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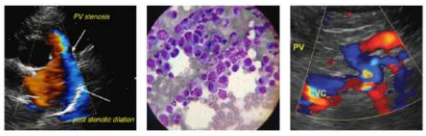

SonoPath
Clinical Sonography & Telecytology
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PATIENT

Richie Stevens

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13yr

WEIGHT

8.9lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VET

Oxford Veterinary Hospital

INVOICE

11276ag

DATE

08/05/2022

PRESENTING CLINICAL SIGNS

History: Diarrhea, weight loss. Only fasted 9 hours.

Abnormal PE/Chem/CBC/UA Results: Blood work results pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

Normal size and margination was 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. Mild pyelectasia present in the right kidney. The left kidney measured 3.6 cm in length. The right kidney measured 3.7 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 cm width.

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

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 primarily anechoic luminal content and mild luminal debris. The common bile duct was dilated and tortuous measuring 0.26 cm in diameter without overt post hepatic obstruction.

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 ventral gastric body wall measured 0.24 cm in width.

The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. The duodenum wall measured 0.31 cm in width, the jejunum wall measured 0.29 cm in width and the ileocolic wall measured 0.

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

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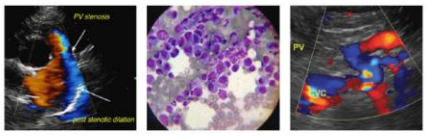

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Pancreas

The parenchyma of the left limb, body and right limb of the pancreas presented mild hypoechoic parenchyma. 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.

Free Abdomen

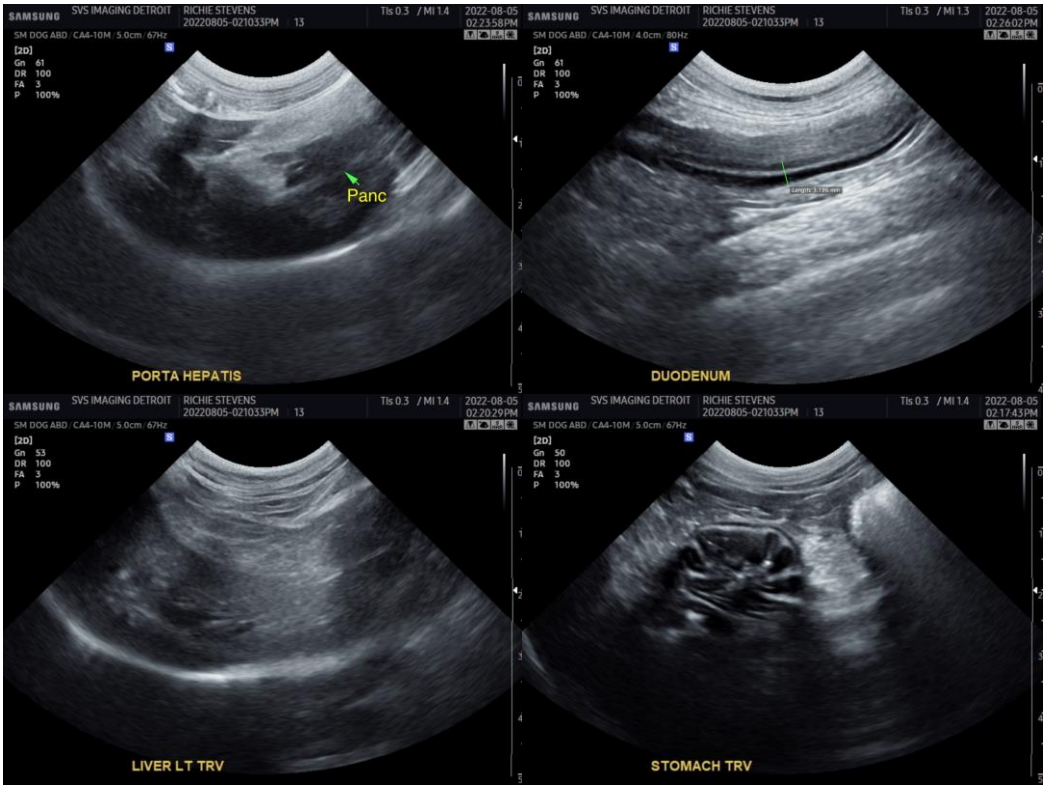
No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- IBD intestinal pattern-potential for emerging round cell neoplasia i.e. intestinal lymphoma possible
- Suspect concurrent low grade pancreatitis
- Mild chronic renal changes with minor right kidney pyelectasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the small intestine is consistent with infiltrative enteropathy with suspected inflammatory enteropathy i.e. IBD although neoplastic infiltrative enteropathy is possible. Full thickness intestinal biopsies would be required for definitive diagnosis. Correlation with pending lab work along with a GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Empirical IBD protocol with as needed GI support and monitoring of body weight would be reasonable if biopsies are not possible.



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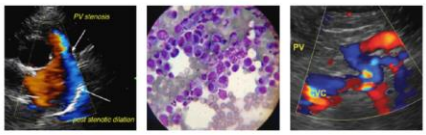

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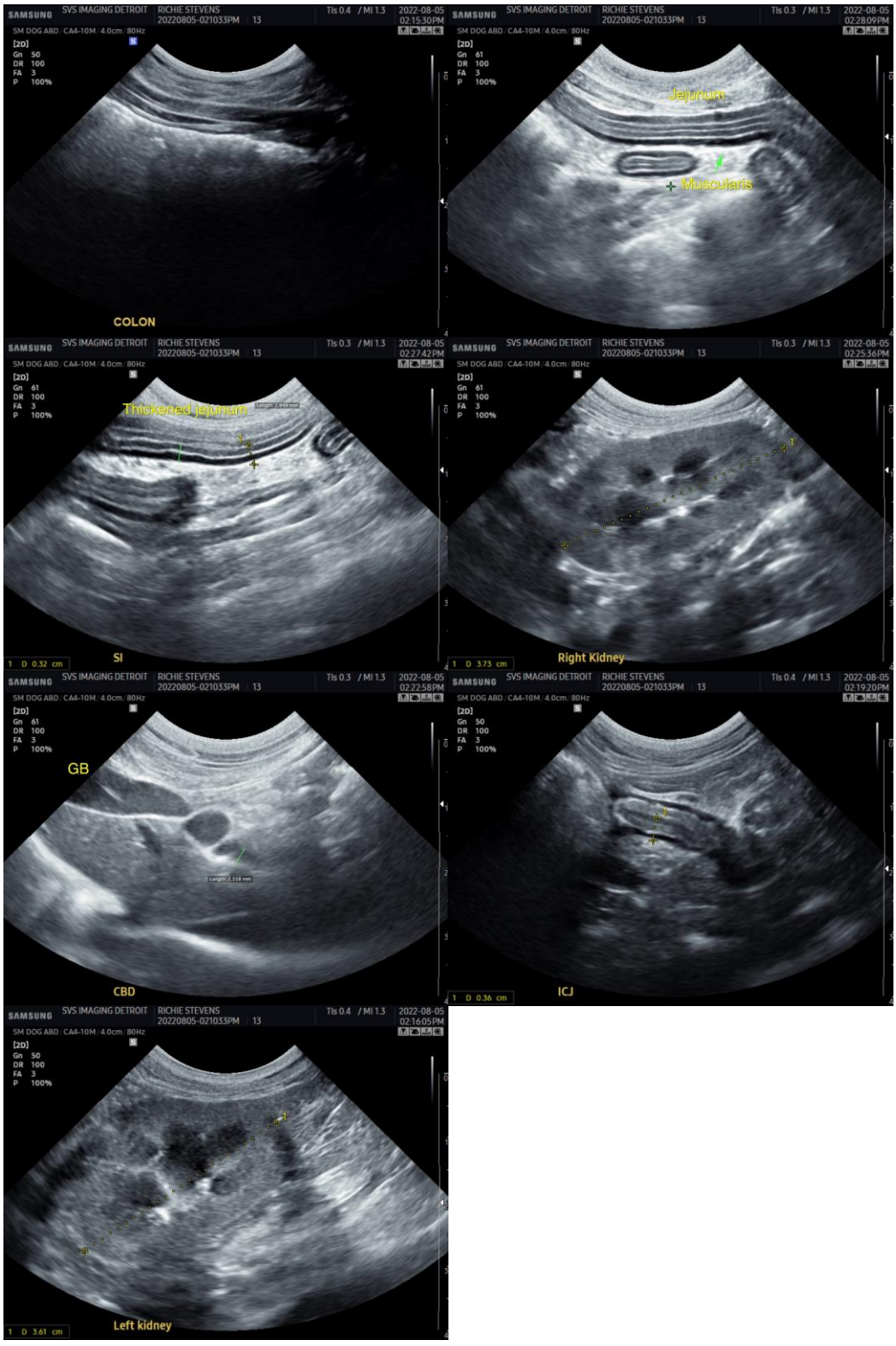

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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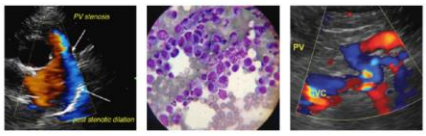

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Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

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

info@SonoPath.com