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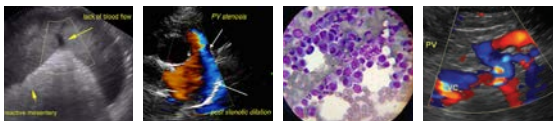


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT
Milo Redhead

SPECIES
Feline

BREED
DMH

SEX
Neutered Male

AGE
17 Years

WEIGHT
9.88 Pounds

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

IMAGING PERFORMED BY
Heidi Putnam

HOSPITAL NAME
VCA Westmoreland

REFERRING VET
Dr. Bugarovich

INVOICE
24555

DATE
8/11/21

PRESENTING CLINICAL SIGNS

PE 8/6/21- heart murmur grade II parasternal, muscle wasting generalized mild, all else WNL
Abnormal PE/Chem/CBC/UA Results: See attached

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.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 3.7 cm. The right kidney measured 3.3 cm.

Adrenal Glands

The bilateral adrenal glands were normal in size. Mild parenchyma heterogeneity and mild capsule asymmetry was present without suspicion for overt neoplasia. The left adrenal gland measured 0.29 cm in width. The right adrenal gland measured 0.34 cm in width.

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 measured 0.75 cm diameter.

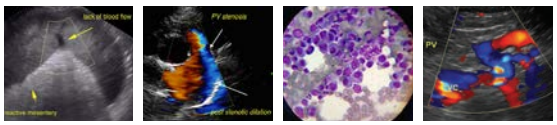
Liver

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. Segmental jejunal corrugation noted, which may suggest intestinal hypercontractility or spasming. No evidence of mechanical obstruction or intestinal plication. Jejunum wall measured up to 0.39 cm width.



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Ileocolic wall measured 0.38 cm. Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic inflammation. No overt evidence of neoplasia.

Free Abdomen

No evidence of intraabdominal masses, lymphadenopathy or effusion.

ULTRASONOGRAPHIC FINDINGS

- Enteropathy with altered muscularis/mucosa ratio
- Chronic active pancreatitis
- Bilateral chronic interstitial nephrosis renal pattern – chronic renal disease versus potential for non-specific nephritis such as interstitial nephritis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

The appearance of the small intestine is consistent with infiltrative enteropathy. Primary concern for inflammatory infiltrative enteropathy (IBD or eosinophilic enteritis) given the intact wall layering and without evidence of peri intestinal mesenteric involvement or evidence of lymphadenopathy. Minor potential for neoplastic infiltrative enteropathy with round cells (i.e., lymphoma, mast cell neoplasia or other, which may present sonographically similar) cannot be definitively excluded.

Full thickness intestinal biopsies are required for definitive diagnosis. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Empirical IBD protocol may be considered if biopsies are not possible or not elected.

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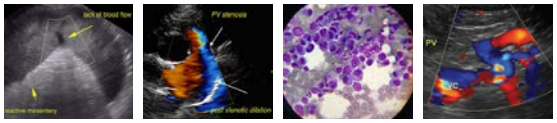

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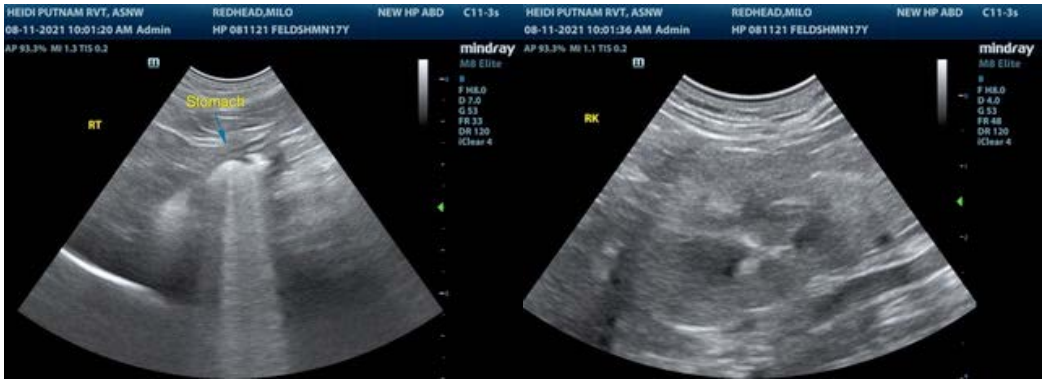

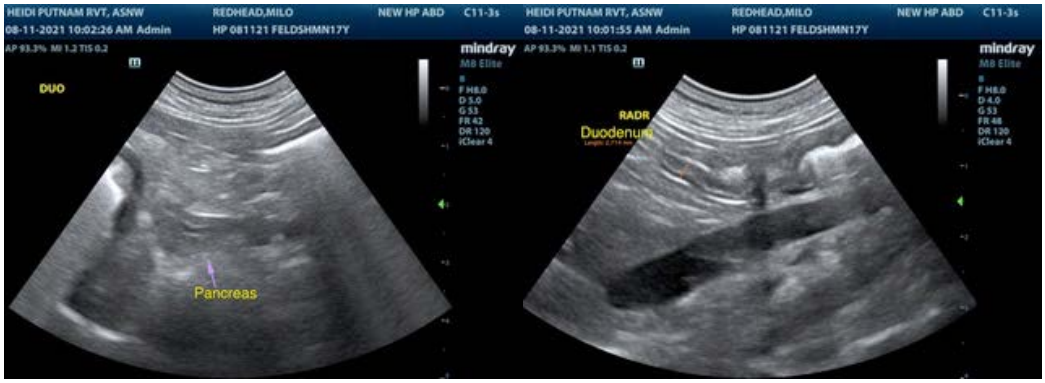

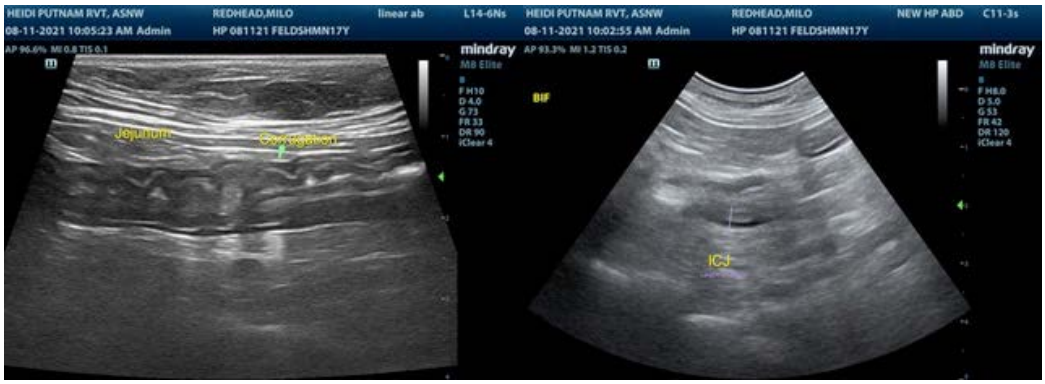

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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