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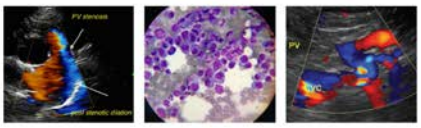

SonoPath
Clinical Sonography & Telecytology
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1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Lilly Cady
Employee Pet

SPECIES

Feline

BREED

Bengel

SEX

Intact Female

AGE

4 Years

WEIGHT

3.6 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Yerkey

INVOICE

24724

DATE

8/16/21

PRESENTING CLINICAL SIGNS

Weight loss since Oct. Ravenously hungry. Started having episodes of vomiting which have been a mix of food and bile over past month. Couple weeks ago started having rust color mucous diarrhea. Currently lethargic and unkempt coat. Did eat this morning.
Abnormal PE/Chem/CBC/UA Results: Emaciated, palpation of abdomen: intestines empty loops small intestines, gas and liquid could be herd running through intestines. CBC/CHEM in July WNL TLI WNL, T4 WNL Today: RBC 3.56, HCT 17.14%, HGB 7.3, BUN 36, GLU 43
Patient currently on Prednisolone, Metronidazole, Clavamox, and Meclizine.

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 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 3.8 cm. The right kidney measured 3.6 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.32 cm in width. The right adrenal gland measured 0.40 cm in 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.

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 mild, 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 contained mild echogenic, nonshadowing ingesta and minor retained fluid, most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.

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.

The colon exhibited intact yet mild subjective prominent wall layering with mild generalized colonic distention containing semiformed to soft feces.

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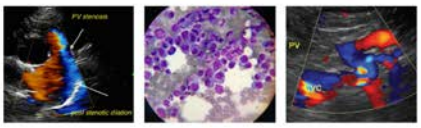

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Pancreas

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.

Free Abdomen

Intermittent, mildly prominent to enlarged mesenteric lymph nodes were present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

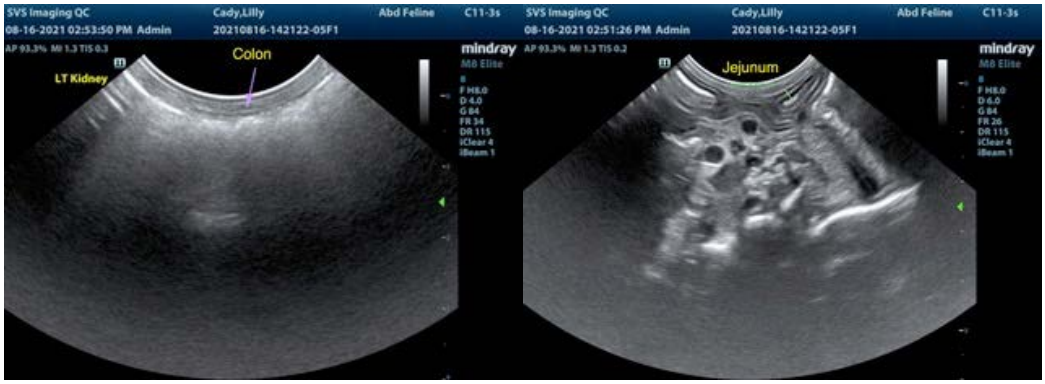
Minor subjectively acellular peritoneal free fluid was present. The omentum is of uniform echogenicity.

ULTRASONOGRAPHIC FINDINGS

- Mild gastric ingesta – likely correlates with recent meal ingestion, potential for some degree of gastric stasis possible.
- Enterocolonopathy with non-formed feces
- Associated, subjectively reactive mesenteric lymph nodes
- Mild peritoneal free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the breed, chronic enterocolonopathy is suspected. Potentially, the current use of Prednisolone may be masking gastroenterocolic mural changes. A GI panel to include PLI, TLI, cobalamin and folate as well as diarrhea PCR to include tritrichomonas (given the breed) is recommended, even without current diarrhea. Empirically, cobalamin supplementation pending GI panel, dietary therapy (which may range from hydrolyzed diet to increased fiber diet such as WD or Hills GI Biome), high colony count probiotics, and as-needed antibiotic therapy would be appropriate. Broad-spectrum deworming is suggested regardless of fecal testing. Ultimately, weaning off of Prednisolone and gastrointestinal biopsies may be required for definitive diagnosis.



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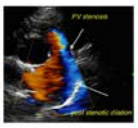
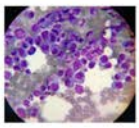
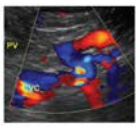

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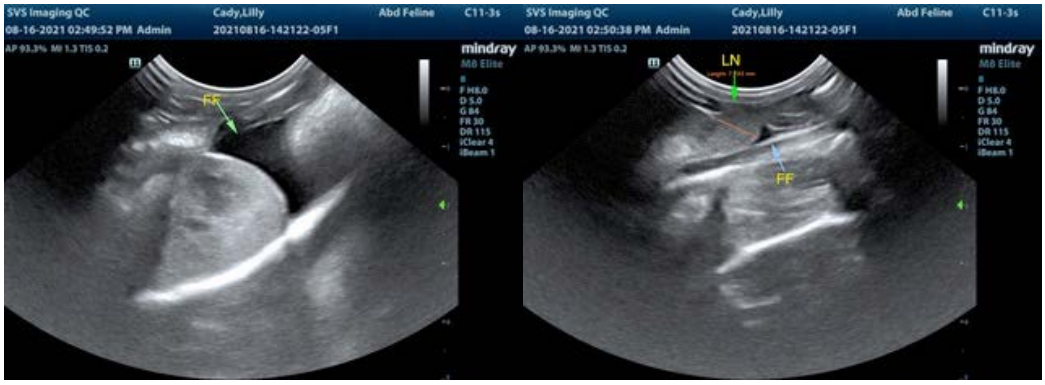

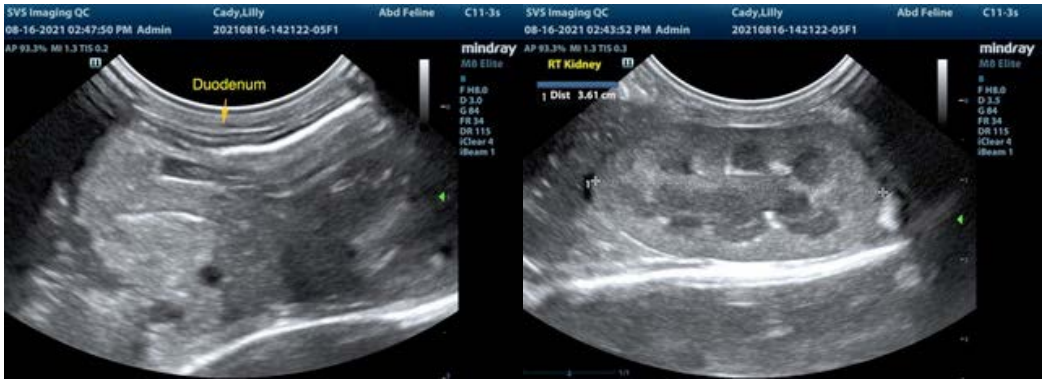

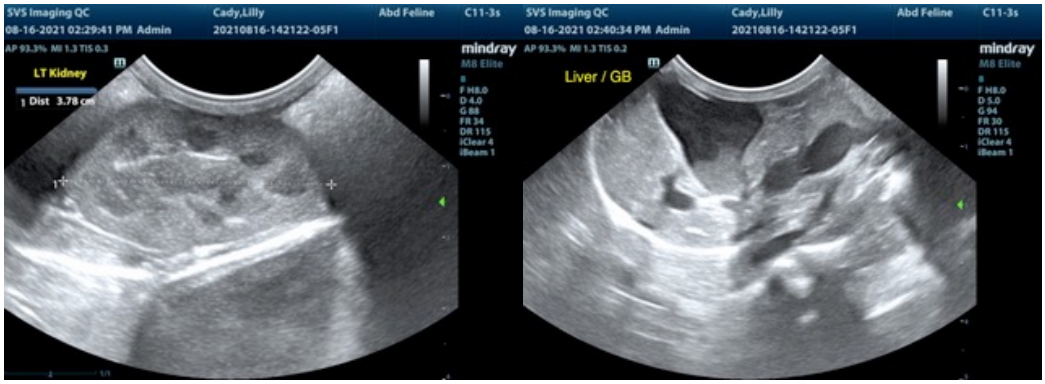

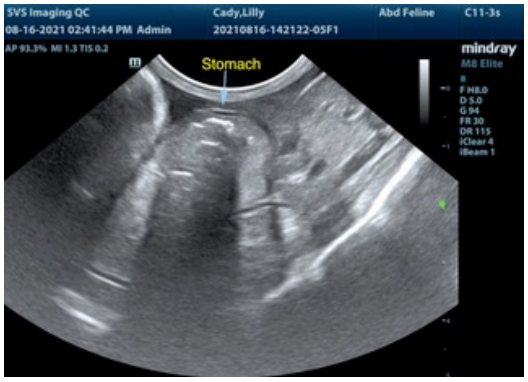

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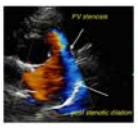
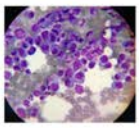
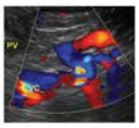

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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