



PATIENT

Cashmere Advocat

PRESENTING CLINICAL SIGNS

History: UNCONTROLLED DIARRHEA/ SOFT STOOL WEIGHT LOSS SMELLY FECAL

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: COMP. DIARRHEA PANEL - NEG FELV/FIV - NEG TLI - WNL COBALAMINE - LOW BW- ELEVATED ALT, ALPK BILE ACIDS -WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DSH

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 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

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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 3.6 cm in length.

AGE

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The area of the aortic trifurcation was free of pathology.

WEIGHT

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Adrenal Glands

The left and right adrenal glands were not definitively visualized.

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.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkaway

Liver

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.

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The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

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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 in width.

INVOICE

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained segmental ingesta/chyme with no signs of ileus, obstruction or foreign material. Small intestinal wall width measured 0.23-0.27 cm in width.

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Normal visible colon wall layers were present with apparent semi formed feces in lumen.



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Pancreas

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The area of the pancreas was unremarkable with no evidence of active pancreatitis.

SPECIES

Free Abdomen

Feline

Subtle increased omental echogenicity was present. No peritoneal free fluid.

BREED

Focally enlarged mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 0.46 cm in diameter.

DSH

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ULTRASONOGRAPHIC FINDINGS

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- Hepatopathy
- Unremarkable GI tract

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Although no evidence of structural of GI mural pathology, the decreased cobalamin level in this patient is consistent with distal small intestinal disease and potential IBD. The appearance of the gastrointestinal tract was non-specific with considerations including dietary intolerance / food hypersensitivity, occult parasitism, inflammatory bowel disease without evidence of mural changes with potential of triad disease given the increased liver enzymes are possible. Assuming normal clotting status and using a 25g needle a hepatic FNA is recommended for screening cytology. Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, high colony count probiotic (Proviale or Visbiome), antibiotic trial and as needed gastrointestinal and hepatic support with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.

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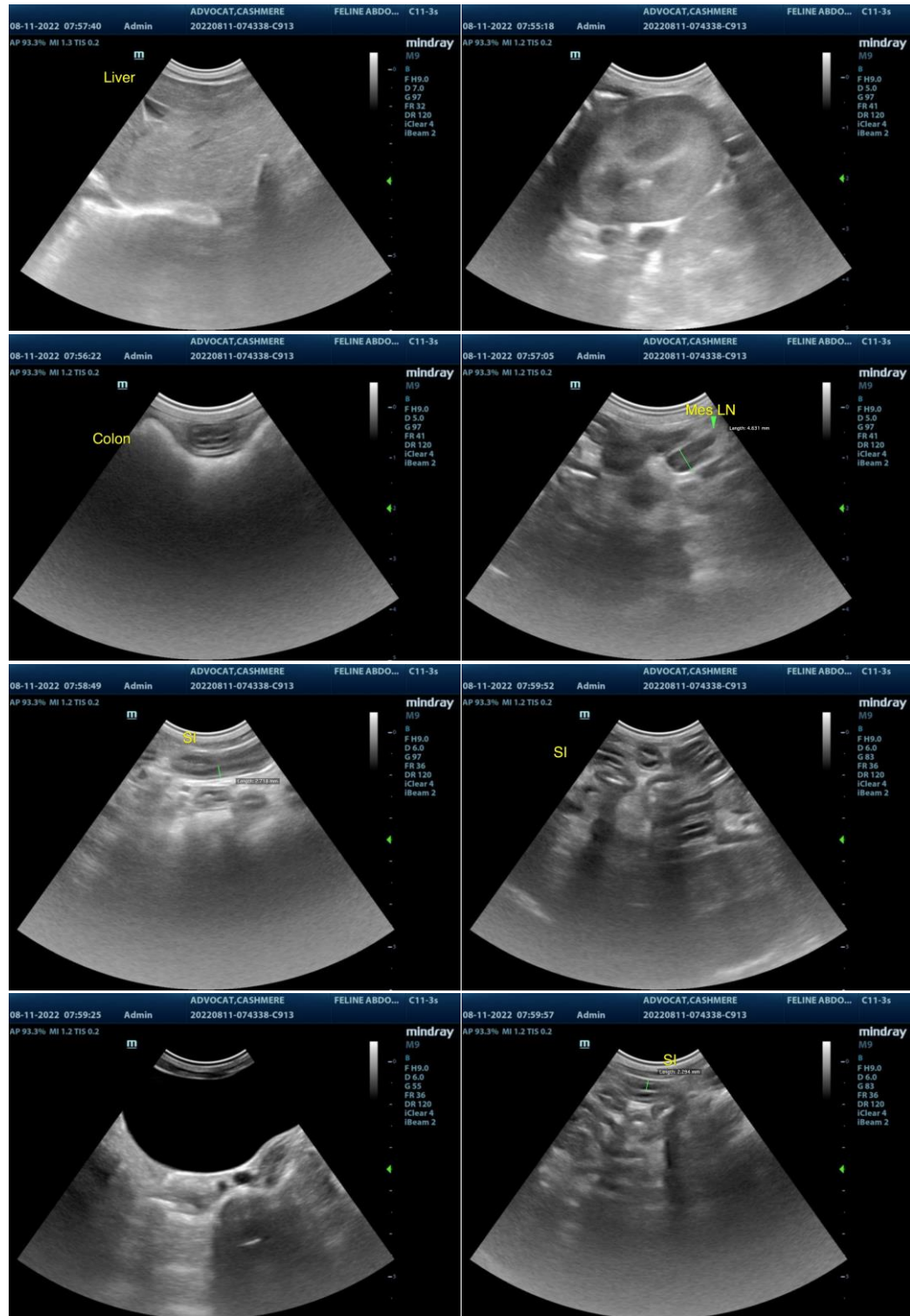
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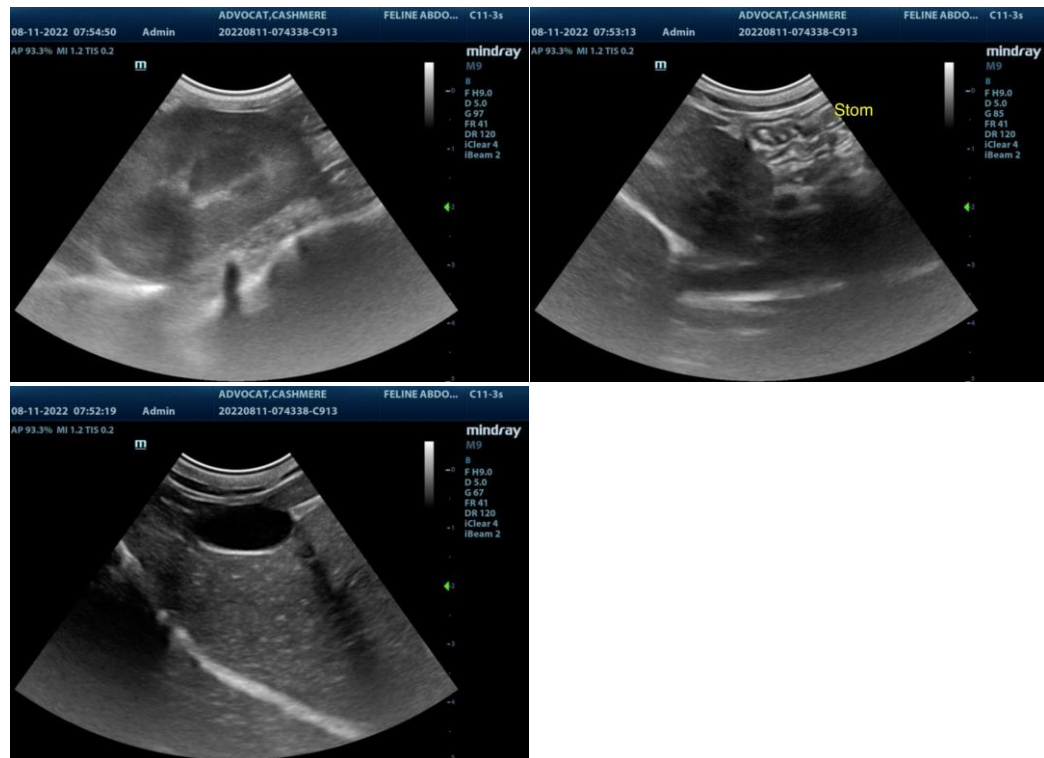
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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