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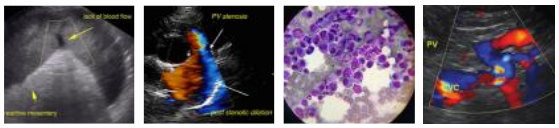


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Henry Bailey

SPECIES

Feline

BREED

DMH

SEX

MN

AGE

15 years

WEIGHT

10.4 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

The Veterinary Hospital

REFERRING VET

Dr. Berman

INVOICE

14529

DATE

8/9/22

PRESENTING CLINICAL SIGNS

History of cyclical vomiting every 6 weeks then resolves. Recent fecal screen negative for parasites 6/23/22. Otherwise no major changes on exam.
Abnormal PE/Chem/CBC/UA Results: - Chemistry - elevated ALT (155), AST (75), and TG (120), mild hypokalemia (3.3) and hypocalcemia (Ca 8.7), otherwise wnl - SDMA - high-normal at 14 ug/dL - Granular casts on UA, otheriwse wnl (USG >1.050) - T4 + CBC normal Current Medications Cerenia 2 mg/kg PO SID PRN

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, 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.

The area of the aortic trifurcation was free of pathology.

Normal renal size and margination were present in both kidneys. Mild cortical thickening with mild uniform increased cortex echogenicity were present. Mild loss of corticomedullary border distinction was also present. No pyelectasia was noted. The renal medullary volume was subjectively reduced. The left kidney measured 4.2 cm in length. The right kidney measured 4.6 cm in length.

Adrenal Glands

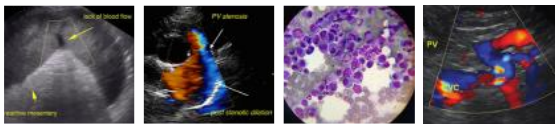
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.32 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.50 cm width. No evidence of adrenal neoplastic criteria was noted.

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 0.83 cm width at the level of the hilus.

Liver/ Gallbladder

The liver was normal in size and contour. Mild Increased hepatic parenchyma echogenicity exhibiting uniform mildly coarse echotexture was present. The gallbladder was non-distended in size with thin walls containing primarily anechoic content with minor luminal debris. The cystic and common bile ducts were normal.



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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 gastric body wall width measured 0.26 cm.

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 0.29 cm width. The jejunum wall measured 0.30 cm width. The ileum wall measured 0.36 cm width.

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

Pancreas

The left pancreatic limb exhibited subtle prominent size with minor hypoechoic parenchyma compared to adjacent peripancreatic omentum.

Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal free fluid were noted.

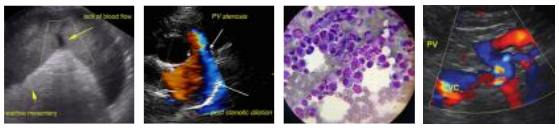
ULTRASONOGRAPHIC FINDINGS

- Intact yet thickened small bowel walls - sonographically consistent with infiltrative enteropathy
- Hepatopathy
- Mildly prominent to hypoechoic left pancreas
- Nonspecific chronic renal changes
- Minor urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The intact yet thickened small bowel presentation is suggestive of inflammatory infiltrative enteropathies such as IBD or eosinophilic enteritis. Potential for neoplastic infiltrative enteropathy with round cells such as lymphoma, which may present in a similar sonographic manner, cannot be definitively excluded. Full-thickness intestinal biopsies would be required for a definitive diagnosis. Continued monitoring for progressive gastrointestinal signs or evidence of weight loss is recommended.

The overall appearance of the liver Is suggestive of benign hepatopathy with potential for cholangiohepatitis, given the ALT/AST elevation. Likewise, Triad Disease could also be a consideration in this patient.



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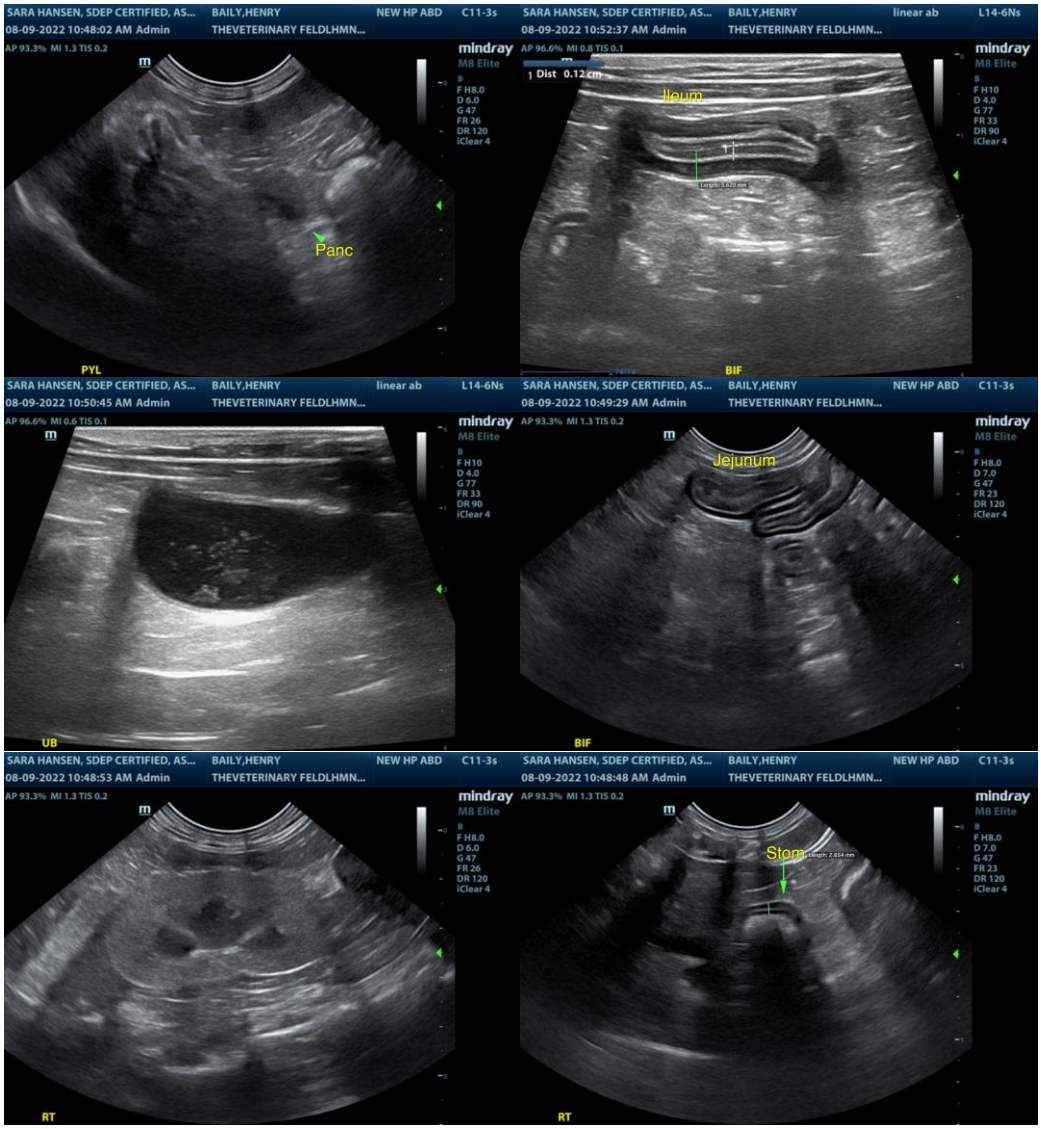
Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. Given no reported current gastrointestinal signs or evidence of weight loss, conservative gastrointestinal support +/- empirical IBD or Triad Disease therapy protocol could be considered based on the clinical impression of the patient. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.



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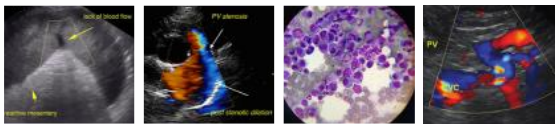

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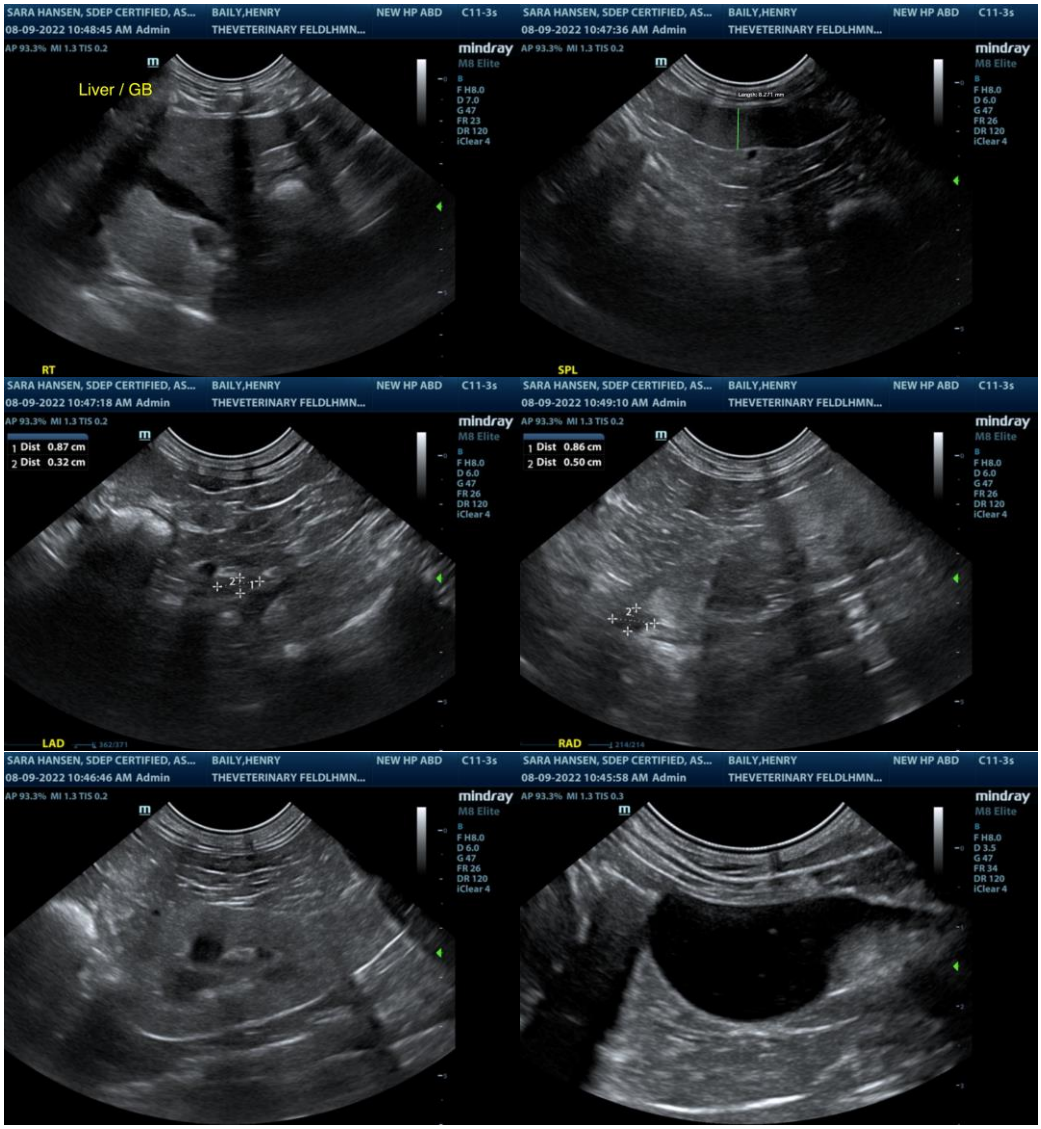

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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