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Clinical Sonography & Telecytology
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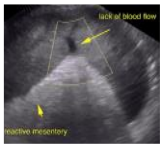

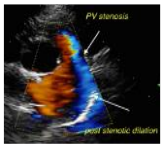

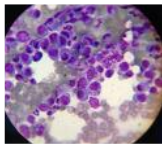
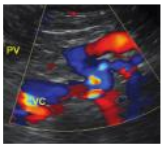

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Bella McGiveny

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

11 years

WEIGHT

9.65

INTERPRETED BY

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

IMAGING PERFORMED BY

Trae Cutchin

HOSPITAL NAME

Friendship Springs VC

REFERRING VET

Trae Cutchin

INVOICE

14804

DATE

8/3/23

PRESENTING CLINICAL SIGNS

Slight to mild unplanned weght loss
Abnormal PE/Chem/CBC/UA Results: Mild azotemia, slowly decreasing potassium.

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. 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 was noted.

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

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. The left kidney measured 3.8 cm in length. The right kidney measured 3.2 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 0.37 cm width. No overt pathology was noted in the area of the right adrenal gland.

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 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 small intestine presented generalized intact to thickened wall layering owing to propensity for prominent to thickened muscularis layer. The small intestinal wall width measured 0.28-0.30 cm. The ileocolic wall width measured 0.36 cm.

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

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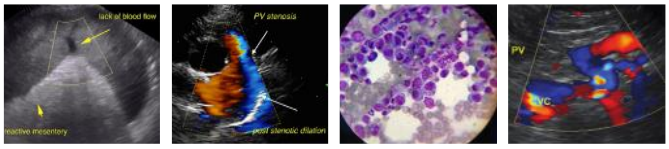

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Pancreas

The left pancreatic limb was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt evidence of significant omental lymphadenopathy was noted. There were no omental masses or evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Intact generalized thickened small bowel - consistent with infiltrative enteropathy criteria
- Suspect chronic pancreatitis left pancreatic limb
- Bilateral chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the small intestine may include inflammatory infiltrative enteropathy, i.e., IBD / eosinophilic enteritis, while the possibility of low-grade neoplastic infiltrative enteropathy, i.e., low-grade intestinal lymphoma or similar may present in a similar sonographic manner. Chronic IBD is favored, given the sonographic intestinal appearance and lack of overt or significant mesenteric lymphadenopathy. Full thickness intestinal biopsies would be required for a definitive diagnosis.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

No overt evidence of adrenal pathology was noted as an obvious contributing factor to the reported decreasing potassium. However, if progressive to persistent hypokalemia is noted, adrenal sonographic reassessment may be considered.

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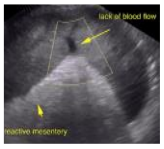

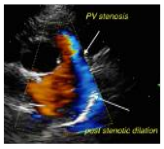

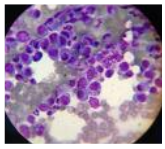
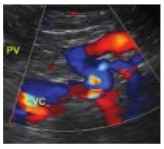

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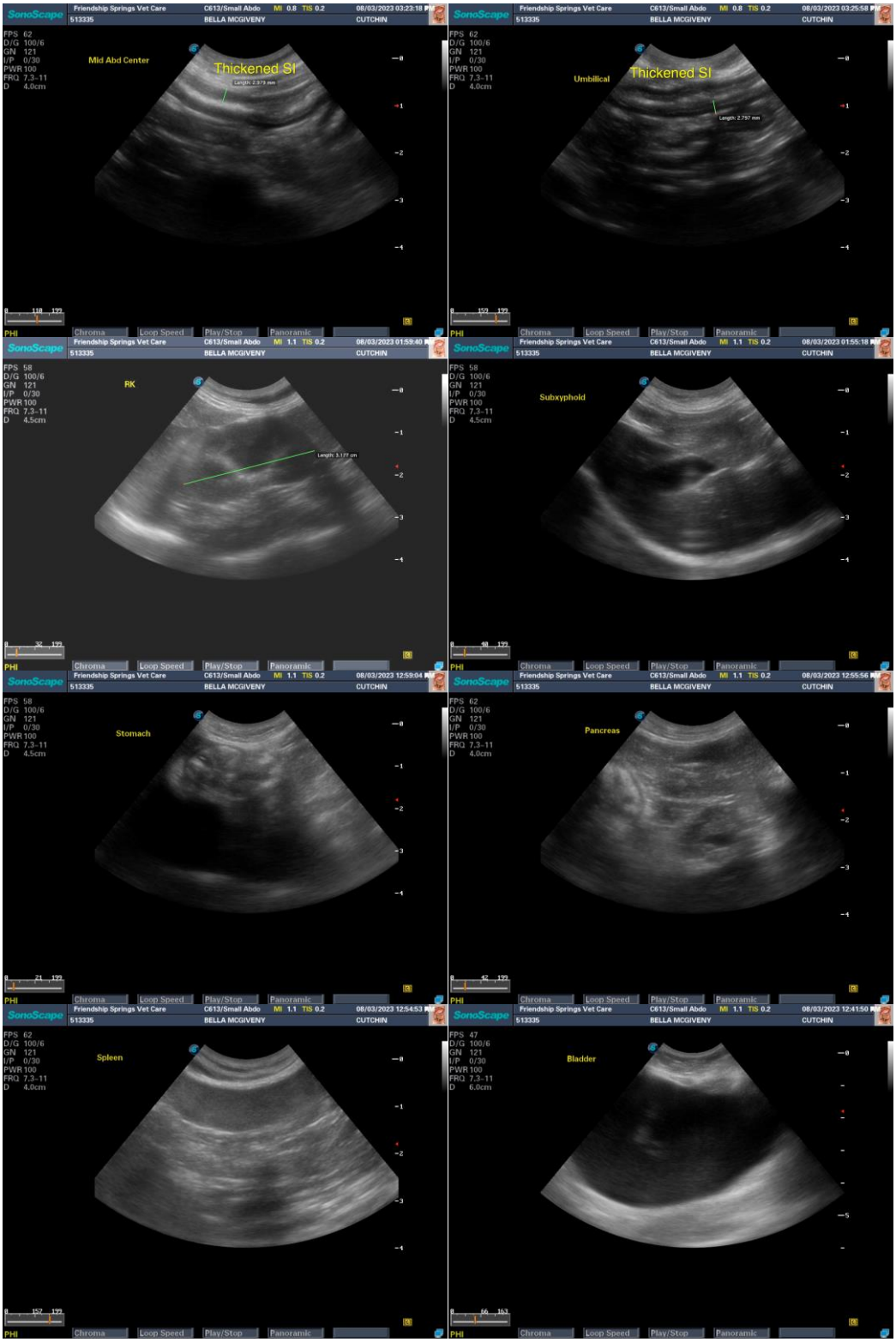

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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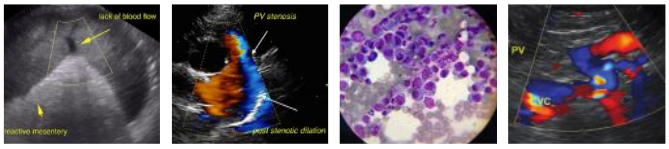

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com