

PATIENT PRESENTING CLINICAL SIGNS

Loco Williams

Acute liquid diarrhea on Aug 4, 23, previous ongoing issues with weight loss and loose stools. Ran Diarrhea PCR panel early July and found Clostridium overgrowth but not eating well and owner did not start recommended meds. Moderate dental disease, muscle wasting and continued weight loss. Painful on abdominal palpation. Previously on a RAW diet. Cranial abdomen feels full and Loco lays down when you attempt to palpate cranially. Popliteal lymph nodes are prominent. Has been sent with Mirtazapine TD, Biotin, TD Codeine, Metronidazole and B12 but unsure which he is currently getting.

SPECIES

Feline

BREED

Abyssinian

Abnormal PE/Chem/CBC/UA Results: Fecal negative, Diarrhea panel C. Perfringens Alpha Toxin positive, low levels of CPA gene copies present. Bloodwork May 23 Total Protein 95(57-89)Globulin 69(28-51)snap fPL normal, FELV/FIV negative.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Urinary System

MN

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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.

AGE

2yr

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 left kidney measured 4.2 cm in length. The right kidney measured 4.2 cm in length.

WEIGHT

3.47kg

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured – cm width at the caudal pole and – cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured – cm width at the caudal pole and – cm width at the cranial pole.

IMAGING PERFORMED BY

Crystal Hill

Spleen

HOSPITAL NAME

Grand River Veterinary
Hospital

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.

REFERRING VET

Gallagher

Liver/Gallbladder

The liver was subjectively mildly enlarged in size with normal 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.

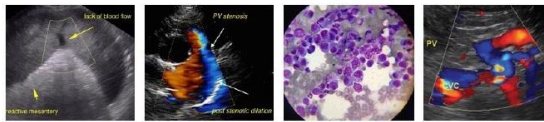
INVOICE

14568ag

DATE

Gastrointestinal

08/11/2023



PATIENT

Loco Williams

The stomach presented intact wall layering with a normal wall layer ratio. The stomach exhibited moderate distention with retained variably echogenic non-shadowing ingesta/fluid and no signs of ileus, obstruction or foreign material.

SPECIES

Feline

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained generalized non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material.

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

BREED

Abyssinian

Pancreas

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.

SEX

MN

Free Abdomen

Scant to mild volume peritoneal effusion was present.

AGE

2yr

Several to multiple variably enlarged non homogenous mesenteric lymph nodes were present, an example measured 3.9 cm x 1.7 cm.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

3.47kg

- Structurally unremarkable GI tract with generalized GI ingesta-possible inefficient peristalsis pattern.
- Soft feces in colon.
- Several enlarged non-homogenous mesenteric lymph nodes-lymphatic hyperplasia, lymphadenitis, granulomatous lymphadenopathy, early neoplastic lymphadenopathy less likely.
- Scant peritoneal effusion.
- Subjective mild hepatomegaly-nonspecific

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Grand River Veterinary
Hospital

REFERRING VET

Gallagher

INVOICE

14568ag

DATE

08/11/2023

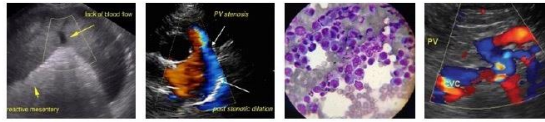
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of overt/significant gastroenterocolic mural pathology. Dietary indiscretion / food hypersensitivity, dysbiosis, malassimilation/maldigestion disorder, occult parasitism, infectious disease, infiltrative neoplasia (less likely), structurally insignificant inflammatory bowel or low grade to chronic pancreatitis both of which may appear sonographically normal are all potentials.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Assuming normal clotting status a lymph node FNA for screening cytology is warranted for further assessment.

Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Proviale or Visbiome), continued, cobalamin supplementation pending assessment of B12 levels, antibiotic trial +/- prokinetic agent with as needed GI support and assessment of clinical response may prove beneficial.

For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.



PATIENT

Loco Williams

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

SPECIES

Feline

BREED

Abyssinian

SEX

MN

AGE

2yr

WEIGHT

3.47kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Grand River Veterinary
Hospital

REFERRING VET

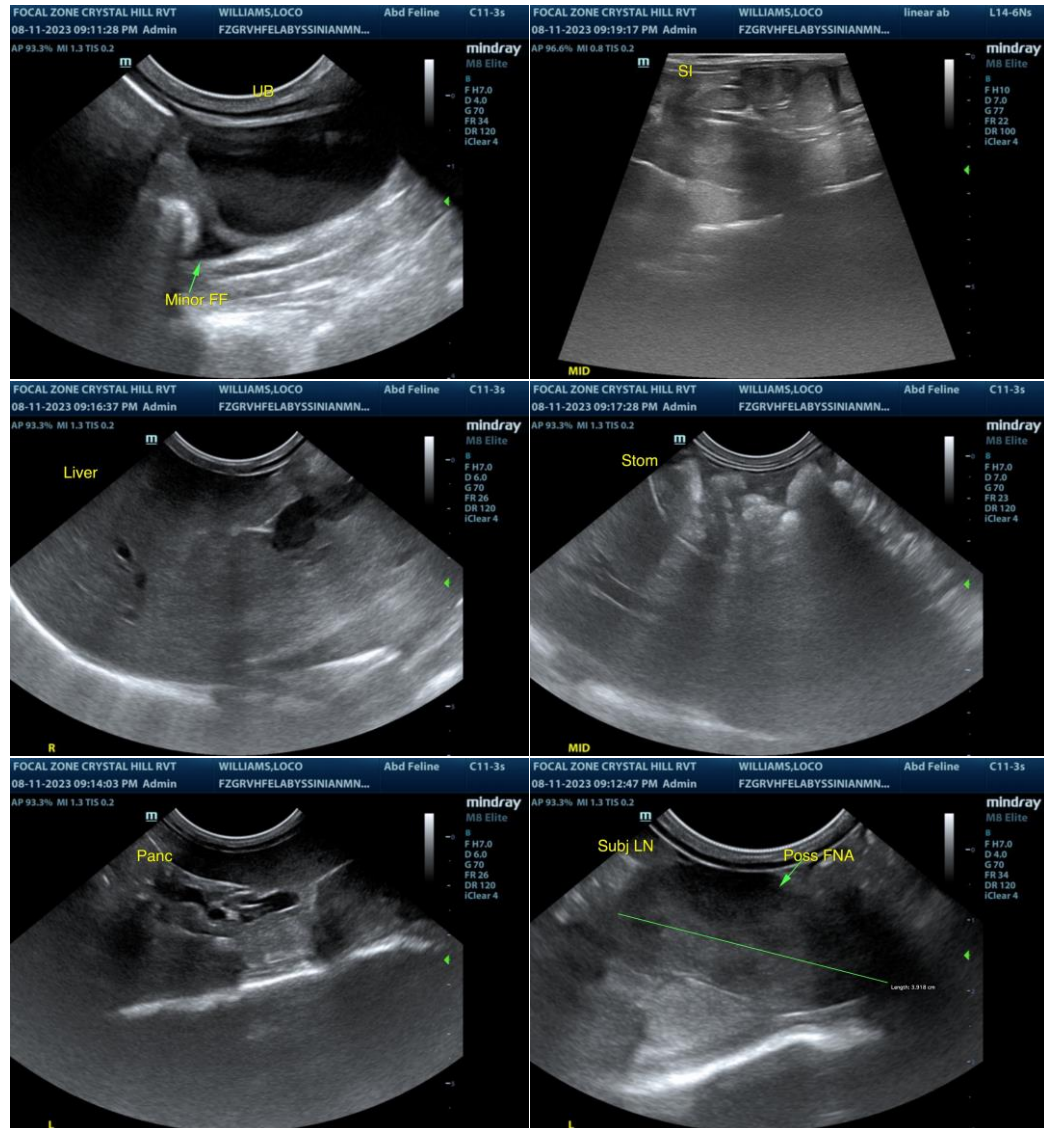
Gallagher

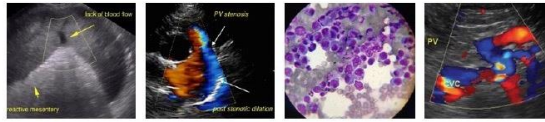
INVOICE

14568ag

DATE

08/11/2023





PATIENT

Loco Williams

SPECIES

Feline

BREED

Abyssinian

SEX

MN

AGE

2yr

WEIGHT

3.47kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Grand River Veterinary
Hospital

REFERRING VET

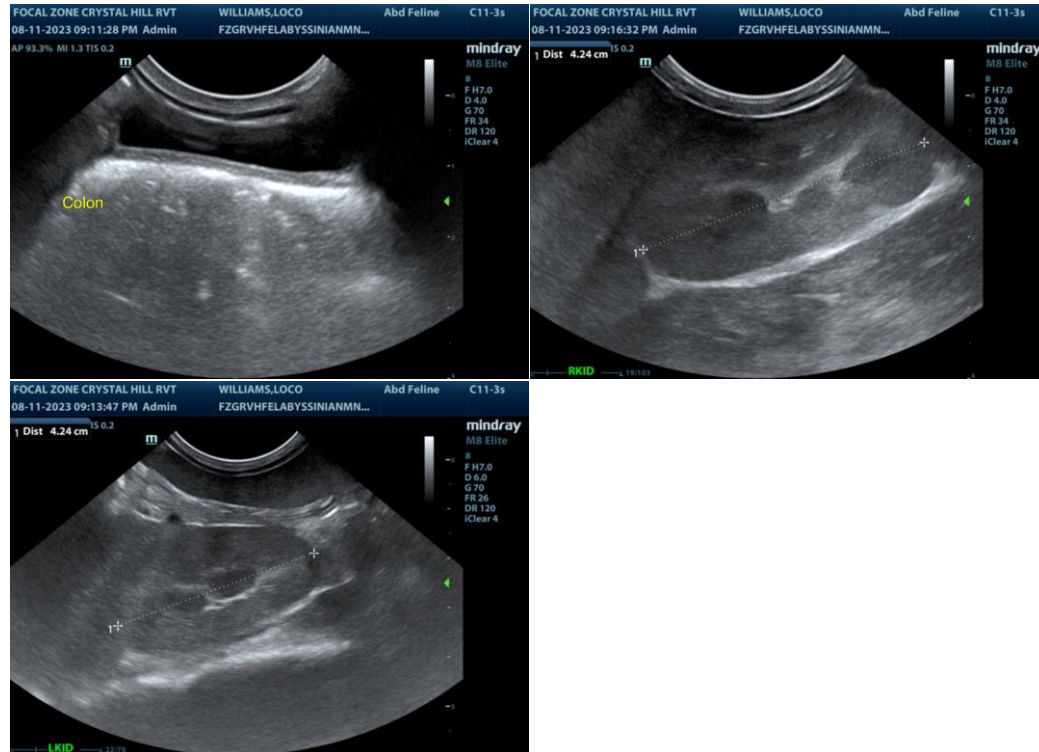
Gallagher

INVOICE

14568ag

DATE

08/11/2023



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