


PATIENT PRESENTING CLINICAL SIGNS

Toulouse Bourque

Lethargic / Hyporexic / ADR / Vomited 1x 3 d ago Not resting in normal spots. Increase in vocalization while in/going into litter box. Seen sitting next to box several x. Previous issues: Chronic GI problems. ~4.5y ago exploratory lap previously for suspected GI foreign body. Had odd abnormality with a linear fibrous band that encircled the small intestine causing an obstruction. Suspect band present for long timecongenital but with acrobatic jumps/backflips he does that it flipped around the intestine and caused obstruction. (Was glad at surgery that he was my own cat!) Mesenteric lymph nodes were noted prominent/abnormal and they /intestine/liver biopsied. Histovet/Dr Wilcock thought probably very early lymphoma approx 4-5 years ago. currently on: Chronic: prednisone 1.25mg PO q24h, ursodiol 62.5mg PO q24h, gabapentin 15mg PO q12-24h. Recently also given B12, cerenia, buprenorphine, SQ fluids.

SPECIES

Feline

BREED

Bengal

SEX

MN

AGE

14 Years

WEIGHT

5.9kg

Abnormal PE/Chem/CBC/UA Results: please see attached BW rads: Misshapen kidneys with mineralization, bilateral. Mild prominent/enlarged liver. Odd gas pattern in small intestine. Not sure what if there is a lesion in colon ventral to area ~ L7 ? mass (vs feces) in colon

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 were noted.

The area of the residual prostate appeared normal and free of pathology.

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

INTERPRETED BY

 R. McKenzie Daniel,
 DVM, DABVP

Both kidneys presented normal in size. Asymmetrical renal margination with nonuniform cortex echotexture including multiple cortical infarcts noted in both kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices exhibited increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Nonobstructive medullary mineral present in both kidneys with decreased medullary volume. No evidence of pyelectasia. The left kidney measured 4.5 cm in length. The right kidney measured 4.3 cm in length.

IMAGING PERFORMED BY

Kelly Reshny, RVT

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.21 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 cm width.

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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 measured 1.0 cm.

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Liver

The liver exhibited potential for subtle generalized enlargement yet no overt evidence of architectural pathology. 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.

DATE

8-30-21



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

Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, non-shadowing ingesta without signs of obstruction or foreign material.

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The small intestine presented intact wall layering with maintained 1:3 muscularis/mucosa ratio without evidence of mechanical obstruction, foreign material, loss of intestinal wall layering, or enterocolic masses. The lumen of the small intestine contained echogenic, non-shadowing ingesta consistent with normal food. The jejunum wall measured 0.26 cm width and the duodenum wall measured 0.27 cm width.

SEX

MN

The visualized colon walls were sonographically unremarkable. Subjectively, the colon appeared to be potentially somewhat distended with formed to shadowing feces. The colon wall measured 0.13 cm width.

Pancreas

AGE

14 Years

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 was evident.

WEIGHT

5.9kg

Free Abdomen

No evidence of intraabdominal masses, lymphadenopathy, or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

R. McKenzie Daniel,
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- Bilateral chronic renal changes with nonobstructive medullary mineral and cortical infarcts.
- Intact gastrointestinal wall layering with generalized gastrointestinal ingesta.
- Sonographically unremarkable visualized colon with formed feces.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Continued monitoring of renal parameters +/- baseline urine/ protein /creatinine ratio on sterile urine sample may be considered.

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The presence of gastrointestinal ingesta is nonspecific and may correlate with a post-prandial presentation. Assessment of most recent meal ingestion is recommended. If documented NPO, the presence of gastrointestinal ingesta may indicate some degree of gastrointestinal hypomotility, metabolic stasis, or inefficient peristalsis. The appearance of the ingesta was most consistent with food.

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Potentially, the chronic prednisolone use in this patient may be masking gastrointestinal mural changes or previous lymphadenopathy.

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No evidence of urinary bladder inflammation or distension. Therefore, the potential vocalization and repeated litter box use in this patient may potentially be owing to problems defecating or constipation if clinically indicated.

Empirically, continued gastrointestinal supportive care would be appropriate.

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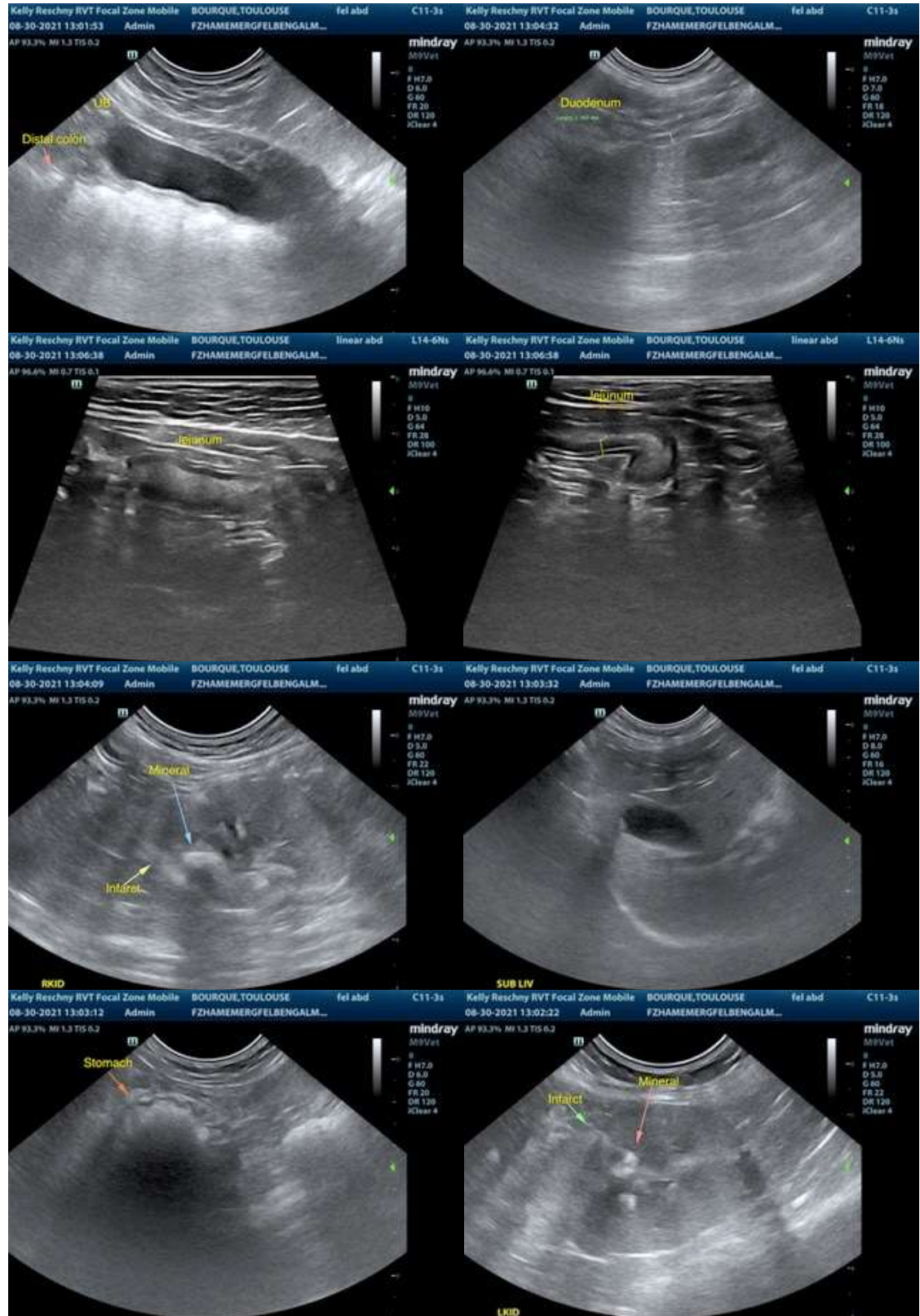
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SPECIES

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

BREED

Bengal

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.

SEX

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R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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