



PATIENT PRESENTING CLINICAL SIGNS

Cora Schwar 6 month duration intermittent vomiting. Elevated T4, mildly elevated SDMA 16, ALT 133
 Medication: methimazole, famotidine

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline

Urinary System

BREED The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

DSH

SEX 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral areas of pinpoint medullary mineral were present. The left kidney measured 3.9 cm in length. The right kidney measured 3.8 cm in length.

FS

AGE

2009 The area of the aortic trifurcation was free of pathology.

Adrenal Glands

WEIGHT

7.8

No overt pathology in the area of the left adrenal gland. The right adrenal gland was normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age-related finding and not pathological. The right adrenal gland measured 0.51 width.

INTERPRETED BY

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

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 exhibited borderline enlargement with medial folding, measuring 0.96 cm in width.

IMAGING PERFORMED BY
 Rebekah Jakum, CVT
 ARDMS/RVT

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. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild echogenic non-mineralized sediment. The cystic and common bile ducts were normal.

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Banzhof

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing hyperechoic ingesta in the area of the antrum and pylorus with no signs of ileus, obstruction or foreign material.

INVOICE

14684ag

The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy.

DATE
 08/21/2023

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

Pancreas



PATIENT

Cora Schwar

The left limb of 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

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Feline

Intermittent very scant pockets of peritoneal free fluid were present.

Intermittent mildly prominent to enlarged mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

BREED

DSH

ULTRASONOGRAPHIC FINDINGS

SEX

FS

- Intact thickened small intestine.
- Mild non-shadowing gastric ingesta.
- Heterogenous left pancreas.
- Low grad hepatopathy with mild gallbladder sediment.
- Intermittent subjectively benign/reactive mesenteric lymphadenopathy and very scant peritoneal free fluid.

AGE

2009

Secondary

- Mild age related renal changes.

WEIGHT

7.8

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine mural changes and wall thickening consistent with infiltrative enteropathy. Based on the GIU presentation with potential for concurrent pancreatitis and suspected low grade inflammatory hepatopathy, IBD or other chronic enteropathy and triaditis are considered most likely. Potential for low grade neoplastic enteropathy with round cells or less likely granulomatous enteropathy which may present in a similar sonographic manner cannot be definitively excluded.

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A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Assuming normal clotting status and using a 25g needle, a hepatic FNA for screening cytology could be considered for further assessment. A full thickness hepatopancreatic and intestinal surgical biopsy is required for a definitive diagnosis.

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ARDMS/RVT

Empirical as needed GI support and IBD/triaditis protocol +/- hairball therapy if clinical history of hairballs would be reasonable. Sonographic monitoring of the intestinal tract for progressive mural changes is recommended if continued GI signs of evidence of weight loss.

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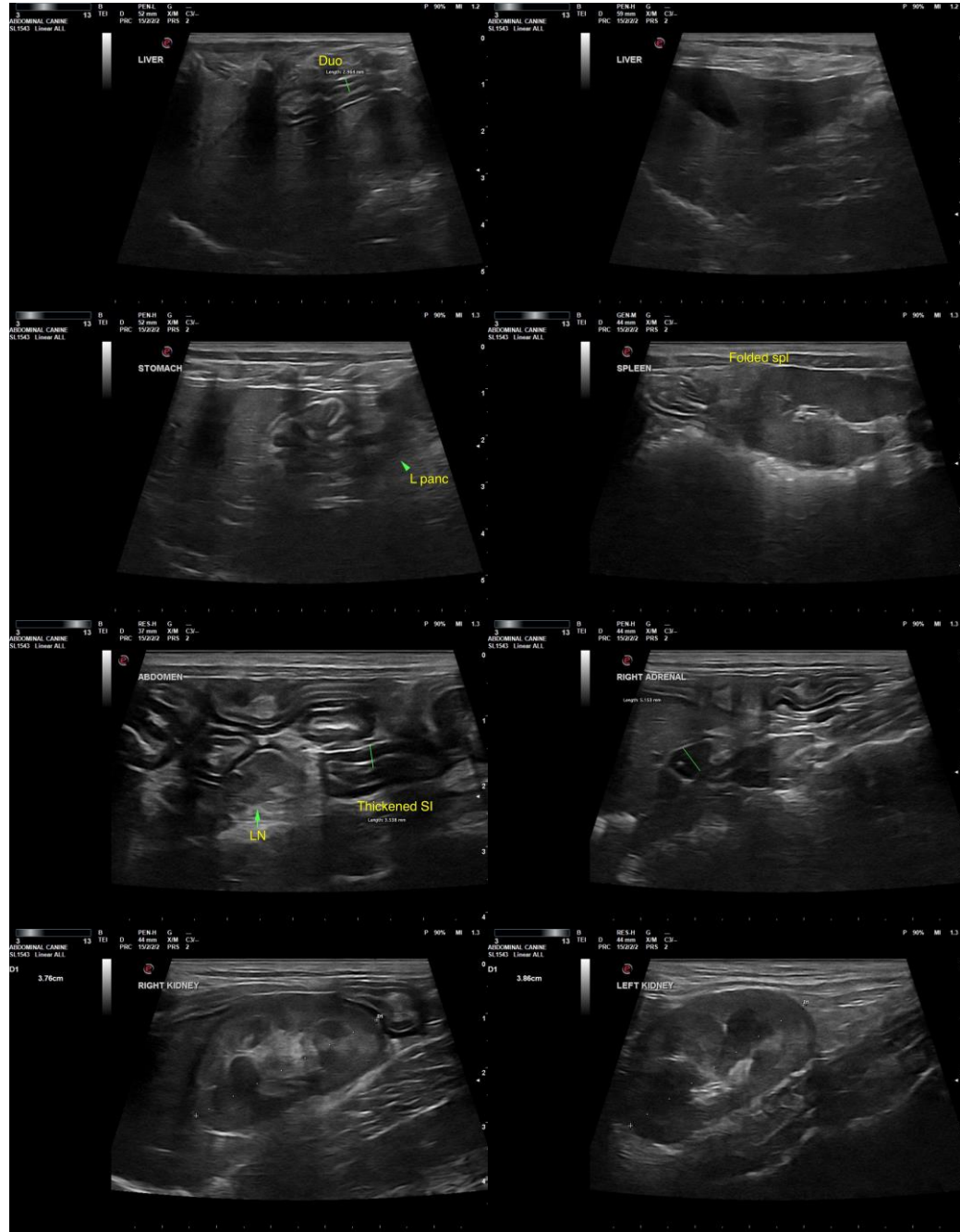
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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