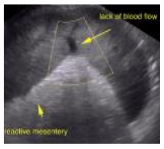
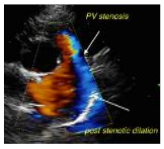
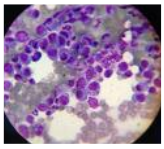
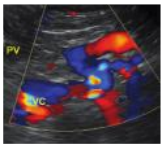
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Sabrina Skeen

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

6 Years

WEIGHT

5.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield, DVM

HOSPITAL NAME

Feline Fine Cat Clinic

REFERRING VET

Stephanie Kadasi, DVM

INVOICE

16897

DATE

8/18/22

PRESENTING CLINICAL SIGNS

History: -- Intermittent chronic diarrhea, worsening lately and not improving. O noted minimal improvement with metronidazole in the past, some improvement with tylosin, and some improvement with proviable (done by O at home, no exam addressing these issues previously but pt is quite skittish and can be hard to bring to the vet). -- Based on hx suspicious for IBD, but labs also suggestive of clostridial perfringens enteritis (possibly secondary issue given hx). -- If indicated, O generally likes to get biopsies done (we would likely refer to internal med specialist at that stage if needed). Abnormal PE/Chem/CBC/UA Results: Pertinent Physical Exam Abnormalities: -- Very gassy GI loops, had mod tartar with some focal areas of increased issues -- COHAT went well no extractions indicated recently. Pertinent Diagnostic Result Abnormalities (i.e., blood work, urine analysis, fecal tests, radiographs, etc): -- CBC chem T4 UA snap fPL snap proBNP: all normal -- TAMU GI panel fasted fpl cobalamin folate etc - all normal -- AXR - subjectively thickened GI loops, gassy intestines with diarrhea noted -- Comprehensive diarrhea panel (IDEXX): significant number of C perf - suspect clostridial enteritis. No other abnormalities or parasites/giardia noted.

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. Aortic trifurcation was normal.

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 3.6 cm in length. The right kidney measured 3.4 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 cm.

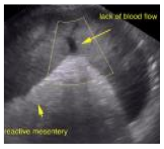
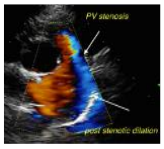
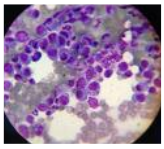
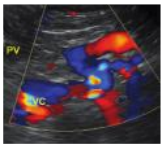
Spleen

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. The spleen measured 0.95 cm in width at the level of the hilus.

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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Sabrina Skeen

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

6 Years

WEIGHT

5.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield, DVM

HOSPITAL NAME

Feline Fine Cat Clinic

REFERRING VET

Stephanie Kadasi, DVM

INVOICE

16897

DATE

8/18/22

Gastrointestinal

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. The gastric body wall measured 0.25 cm.

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 duodenum wall measured 0.26 cm. The jejunum wall measured 0.23 cm. The ileocolic wall measured 0.3 cm.

The colon walls were sonographically unremarkable. The colon appeared to contain formed to semi-formed fecal matter.

Pancreas

The pancreas was normal in size with minor asymmetrical contour. Isoechoic to heterogeneous parenchyma was noted, compared to adjacent to omentum.

Free Abdomen

Intermittent, mildly prominent, isoechoic to mildly hypoechoic colic lymph nodes were present, adjacent to the ileocolic junction. These lymph nodes were not overtly consistent with neoplastic criteria with antigenic stimulation, hyperplasia or minor lymphadenitis likely. No free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

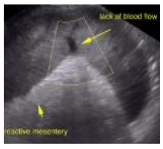
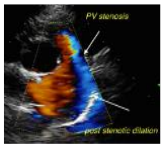
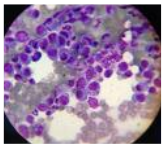
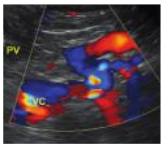
- Overtly normal GI tract/colon
- Intermittent mildly prominent, subjectively benign/reactive colic lymph nodes
- Minor heterogeneous pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant visceral, specifically gastroenterocolic or pancreatic pathology as an obvious or definitive cause of the patients GI signs. In patients with chronic diarrhea, considerations may include dietary intolerance/food allergy, occult parasitism (if the patient is indoor/outdoor), low grade to chronic pancreatitis, inflammatory bowel disease (both of which may present sonographically normal), or less likely in this case infiltrative neoplasia. No overt evidence of dysbiosis or distal small intestinal disease, given the recent normal GI panel. No sonographic evidence of active pancreatitis.

Empirically, a hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (if clinically indicated), continued high colony count probiotics, such as Proviable, antibiotic trial (if previous or current positive response, and as needed GI support would be reasonable. Intestinal biopsies are likely required for a definitive diagnosis and could be considered if persistent to recurrent GI signs, despite dietary and empirical therapy.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

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

PATIENT

Sabrina Skeen

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

6 Years

WEIGHT

5.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield, DVM

HOSPITAL NAME

Feline Fine Cat Clinic

REFERRING VET

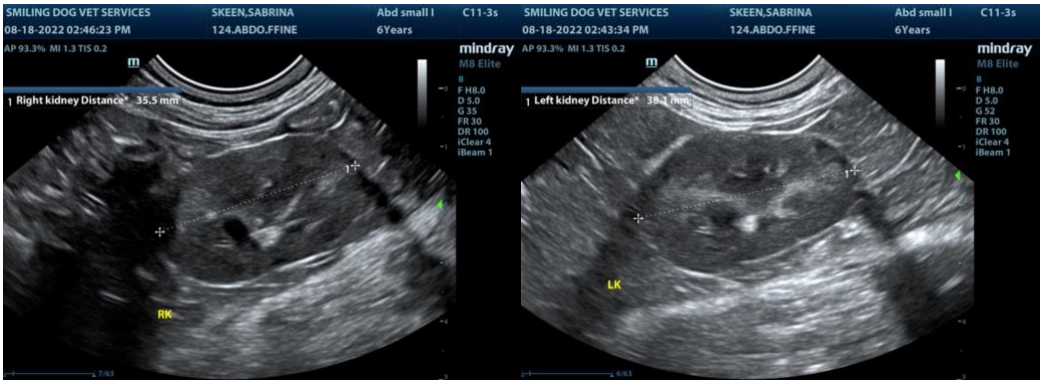
Stephanie Kadasi, DVM

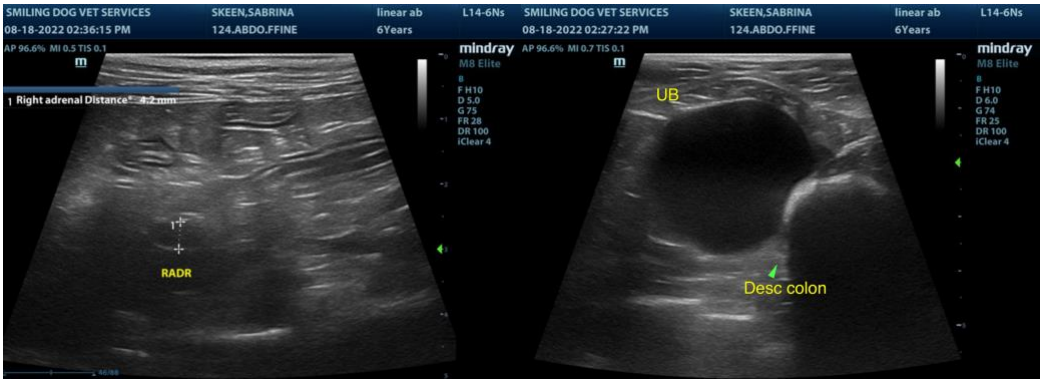
INVOICE

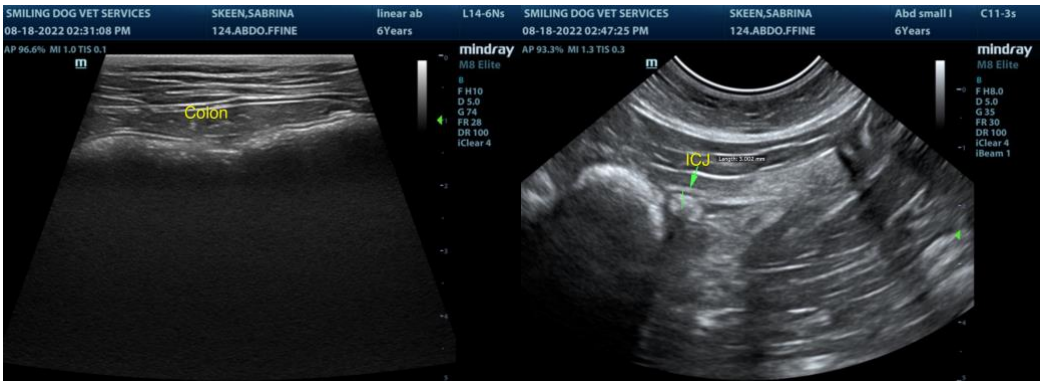
16897

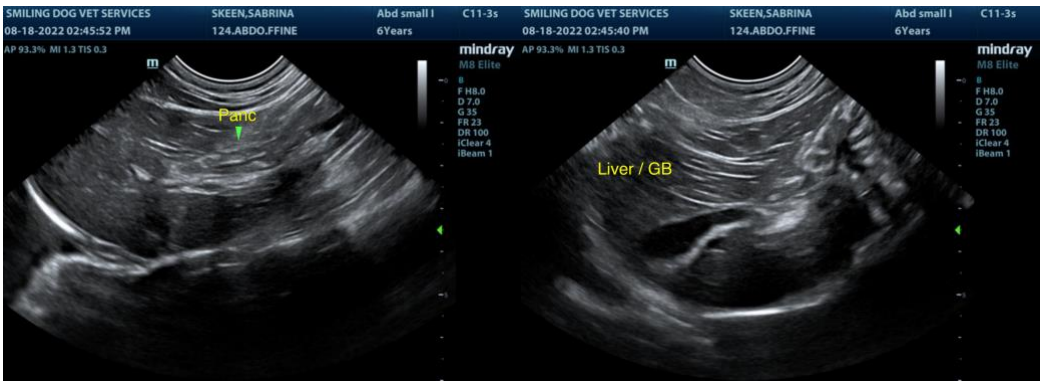
DATE

8/18/22

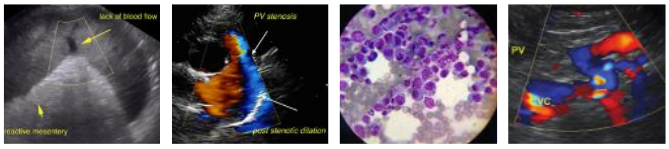








SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Sabrina Skeen

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

6 Years

WEIGHT

5.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield, DVM

HOSPITAL NAME

Feline Fine Cat Clinic

REFERRING VET

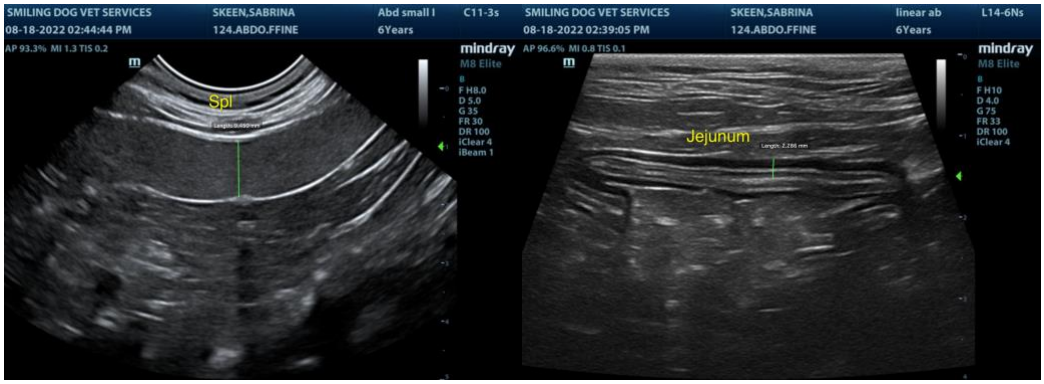
Stephanie Kadasi, DVM

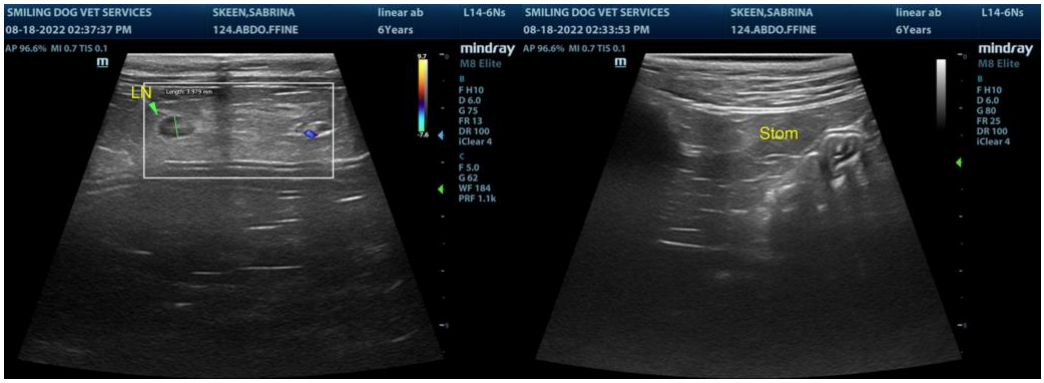
INVOICE

16897

DATE

8/18/22





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