PATIENT

Subhuti Lobos

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

6 yrs

WEIGHT

7.65 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Barthelymy

HOSPITAL NAME

Cambrian AH

REFERRING VET

Dr. Sharma

INVOICE

14723

DATE

8/25/22

PRESENTING CLINICAL SIGNS

Chronic hx of diarrhea with no associated weight loss. Not responsive to metronidazole or dietary therapies.
Abnormal PE/Chem/CBC/UA Results: Unremarkable labs and diarrhea panel.

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 nondependent, particulate to pinpoint hyperechoic sediment was present without evidence of calculus formation. Probable mildly adhered ventroapical luminal mineral was present. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

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 pyelectasia. The left kidney measured 4.0 cm in length. The right kidney measured 4.4 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 0.40 cm width. The area of the right adrenal gland was of overt pathology.
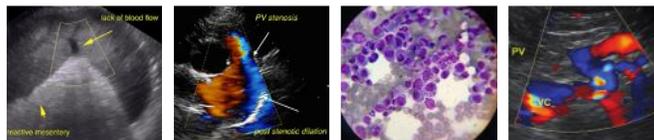
Spleen

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.
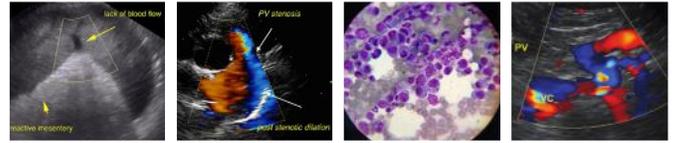
Liver/ Gallbladder

The liver 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 visualized gastric walls were sonographically normal. The lumen of the stomach contained mild to moderate, primarily nonshadowing ingesta/chyme most consistent with post prandial presentation without signs of ileus, mechanical pyloric outflow obstruction or foreign material. The gastric body wall width measured 0.24 cm.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental nonshadowing chyme was present. The duodenum wall measured 0.23 cm width. The jejunum wall measured 0.24 cm width. No overt pathology was noted in the area of the ileocolic junction.

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

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild subjectively adhered ventroapical urinary bladder mineral with mild nondependent particulate sediment

- Overtly normal gastrointestinal tract / colon with gastric ingesta

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

Overall, no overt evidence of significant visceral, specifically gastroenterocolic or pancreatic, pathology as a definitive or contributing cause to the patient's chronic history of diarrhea. Potential considerations in these cases without overt evidence of sonographic pathology may include dietary intolerance / food hypersensitivity even with previous dietary therapies, dysbiosis, occult parasitism if the patient is indoor/outdoor, structurally insignificant inflammatory bowel disease or low-grade pancreatitis, both of which may present as sonographically normal. No overt evidence of gastrointestinal neoplastic criteria was noted.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Additional dietary trials, which may include hydrolyzed, lower carbohydrate or higher fiber diets, a high colony count probiotic such as Proviable, and empirical cobalamin supplementation pending GI panel, or if GI panel is not elected, with potential for dietary rotation may prove beneficial. Broad spectrum deworming is suggested if clinically Indicated. Endoscopic intestinal biopsies may be required for a definitive diagnosis.

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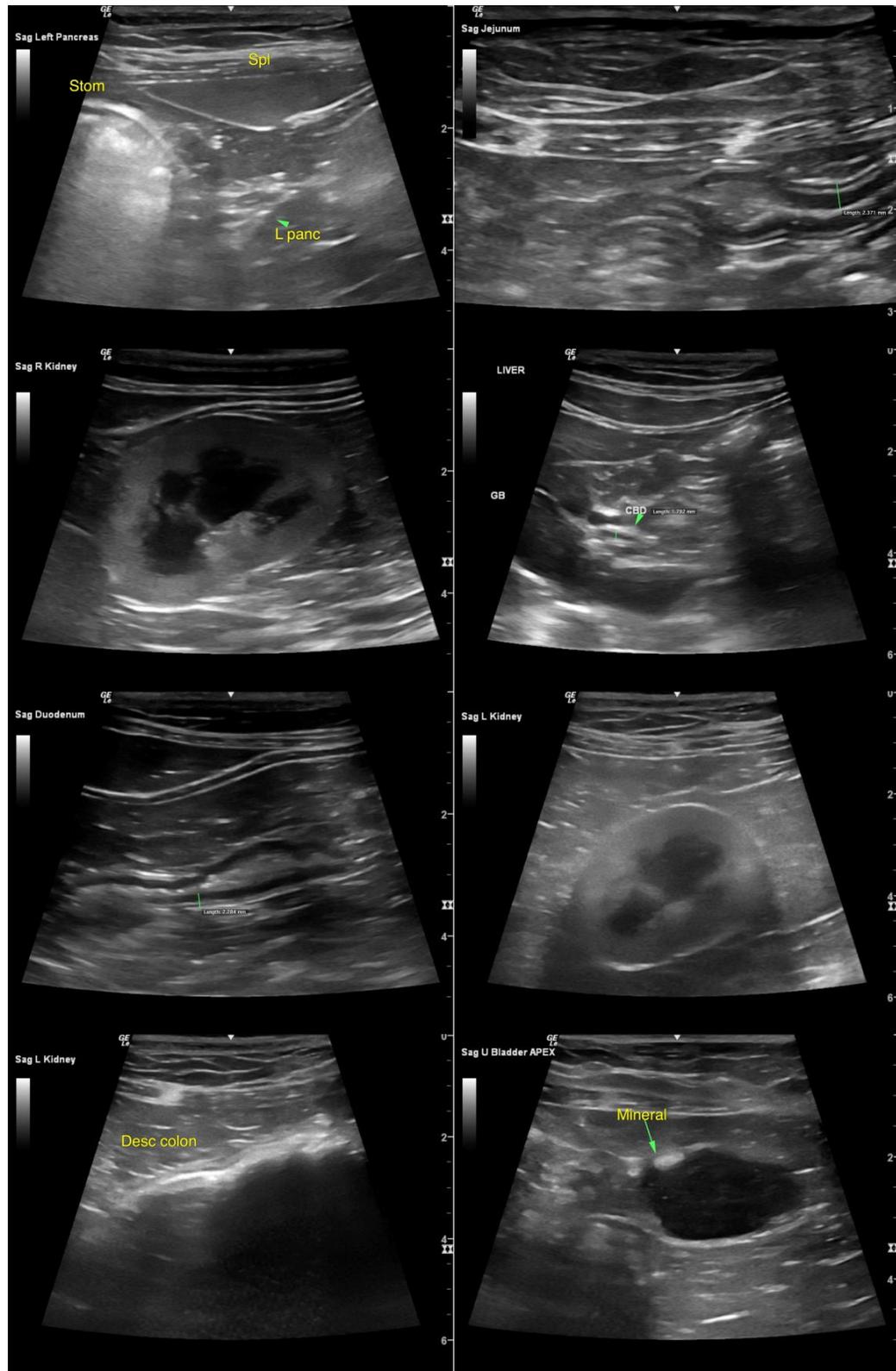
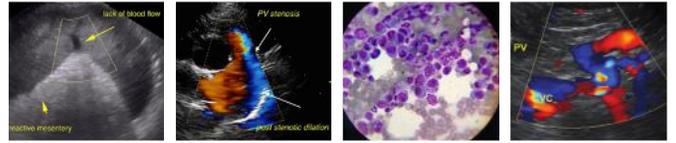**HOSPITAL NAME**

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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