



PATIENT

Theo Welyki

SPECIES

Feline

BREED

Siberian Forest Cat

SEX

Neutered Male

AGE

11 years

WEIGHT

8.02 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

**IMAGING
PERFORMED BY**

Crystal Hill, RVT

HOSPITAL NAME

Beatties Burlington PH

REFERRING VET

Dr. Murota

INVOICE

12244

DATE

9/15/21

PRESENTING CLINICAL SIGNS

Vomiting about 2 weeks, eating and drinking less, lethargic with one episode of diarrhea. May be urinating outside of the litter box. Obese. Metronidazole and Fortiflora

Abnormal PE/Chem/CBC/UA Results: TT4 - high 66 MCV high 53.9 MCH high 17.7

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, nondependent, 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 with asymmetrical margination were 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. The left kidney measured 4.1 cm in length. The right kidney measured 4.2 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 0.26 cm width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 cm width at the caudal pole.

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/ Gallbladder

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.

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 0.24 cm.



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The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. The jejunum wall width measured 0.34 cm. The ileocolic wall width measured 0.30 cm. The duodenum wall width measured 0.30 cm.

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

Pancreas

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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 were evident.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

Primary Findings

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- Mild particulate urinary bladder sediment
- Bilateral interstitial nephrosis renal pattern

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- Enteropathy with generalized prominent muscularis layer - consistent with IBD, minor potential for early neoplastic infiltrative enteropathy such as lymphoma

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

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Intestinal biopsies are required for a definitive diagnosis. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. If biopsies are not possible, empirical IBD protocol which may include Cobalamin supplementation, hydrolyzed diet, +/- Prednisolone at lowest effective dose to control clinical signs with as-needed GI support may be considered.

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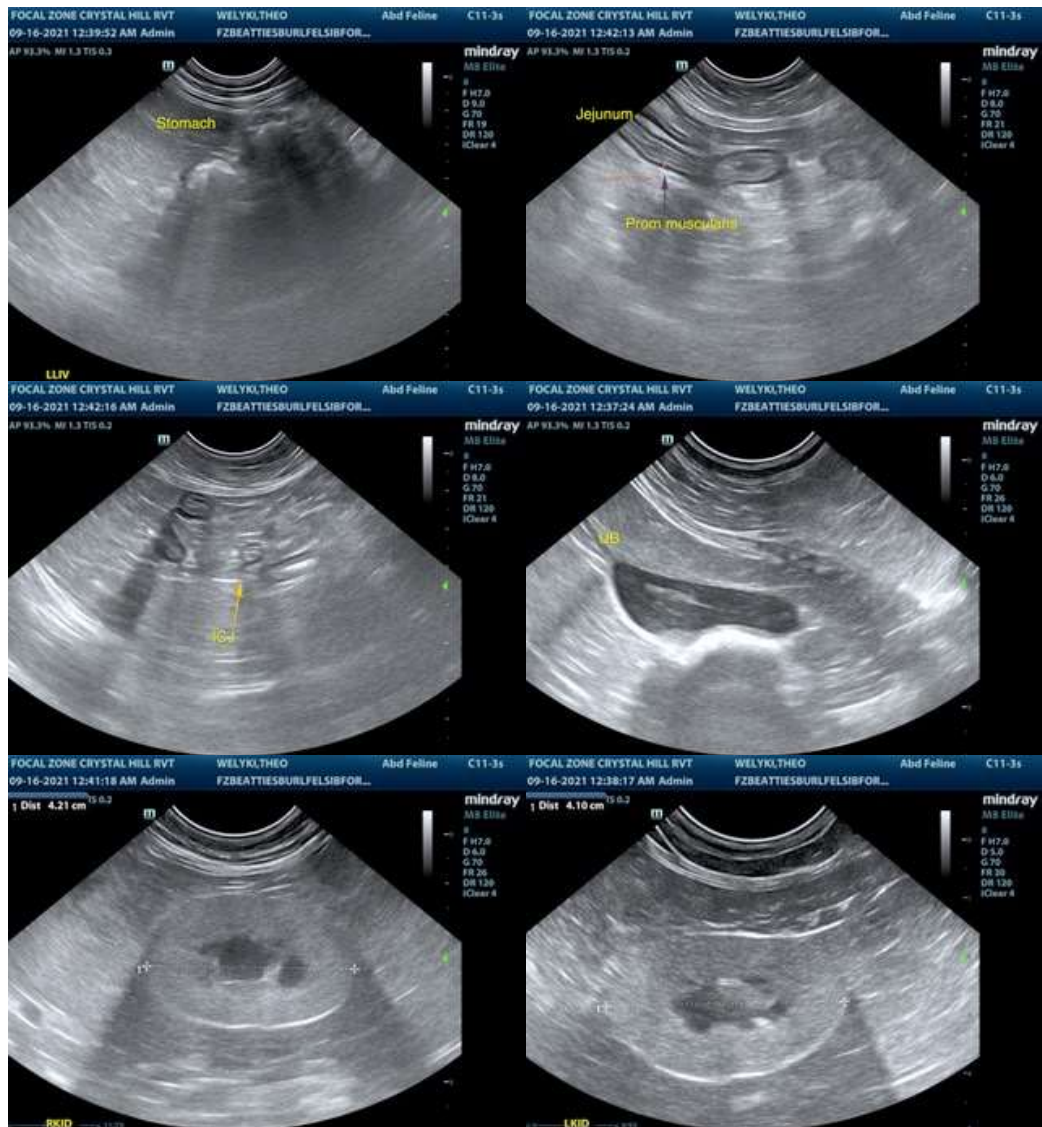
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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