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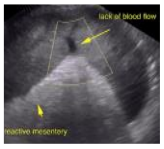
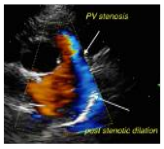
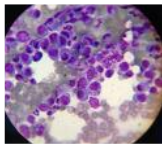
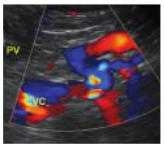
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™





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

PATIENT

Penelope Moore

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

9 years

WEIGHT

13 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Rodriguez

HOSPITAL NAME

Foxfield VS

REFERRING VET

Rodriguez

INVOICE

14870

DATE

8/22/23

PRESENTING CLINICAL SIGNS

Vomiting, Hyporexia

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. Primarily anechoic urine was present in the lumen. Mild to moderate, non-dependent, particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and primarily symmetrical renal margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained with mildly indistinct corticomedullary border demarcation. Subjective subtle increased medullary echogenicity was noted with no evidence of pyelectasia. The left kidney measured 3.7 cm in length. The right kidney measured 3.7 cm in length.

Adrenal Glands

The left and right adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.62 cm width and the right adrenal gland measured 0.44 cm width.

Spleen

The spleen was borderline enlarged with mild medial capsule asymmetrical contour and subtle parenchymal heterogeneity. A solitary, subtle, nondisruptive, hypoechoic nodule was noted in the mid-caudal spleen measuring 0.82 cm diameter. The spleen measured 1.1 cm width at the level of the mid-spleen.

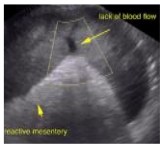
Liver/ Gallbladder

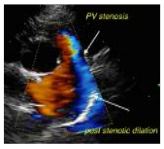
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

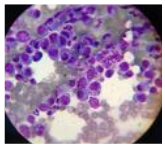
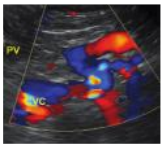
Gastrointestinal

The stomach presented overtly normal intact wall layering. The stomach contained a moderate amount of nonshadowing ingesta / chyme. There was no overt gastric foreign material, mechanical pyloric outflow obstruction, or obstructive pyloric mural pathology.

The small intestine exhibited segmental intact sonographically unremarkable wall layering exhibiting 1:3 muscularis/mucosa ratio. Concurrent segmental thickened small intestinal wall was noted owing to propensity for segmentally thickened mucosa with increased mucosa echogenicity. Minor segmental intestinal ileus was noted without evidence of an obstructive pattern, foreign material, or obstructive pyloric mural pathology to the level of the ileocolic junction. Normal appearing intestinal wall measured





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0.22 cm width. Thickened small intestinal wall measured up to 0.39 cm width. The ileocolic wall measured 0.38 cm width.

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

Pancreas

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 were evident.

Free Abdomen

Intermittent scant pocket of peri intestinal free fluid was noted. There was no overtly visualized significant omental lymphadenopathy or omental masses present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Moderate nonshadowing gastric ingesta / chyme - suspect metabolic / functional gastric stasis
- Intact, segmentally thickened small intestine exhibiting subjective prominent mucosa and increased segmental intestinal mucosa echogenicity
- Scant peri intestinal free fluid
- Borderline splenomegaly with subtle nondisruptive hypoechoic nodule

Secondary Findings

- Mild chronic renal changes
- Urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine exhibited mural changes, which although nonspecific, are suggestive of chronic enteropathy pattern. IBD or other chronic inflammatory enteropathy is suspected, although the potential for neoplastic infiltrative enteropathy with round cells cannot be excluded.

The splenic nodule was nonspecific with considerations including incidental hyperplasia, hematopoiesis, small hematoma, focal splenitis, or similar. Potential for emerging infiltrative splenic neoplasia cannot be definitively excluded. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate and assuming normal clotting status, screening splenic FNA cytology using a 25-gauge needle.

Definitive intestinal diagnosis would require full-thickness biopsies. Empirically, as-needed gastrointestinal support and sonographic monitoring of the spleen for evidence of progressive enlargement or nodular changes would be a more conservative approach.

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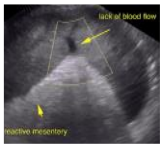

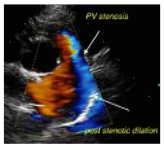

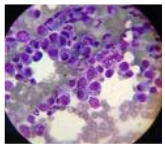
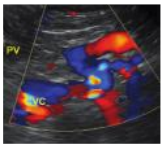

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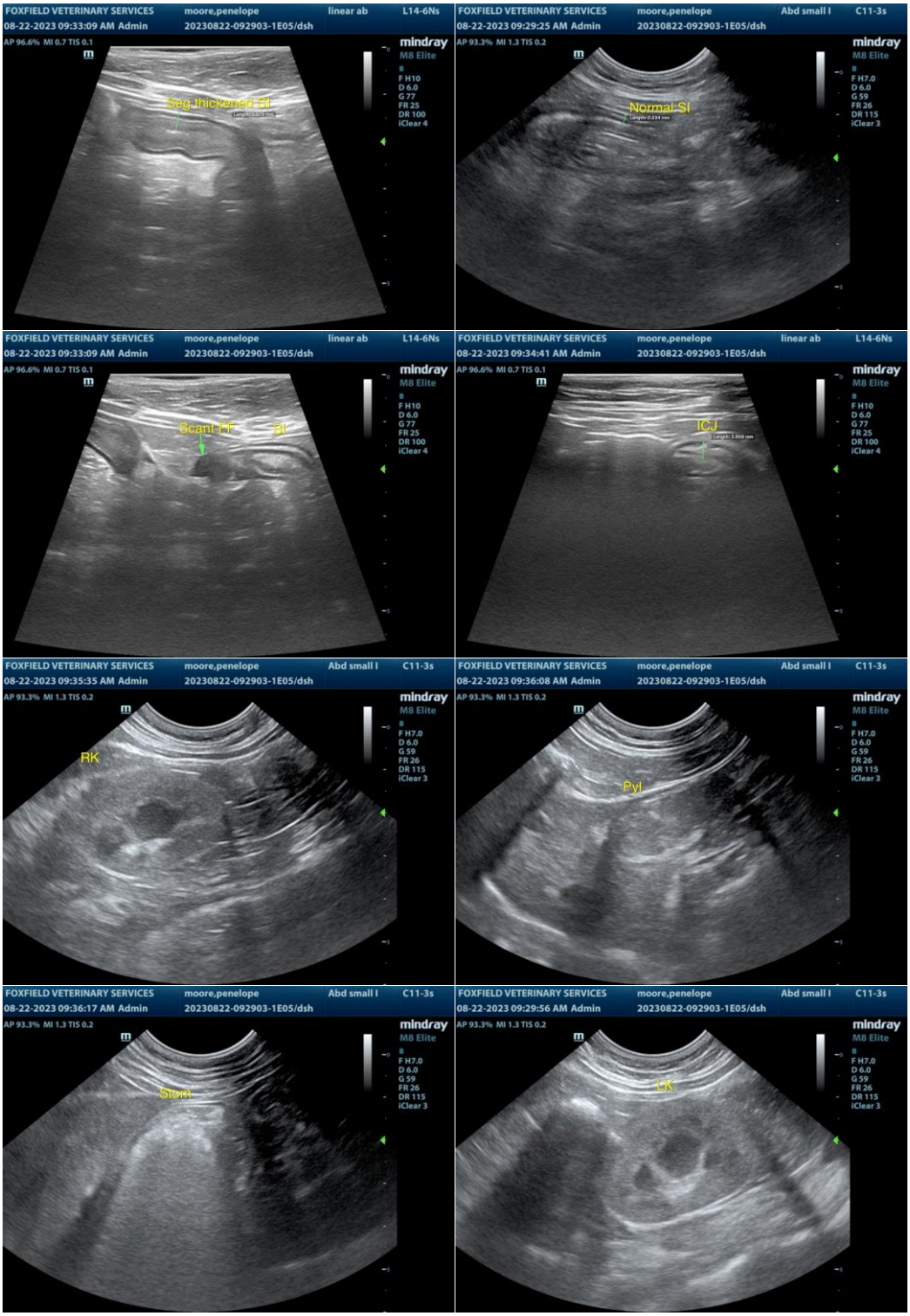

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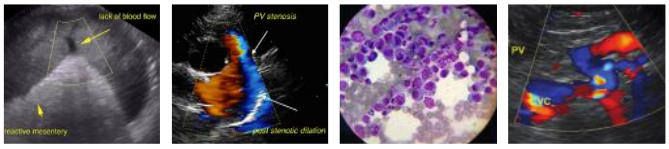

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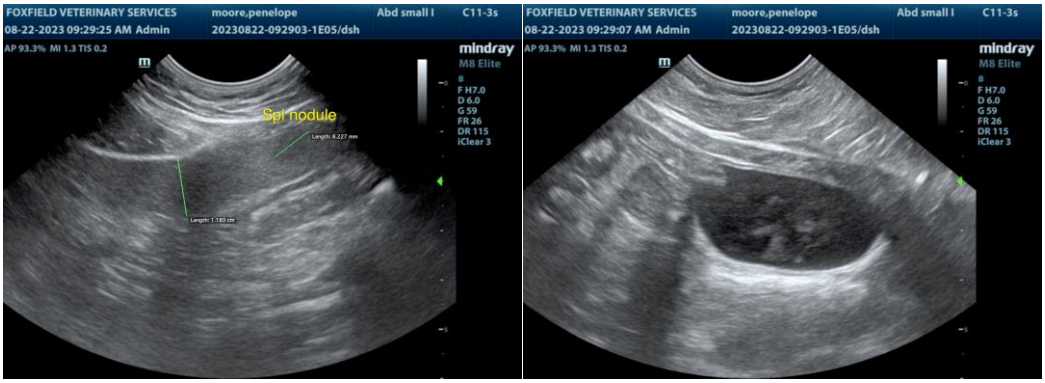

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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