

**PATIENT**

Tigger Ahnen

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

16 yrs

WEIGHT

9 lbs

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP (Canine
and Feline)**IMAGING
PERFORMED BY**

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET
Wixom Family Pet
Practice**INVOICE**
14867**DATE**
9/14/22**PRESENTING CLINICAL SIGNS**

A few episodes of vomiting and bloody diarrhea, most recent started 2 weeks ago. Treated with maropitant and fortiflora with no improvement.

Abnormal PE/Chem/CBC/UA Results: Limited exam due to being fractious.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, and cystourethral junction 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.

The area of the aortic trifurcation was free of pathology.

Asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Mild left kidney pyelectasia along with pinpoint medullary mineral were present. The left kidney exhibited subnormal size compared to the right measuring 3.1 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

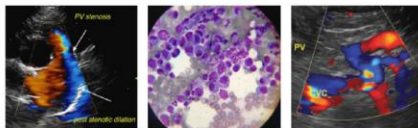
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.54 cm width.

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. The spleen measured 0.77 cm width at the level of the hilus.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. A solitary nondisruptive isoechoic to mildly nonhomogeneous intraparenchymal nodule was present measuring 0.93 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing mild gallbladder debris. The gallbladder was otherwise normal. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction. This is likely consistent with age-related common bile duct changes.

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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 0.25 cm.

The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy to the level of the ileocolic junction. An ileocolic intussusception which appeared to be displaced caudally to the level of the urinary bladder was present resulting in mildly prominent yet intact wall layering most likely associated with the associated colon. The possibility of concurrent mild intussuscepted colon i.e., colocolic intussusception cannot be definitively excluded. The duodenum wall measured 0.30 cm width. The jejunum wall measured up to 0.37 cm width.

Pancreas

The pancreas was normal in size with heterogeneous to mildly hypoechoic parenchyma compared to adjacent omentum. Asymmetrical pancreatic contour was present. A solitary cyst was noted in the distal left pancreatic limb measuring 0.9 cm in diameter. Concurrent pancreatic duct dilation was noted. No signs of active inflammation or neoplasia.

Free Abdomen

Multiple, mildly enlarged, colic lymph nodes were present. The lymph nodes were isoechoic homogenous without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example lymph node measured 1.6 cm x 0.66 cm.

ULTRASONOGRAPHIC FINDINGS***Primary Findings***

- Generalized infiltrative enteropathy pattern - IBD / eosinophilic enteritis vs. neoplastic enteropathy with round cells i.e., lymphoma
- Ileocolic intussusception likely displaced caudally, potential for concurrent colocolic intussusception considered less likely yet cannot be definitively excluded
- Associated colic lymphadenopathy
- Nonspecific discrete liver nodule
- Suspect concurrent chronic pancreatitis with left limb cyst

Secondary Findings

- Bilateral moderate chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory laparotomy with gross inspection of the probable displaced ileocolic intussusception with potential reduction or resection anastomosis, as well as full-thickness intestinal biopsies for histopathology are warranted. A very guarded to possible unfavorable prognosis pending surgical findings and intestinal histopathology.



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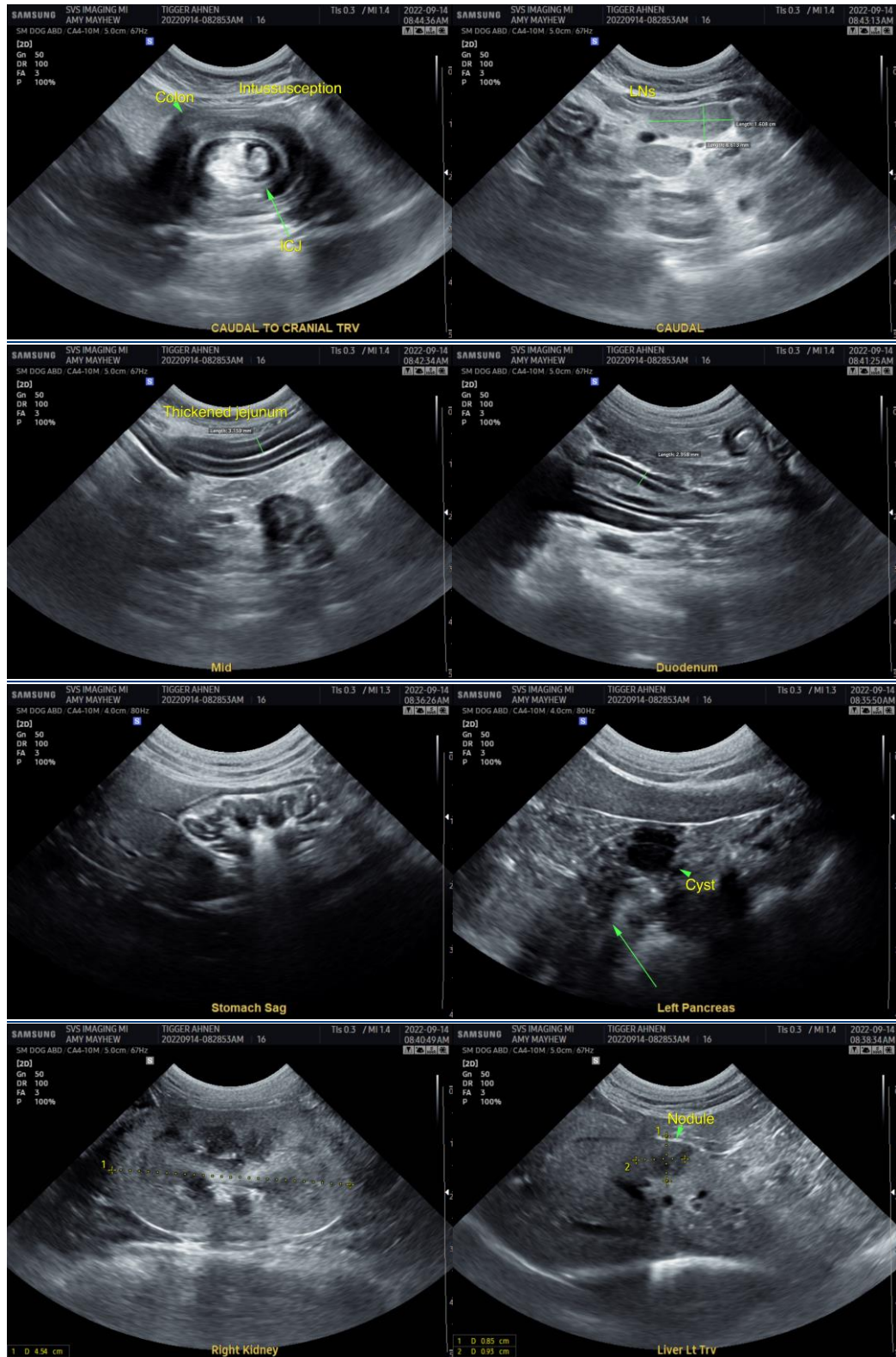
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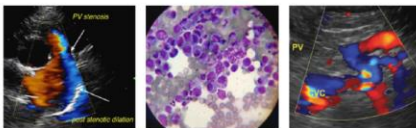
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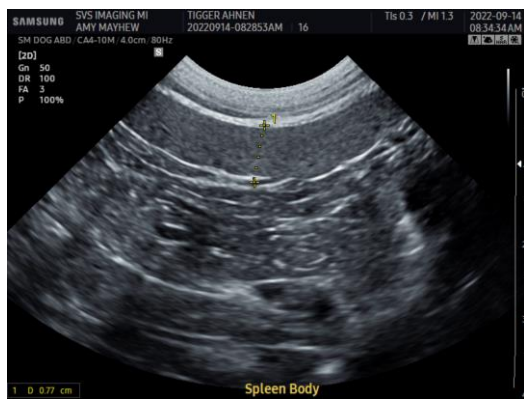
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com

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