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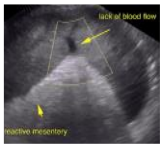

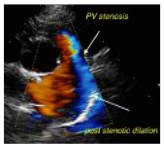

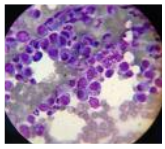
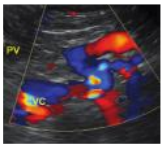

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Nova Johnson

SPECIES

Feline

BREED

Norwegian Forest Cat

SEX

M/N

AGE

7 yr

WEIGHT

5.5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

South Pointe AH

REFERRING VET

Dr. Mizen

INVOICE

14654

DATE

8/17/22

PRESENTING CLINICAL SIGNS

History of vomishion for last 6 weeks on dry kibble and canned food
Abnormal PE/Chem/CBC/UA Results: Non diagnostic

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 was noted.

The area of the aortic trifurcation was free of pathology.

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 4.3 cm in length.

Adrenal Glands

The bilateral adrenal glands were mildly prominent in size exhibiting homogeneous parenchyma and symmetrical capsule contour. The left adrenal gland measured 0.53 width and the right adrenal gland measured 0.48 width.

Spleen

The spleen was normal in size and contour and primarily maintained a finely textured homogeneous parenchyma. A solitary, nondisruptive, hyperechoic nodule was present in the mid spleen measuring 0.34 cm In diameter.

Liver/ Gallbladder

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. Mild, non-dependent, mildly hyperechoic gallbladder debris was present. The gallbladder was otherwise normal. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Mild retained anechoic gastric fluid was present.

The small intestine presented intact yet generalized prominent wall layering owing to generalized propensity for prominent muscularis layer. The duodenum wall measured 0.37 cm width. The jejunum wall measured 0.28 cm width. The ileocolic wall measured 0.40 cm width.

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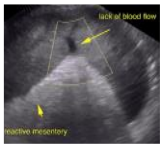

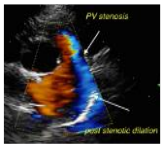

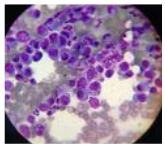
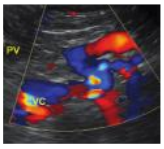

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Normal visible colon wall layers were present with semi formed to soft fecal matter.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

Mid abdominal, mild to moderately enlarged, mildly nonhomogeneous mesenteric lymph node was present measuring 2.5 cm x 1.95 cm. Subtle evidence of perilymphatic reactive mesentery was noted. A small pocket of scant perilymphatic free fluid was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Infiltrative enteropathy pattern
- Midabdominal mesenteric lymphadenopathy
- Mildly nonhomogeneous pancreas
- Minor gastric hypomotility

Secondary Findings

- Solitary nonspecific yet likely benign splenic nodule - suggestive of probable benign splenic myelolipoma

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine was consistent with Infiltrative enteropathy with considerations including inflammatory vs. neoplastic infiltrative enteropathy, i.e., IBD / eosinophilic enteritis vs. intestinal round cell neoplasia such as lymphoma, mast cell neoplasia, or other.

The concurrent midabdominal mesenteric lymphadenopathy may Indicate associated lymphoid hyperplasia or reactive lymphadenitis, although the potential for early neoplastic lymphadenopathy is possible. Correlation with pending lymph node FNA cytology is recommended.

Full-thickness intestinal as well as lymphatic biopsies are likely required for a definitive diagnosis. Potential for low-grade, possibly chronic, pancreatitis could be present. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate.

Pending additional diagnostics, IBD / low-grade pancreatitis protocol, which may include hydrolyzed diet trial, empirical cobalamin supplementation, +/- Prednisolone trial at the lowest effective dose to control clinical signs with as-needed GI support and assessment of clinical response would be reasonable.

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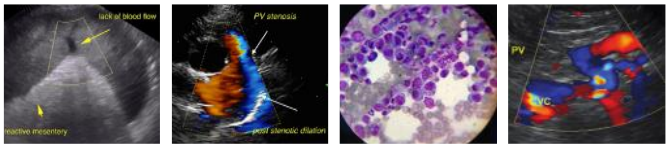

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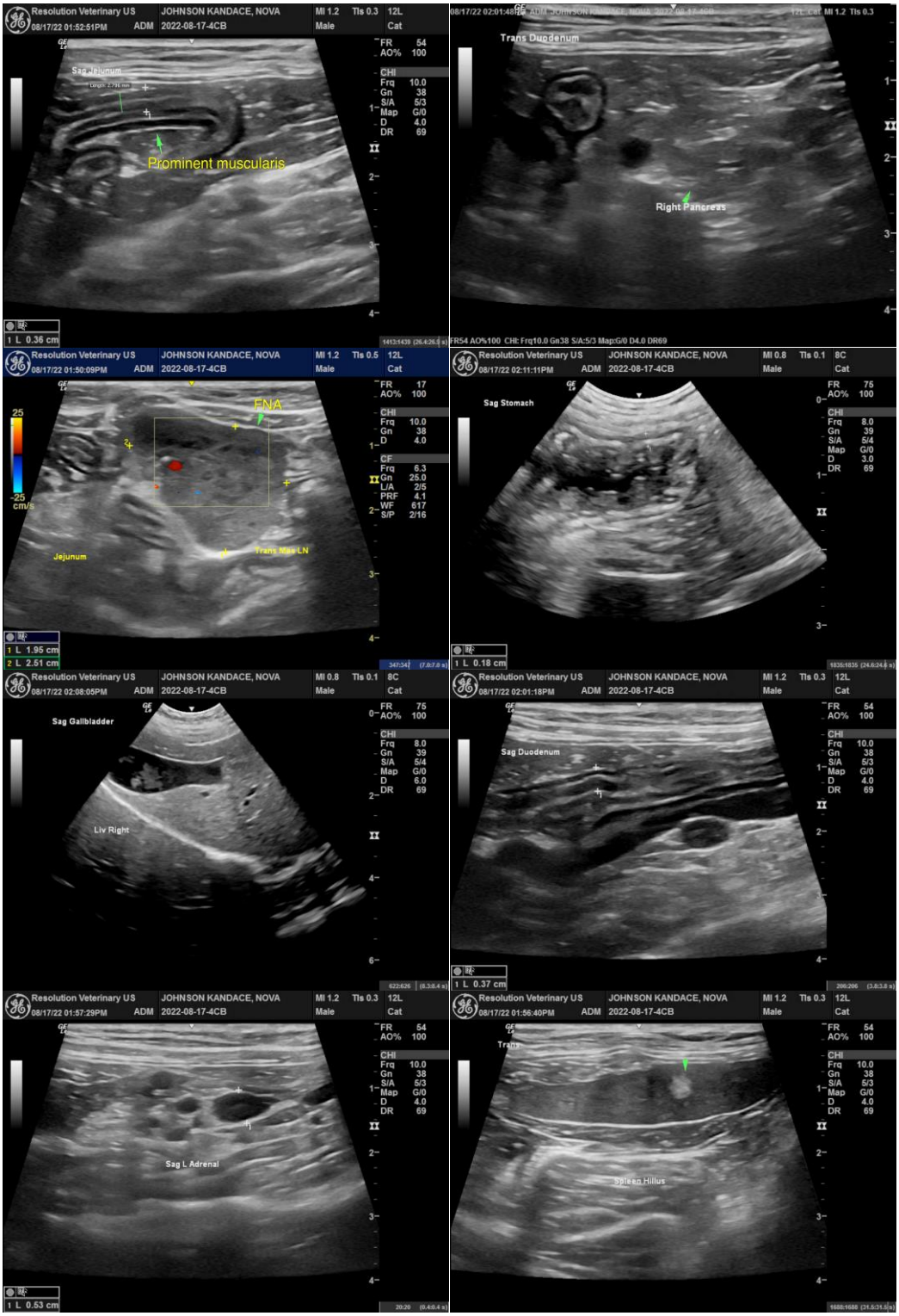

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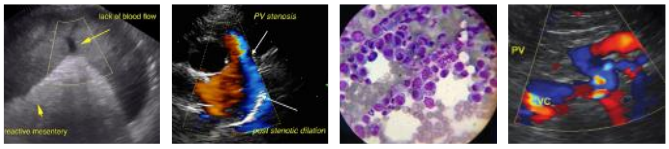

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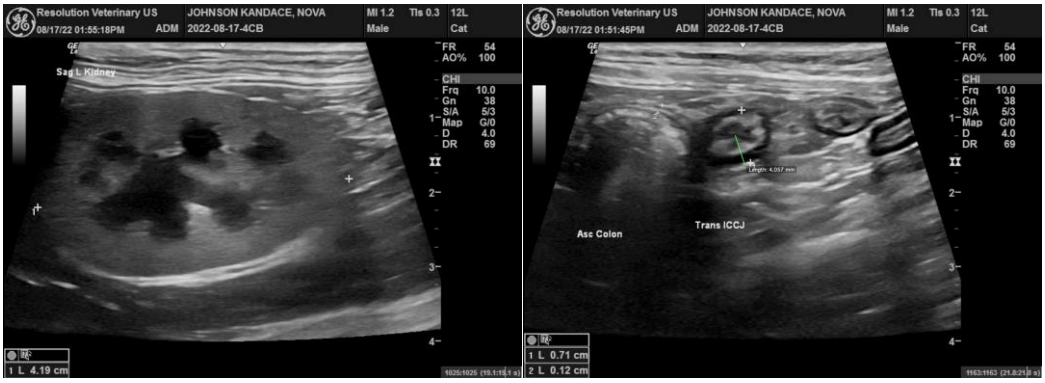

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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