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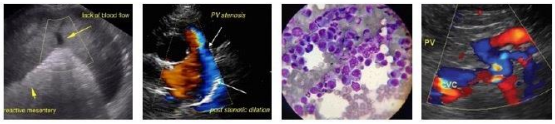

THE FOCAL ZONE
IMAGING PERFORMED BY
289-808-2608 info@thefocalzone.com

PATIENT

Boots STROHSCHEIN

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

11yr

WEIGHT

3.88kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Burlington Lakeshore VH

REFERRING VET

Aziz

INVOICE

14639ag

DATE

08/18/2023

PRESENTING CLINICAL SIGNS

started with vomiting, then turned to very loose diarrhea, weight loss, lethargy

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor dependent lumen mineral. 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 mild indistinct corticomedullary definition was present. The echogenicity of the cortex was mildly increased. The left kidney measured 4.1 cm in length. The right kidney measured 4.0 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

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/Gallbladder

The liver presented enlarged in size. 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 primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate progressively shadowing ingesta with no signs of ileus, obstruction or foreign material.

The small intestine presented intact subjectively borderline prominent wall layering with maintained muscularis/mucosa ratio. The lumen of the small intestine contained generalized similar appearing ingesta/chyme with no signs of ileus, obstruction or foreign material. The jejunum wall measured 0.27 cm width. The ileocolic wall measured 0.44 cm width.

Normal visible colon wall layers were present with mild to moderate colon distention and semi formed to soft feces.

Pancreas

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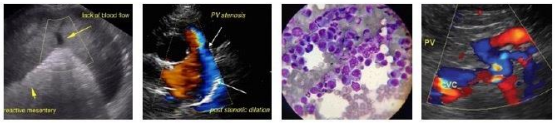

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The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

Free Abdomen

Intermittent mildly prominent mid abdominal mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was present. An example of lymph node size was 1.7 cm.

A small pocket of scant peritoneal fluid was present in the caudal abdomen.

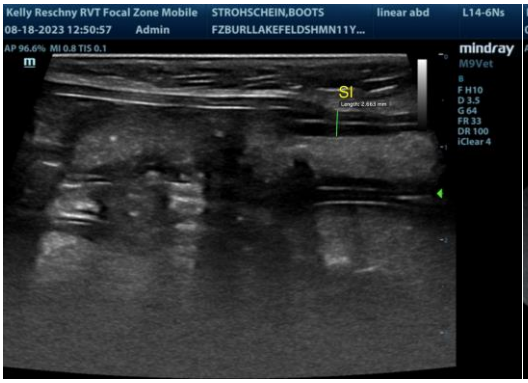
ULTRASONOGRAPHIC FINDINGS

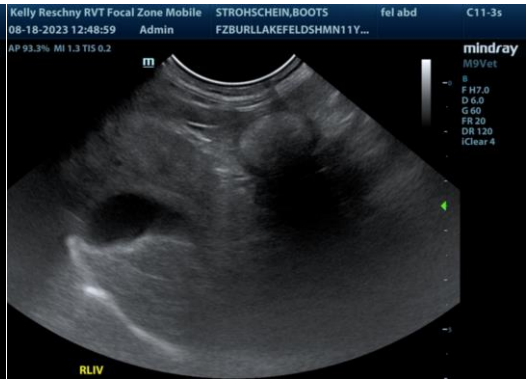
- Moderate progressively shadowing gastric ingesta.
- Subjective borderline to prominent intact intestinal wall layering with generalized similar appearing intestinal ingesta.
- Subjective distended colon with semi formed/soft feces.
- Mild chronic renal changes.
- Minor dependent urinary bladder lumen mineral.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically there is no evidence of significant GI mural pathology or Gi obstructive criteria. The presence of gastric ingesta is nonspecific and likely indicates post-prandial presentation. Correlation with most recent meal ingestion is recommended. If documented NPO prior to the ultrasound, the presence of gastric ingesta may indicate malassimilation/maldigestion disorder or inefficient peristalsis secondary to underlying gastroenteropathy which may include inflammatory or infiltrative neoplastic intestinal disease. Dietary indiscretion / food hypersensitivity, occult parasitism or low grade to chronic pancreatitis are also possible. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Ideally sonographic reassessment of empty GI tract is suggested.

Empirically, a canned limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Proviable or Visbiome), cobalamin supplementation pending assessment of B12 levels and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be required for a definitive diagnosis.





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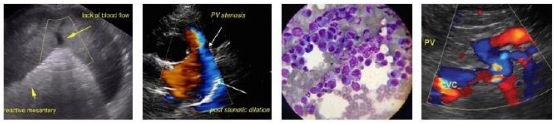

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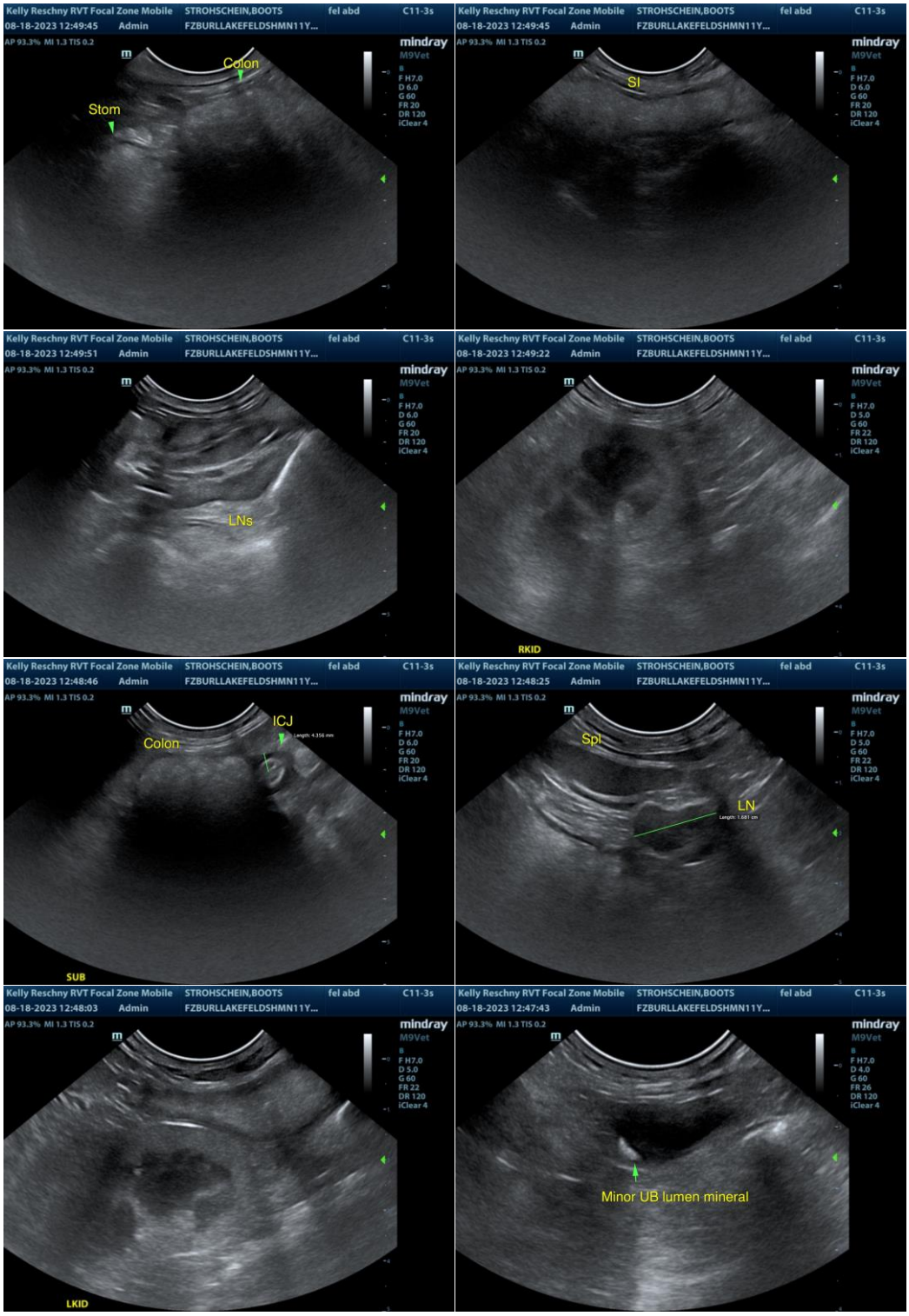

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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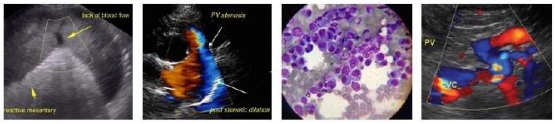

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com