



PATIENT PRESENTING CLINICAL SIGNS

Madelyn Praytor Increased appetite with rapid weight loss. Increase vocalization
Abnormal PE/Chem/CBC/UA Results: Elevated liver values, mild kidney changes, Normal Thyroid values

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DSH

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.

SEX

Spayed Female

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 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 3.3 cm. The right kidney measured 3.8 cm.

AGE

16 Years

WEIGHT

6.9 Pounds

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm in width. The right adrenal gland measured 0.28 cm in width.

INTERPRETED BY

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

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 0.95 cm in width.

IMAGING PERFORMED BY

Jenna Walsh

Liver

The liver was mildly enlarged. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. 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 proximal common bile duct was dilated (0.2 cm diameter) and tortuous without overt post hepatic obstruction. No overt pathology in the area of the duodenal papilla. This finding may suggest age related changes or secondary to underlying cholangitis / cholangiohepatitis especially if previous or current liver enzymes elevations have been noted.

HOSPITAL NAME

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Gastrointestinal

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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.



PATIENT

Madelyn Praytor

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. Duodenum wall measured 0.27 cm. Jejunum wall measured 0.22 cm.

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Ileocolic wall measured 0.24 cm. Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

BREED

DSH

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. Minor pancreatic duct dilation was present, measuring 0.1 cm diameter.

SEX

Spayed Female

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

AGE

16 Years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

6.9 Pounds

- Moderate chronic renal changes
- Hepatopathy
- Chronic active pancreatitis
- Mild gallbladder debris with minor non-obstructive proximal common bile duct dilation

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall appearance of the liver is non-specific, yet consistent with probable chronic benign hepatopathy. Considerations may include vacuolar hepatic changes with primary concern for potential inflammatory hepatic or hepatobiliary disease (i.e., cholangiohepatitis or feline cholangitis syndrome) given the presence of minor gallbladder debris and mild proximal non-obstructive common bile duct dilation. No overt evidence of hepatobiliary neoplasia, which is considered a less likely differential diagnosis. The mildly dilated common bile duct may also indicate incidental finding or age related changes. Potential for triad disease may be considered in this patient, although overt evidence of intestinal mural changes was not evident.

IMAGING PERFORMED BY

Jenna Walsh

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Further assessment may include a GI panel to include PLI, TLI, cobalamin and folate. Biopsies of the intestinal tract, pancreas and liver would be required for definitive diagnosis. Empirical therapy for potential triad disease may be considered if additional diagnostics are not possible. Some or all of the following protocol may be considered.

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Triaditis/Pancreatitis protocol

Part or all of this protocol may be considered based on your clinical impression of the patient:

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Recommend pain management when anorexic with **Buprenorphine** (0.01-0.02 mg/kg IM or SC), clinical trial of **Zithromax** (50 mg sid/cat x 10 days, 3 weeks if bartonella +), **Prednisolone** (0.5-2 mg/kg tapering over 1 week to minimal effective dose), and **B12 injections** if weight loss (Cyanobalamine 250 mcg sub-q once-weekly x six weeks, then every other week for six weeks and then once-monthly, long-term if necessary), **novel-protein or hydrolyzed diet** (*Hydrolyzed diets have been shown to be more effective in dietary intolerance case management compared to hypoallergenic diets*) or the **magical Purina DM** (changing

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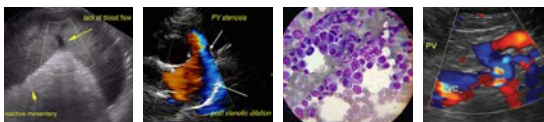
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protein source is crucial and may need rotation every 6 months if clinical signs recur) Diet trials is a whatever works phenomenon. If vomiting becomes a persistent issue then endoscopy would be warranted and/or recheck sonogram to assess more emerging disease. One diet does not work for all patients so different trials may be necessary or protein source rotation every 6 months as new sensitivities develop.





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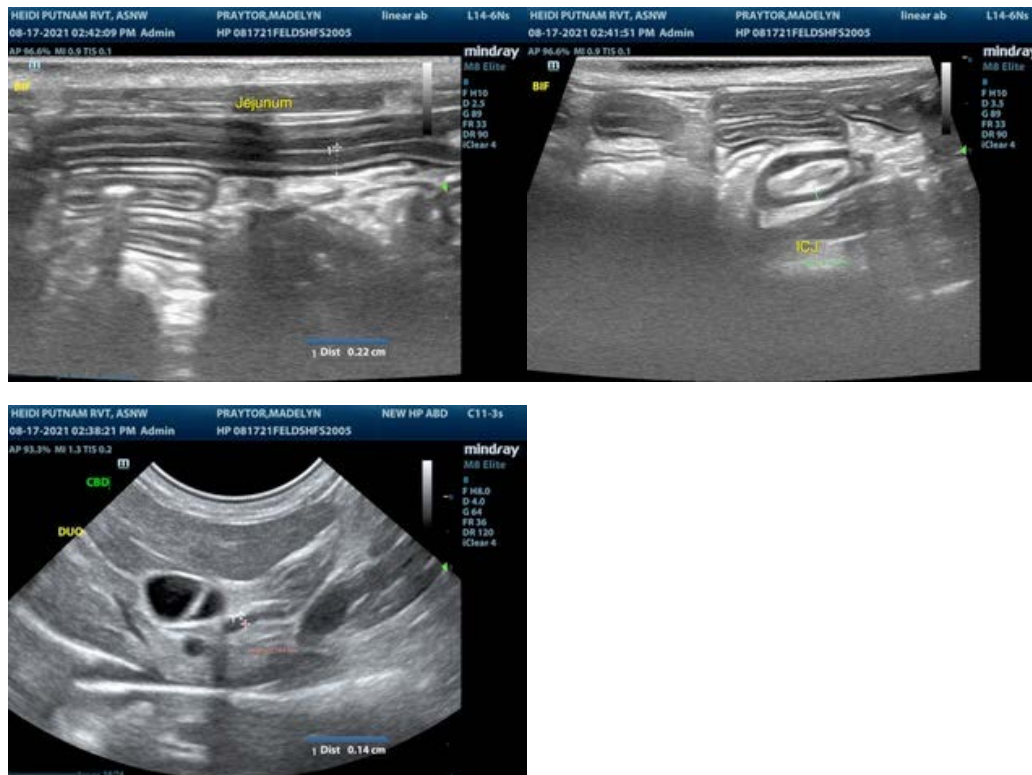
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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