

PATIENT PRESENTING CLINICAL SIGNS

Maxi O'Toole

Chemistry screen: No significant finding CBC: No significant finding Fructosamine test: Normal
Urinalysis: Pending A: No significant finding. DDx: Likely primary GI disease. Does not appear to be metabolic disease but still waiting on urinalysis. Plan: Discussed results with owner. Discussed abdominal ultrasound, surgery and biopsies from the GI tract. Also low allergen diet which owner said patient will not eat. Owner had been written a prescription from emergency clinic. She said patient had severe adverse reaction to prednisolone and would not eat for 5 days. Never gave Cerenia. Does not want to give Cerenia. Offered antacid. Also probiotic. Owner opted for the latter and will try that for a month. If no improvement or worsens will consider antacid.

SPECIES

Feline

BREED

DSH

Urinary System

SEX

Spayed Female

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 sediment was present without evidence of calculus formation, likely consistent with minor cellular or crystalline debris. Correlation with an urinalysis is recommended. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

AGE

10 years

The area of the aortic trifurcation was free of pathology.

WEIGHT

9.18 lbs.

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 pelvic dilation. The left kidney measured 3.9 cm in length. The right kidney measured 3.9 cm in length.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.34 cm width.

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

Spleen

HOSPITAL NAME

South Reno VH

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.

REFERRING VET

Dr. Schmitt

Liver/ Gallbladder

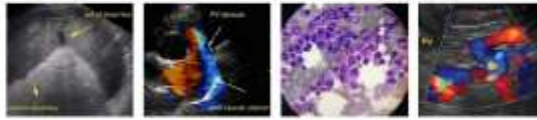
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The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

DATE

9/14/21



PATIENT ***Gastrointestinal***

Maxi O'Toole 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 0.25 cm.

SPECIES

Feline The small intestine exhibited intact wall layering with subjective propensity for mildly prominent submucosa layer and without evidence of significant mural hypertrophy or loss of Intestinal wall layering. No distinct intestinal masses were noted. The duodenum wall width measured 0.25 cm. The jejunum wall width measured 0.21 cm. The ileocolic wall width measured 0.39 cm.

BREED

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

SEX

Pancreas

Spayed Female The pancreas was normal in size and contour with subtle hypoechoic to mildly heterogeneous parenchyma compared to adjacent omentum.

AGE

Free Abdomen

10 years Multiple, mildly enlarged jejunocolic and intermittent pancreaticoduodenal lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 2.0 cm x 0.57 cm.

WEIGHT

9.18 lbs. No effusion was noted.

INTERPRETED BY

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

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild particulate urinary bladder sediment
- Chronic enteropathy pattern - suspect chronic inflammatory enteropathy / IBD, potential for emerging or low-grade neoplastic infiltrative enteropathy such as lymphoma which may present in a similar sonographic manner cannot be excluded
- Associated jejunocolic lymphadenopathy - lymphoid hyperplasia or mild reactive lymphadenitis suspected, minor potential for emerging neoplastic lymphadenopathy although thought less likely
- Possible concurrent low-grade chronic active pancreatitis

IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

HOSPITAL NAME

South Reno VH

REFERRING VET

Dr. Schmitt

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

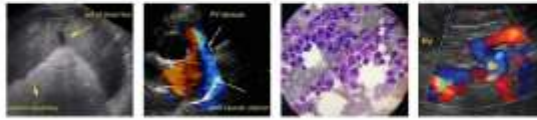
Full-thickness intestinal lymphatic +/- pancreatic biopsies are required for a definitive diagnosis. If biopsies are not possible, empirical therapy for inflammatory enteropathy +/- low-grade pancreatitis which the patient will tolerate would be appropriate. Cobalamin supplementation may prove beneficial.

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Maxi O'Toole

SPECIES

Feline

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Spayed Female

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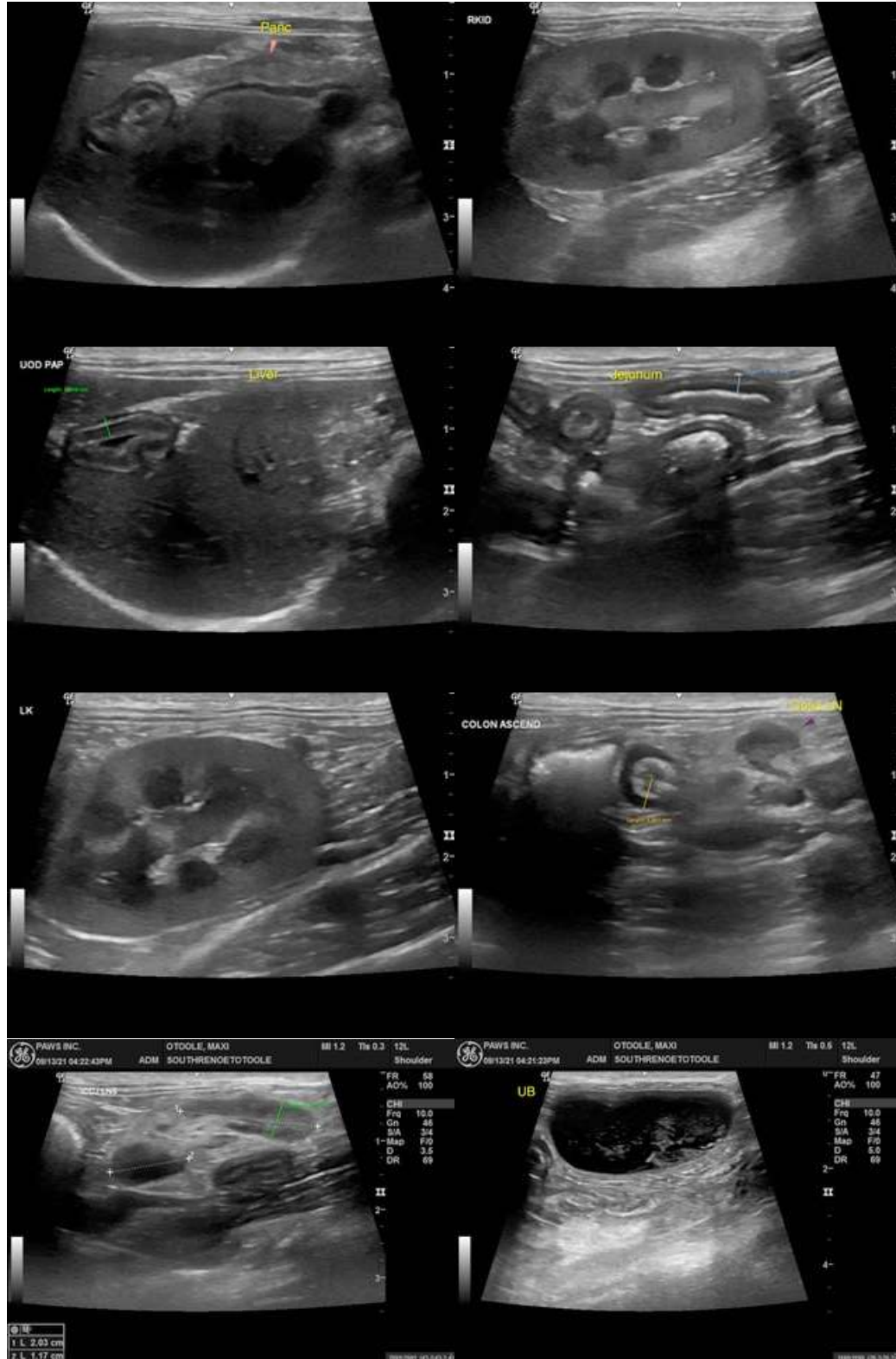
Dr. Schmitt

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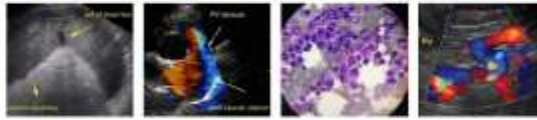
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The information and recommendations provided are based on the images presented by the



PATIENT

Maxi O'Toole

referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

SPECIES

Feline

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.

BREED

DSH

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

SEX

Spayed Female

AGE

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WEIGHT

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