



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Buff King
Decreased appetite and lethargy for 3 days, today completely anorexic. Intestines palpated thickened, grade 3/5 heart murmur, 5-8% dehydrated.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Chemistry: Ca 7.3 L, ALT 140 H, GGT 7 H CBC: RBC 6.28 L, Hematocrit 30 L, Monocytes 2.06 H, Eos 0.03 L EPOC: Lactate 3.78 H, Glucose 136 H Total T4: 1.7 N UA via cysto: USG >1.050, pH 6, 100 protein, 4 WBC/hpf, 2 RBC/hpf

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered Male

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 non-dependent 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.

AGE

12 Years

Normal size and 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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.8 cm. The right kidney measures 3.7 cm.

WEIGHT

3 kg

INTERPRETED BY

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

Adrenal Glands

The adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.53 cm. The right adrenal gland measured 0.41 cm.

IMAGING PERFORMED BY

Dr. Meghan Myers

Spleen

The spleen measured 0.69 cm in width at the level of the mid spleen and 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.

HOSPITAL NAME

Hershey Animal
Emergency Center

Liver

The liver exhibited subjective mild enlargement. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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 with mild echogenic sediment. The proximal common bile duct was mildly dilated and tortuous without overt post hepatic obstruction. This finding may suggest age related changes or secondary to underlying cholangitis / cholangiohepatitis especially if previous or current liver enzymes elevations have been noted.

REFERRING VET

Dr. Rebecca Lupole

INVOICE

44631

DATE

8/12/23



PATIENT *Gastrointestinal*

Buff King 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.

SPECIES

Feline The small intestine presented generalized intact, variably thickened wall layering owing to propensity for variably prominent to thickened muscularis layer. Jejunum wall measured 0.30-0.40 cm wall width. Ileocolic wall measured 0.35 cm.

BREED

DSH Normal visible colon wall layers were present with subjective semiformed fecal matter.

SEX

Neutered Male Generalized prominent pancreas exhibiting mild capsule asymmetry and non-homogeneous mildly hypoechoic parenchyma. Within the area of the proximal left pancreatic limb caudal to the stomach, spherical appearing, mildly non-homogeneous possible pancreatic mass lesion versus overlaying mesenteric lymph node was present. The possible pancreatic mass lesion measured 2.2 cm in diameter.

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WEIGHT

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Pancreas

Free Abdomen

Several enlarged mesenteric lymph nodes were present. Example measured 1.9 cm x 1.5 cm. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident.

Intermittent small pocket of scant peritoneal free fluid.

Generalized mild increased omental echogenicity.

PRIMARY FINDINGS

- Intact, diffuse to variably thickened small intestine wall
- Hepatopathy, mild gallbladder sediment and minor nonobstructive common bile duct dilation - suggestive of cholangitis / cholangiohepatitis
- Nonhomogeneous mesenteric lymphadenopathy
- Chronic / chronic active pancreatitis with possible pancreatic mass lesion area of left pancreatic limb vs overlaying peripancreatic mesenteric lymph node
- Scant peritoneal effusion

SECONDARY FINDINGS

- Mild / moderate chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine appearance and mesenteric lymphadenopathy is consistent with infiltrative enteropathy with potential etiologies including inflammatory, neoplastic or less likely granulomatous (FIP) enteropathy and associated mesenteric lymphatic hyperplasia, lymphadenitis or neoplastic / granulomatous lymphadenopathy. Further assessment may include hepatic and lymph node FNA cytology as well as FNA cytology of the possible pancreatic mass lesion. Triaditis is a potential in this case. A GI panel to include PLI/TLI/B12/folate may be considered. Intestinal, liver and pancreatic



PATIENT

Buff King

biopsies are likely required for diagnosis. Empirical IBD / Triaditis protocol and as needed GI support would be reasonable. Sonographic reassessment is recommended if nonresponse to empirical therapy or progressive clinical signs despite empirical therapy.

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BREED

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Neutered Male

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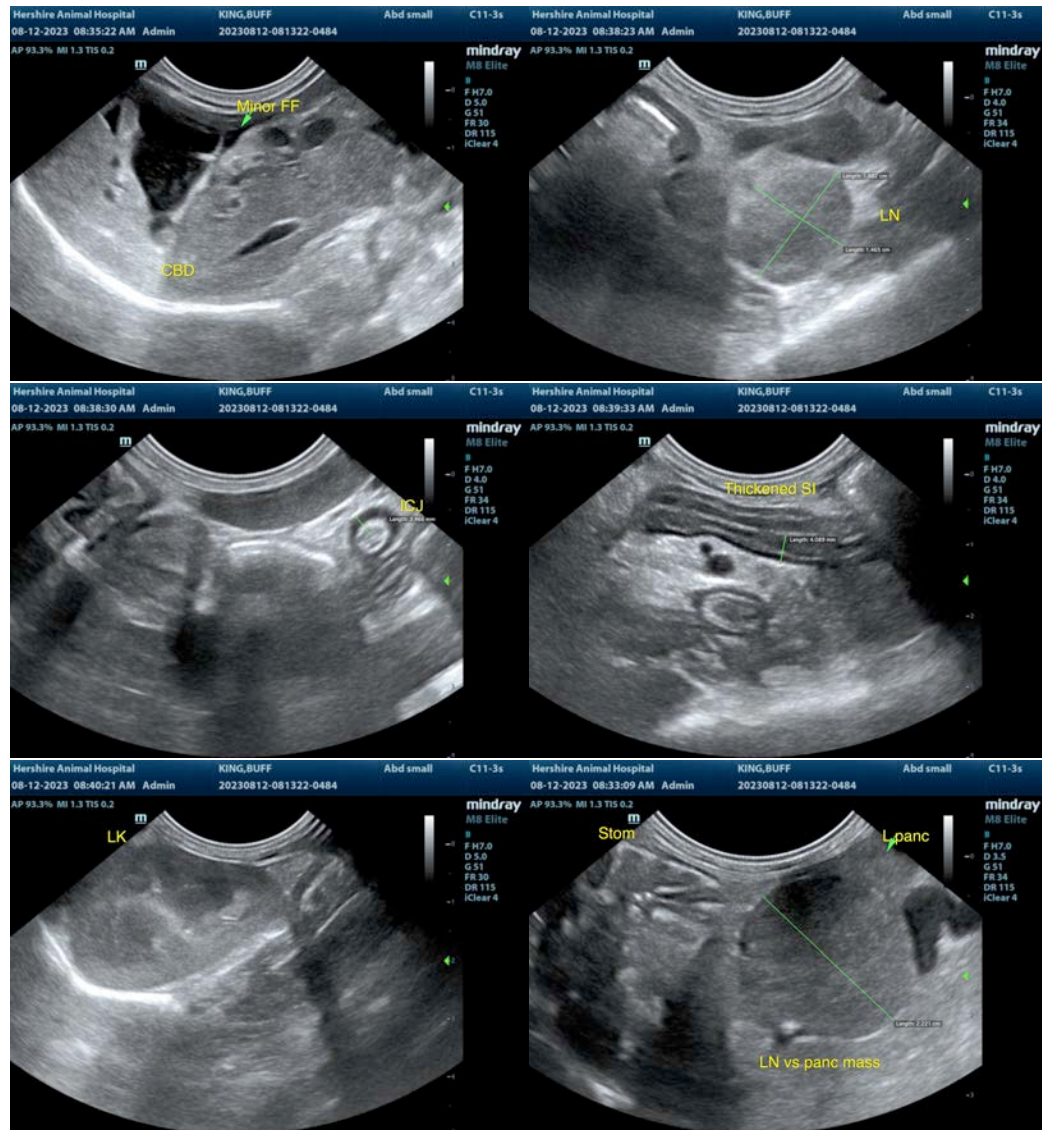
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PATIENT

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SPECIES

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BREED

DSH

SEX

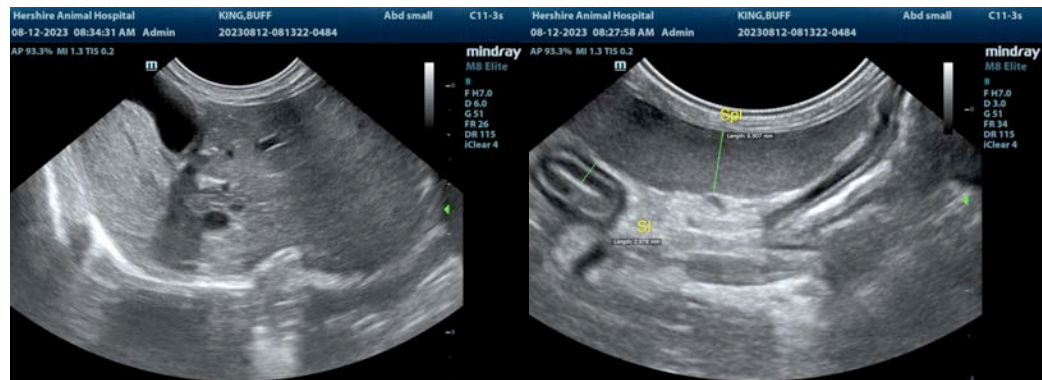
Neutered Male

AGE

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WEIGHT

3 kg



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.

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