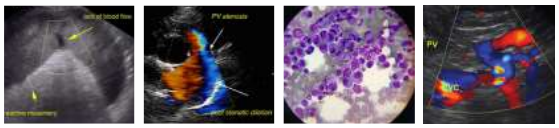


PATIENT

Adina Stroda

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

14 years

WEIGHT

7.0 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Heidi Putnam, SDEP Clinical Sonographer

HOSPITAL NAME

Santa Clara AH

REFERRING VET

Dr. Barbara Brasted-Maki

INVOICE

12103

DATE

8/11/21

PRESENTING CLINICAL SIGNS

This patient had an ASNW abdominal ultrasound October 2020. Since then, she did well for a while with diet change, but recently started vomiting with greater frequency, eating less, and having periods of lethargy. Exam: Slightly underweight (2 lb weight loss since last year), MM slightly pale, intestines slightly thickened on palpation Current Medications Torb/Buprenorphine for procedure

Abnormal PE/Chem/CBC/UA Results: Senior Screen: CBC: White blood cells increased at 24,400; neutrophils increased at 22,399 Chemistries: Albumin is slightly low at 2.5 Urinalysis: Urine shows moderate concentration (SG 1.031) with borderline pyuria (white blood cells 6-10 /HPF) T4: 1.3 Urine culture: Negative

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. 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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Minor medullary mineral was noted in the left kidney. No evidence of pyelectasia was present. The left kidney measured 3.6 cm in length. The right kidney measured 3.3 cm in length.

Adrenal Glands

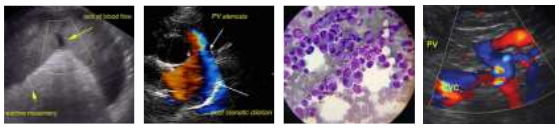
No overt pathology in the area of the left or right adrenal gland was present.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. The spleen was normal in size, measuring 0.57 cm in width.

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.



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The gallbladder was non distended in size with minor, echogenic, nonmineralized biliary sludge. 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.

The small intestine presented intact wall layering and primarily maintained a 1:3 muscularis/mucosa ratio with subjective propensity for mildly prominent jejunal muscularis layer. The duodenum wall width measured 0.25 cm. The jejunum wall width measured up to 0.29 cm.

The colon exhibited primarily intact, sonographically unremarkable walls. Segmental colonic mural hypertrophy, decreased mural echogenicity, and loss of distinct colonic wall layering were present within the mid to caudal abdomen. Colon wall width within the thickened area of the colon measured up to 1.0 cm in diameter.

Pancreas

The pancreas exhibited normal size and contour with subtle hypoechoic parenchyma compared to adjacent omentum with minor pancreatic duct dilation.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

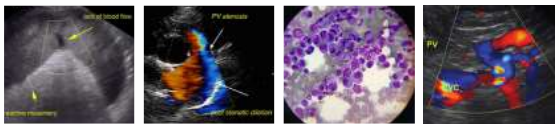
- Chronic enteropathy
- Colonic mural mass
- Possible low-grade chronic to chronic active pancreatitis

Secondary Findings

- Bilateral chronic renal changes with mild medullary mineral
- Mild particulate urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small Intestine exhibited subtle mural changes which are suggestive of chronic enteropathy. Given the presence of a colonic mural mass, potential etiologies for the colonic mural mass, as well as the generalized small intestine may include; inflammatory, neoplastic, or granulomatous (Dry Form FIP), etiologies. Colonic and full-thickness Intestinal biopsies would be ideal for a definitive diagnosis



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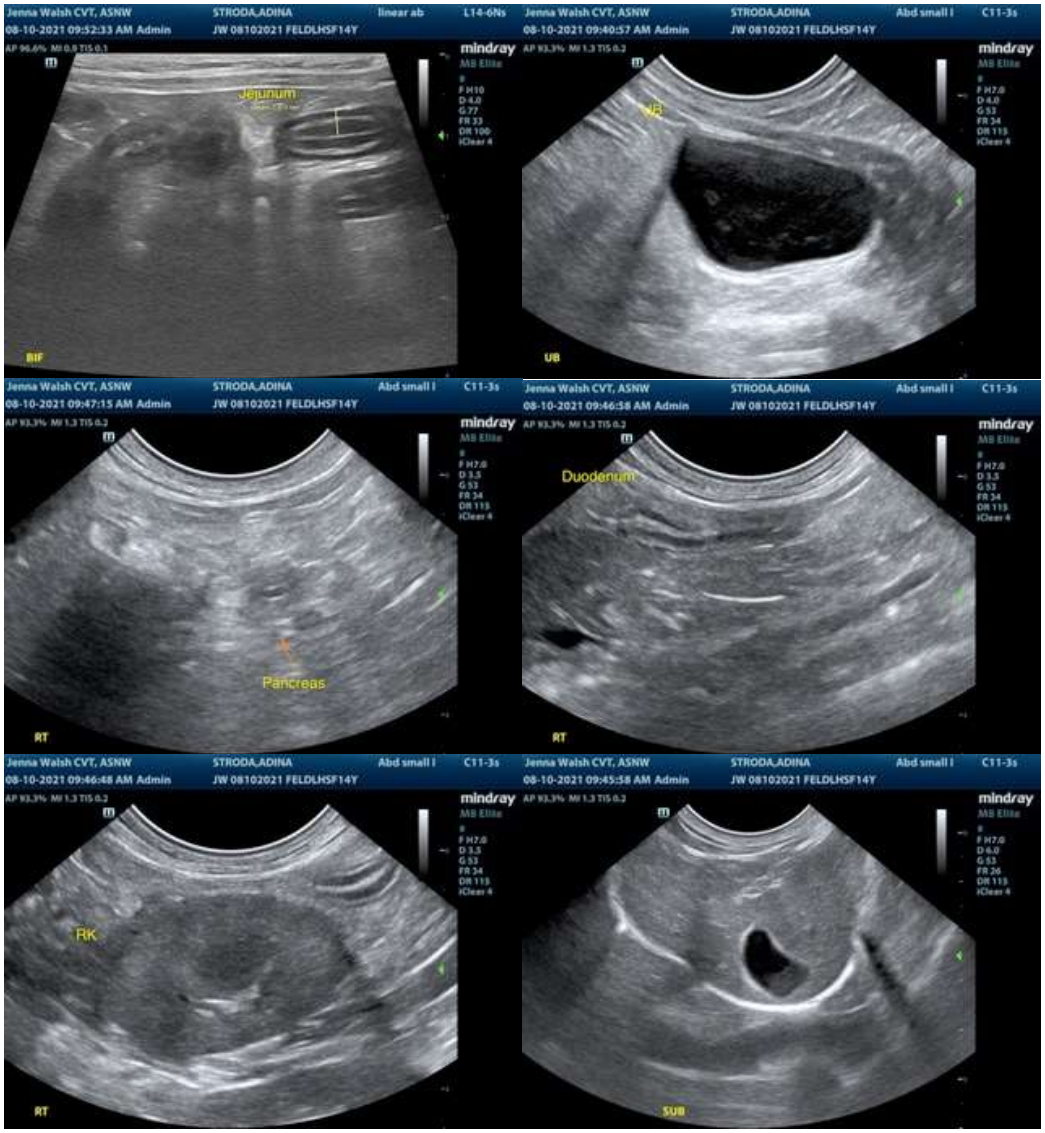
and further clarification. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate and three view chest radiographs to rule out occult thoracic pathology.

Empirically, continued gastrointestinal support +/- empirical IBD protocol including Cobalamin supplementation would be appropriate if biopsies are not possible.



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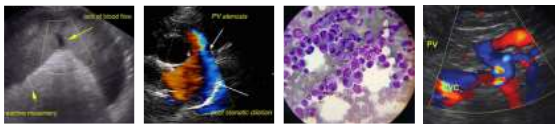

ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

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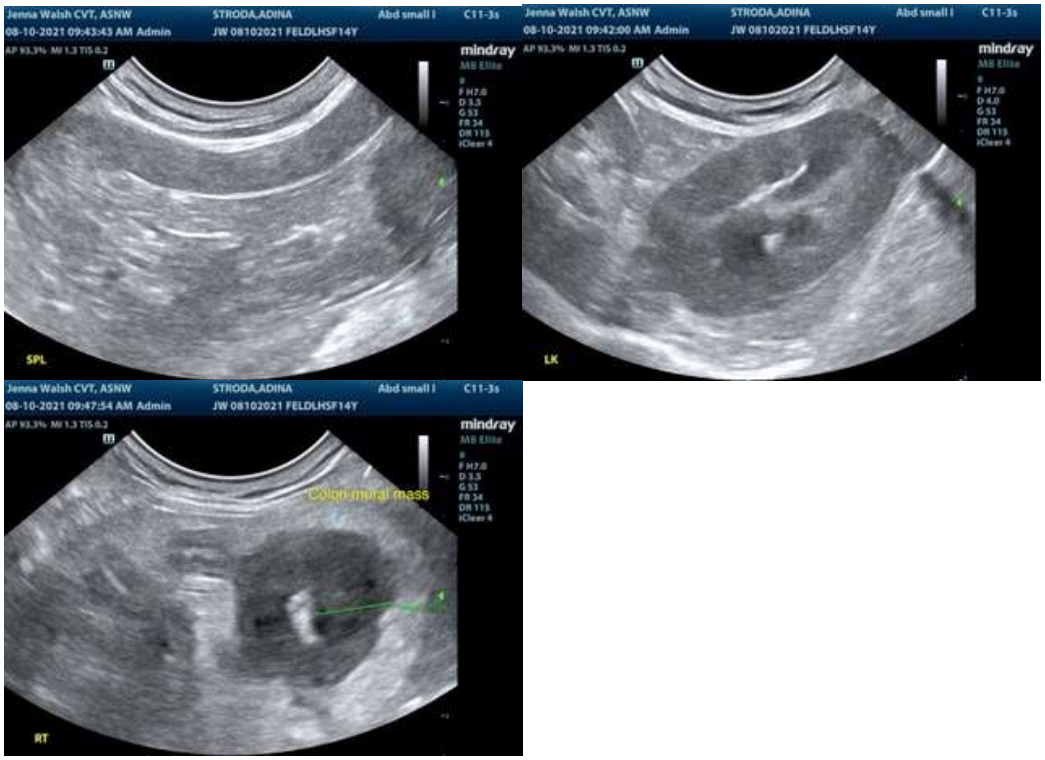

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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