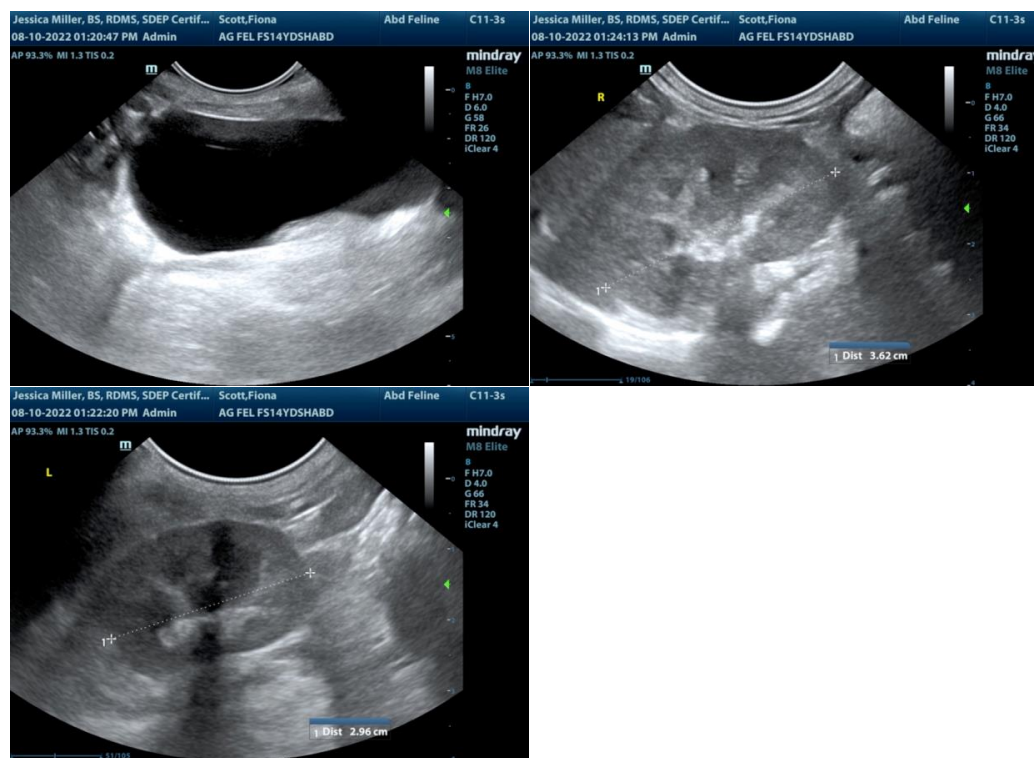
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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