



PATIENT

Zippy Harman

SPECIES

Feline

BREED

DSH

SEX

M/N

AGE

5 yrs

WEIGHT

9.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Finder

HOSPITAL NAME

Craig Road Animal
Hospital

REFERRING VET

Dr. Finder

INVOICE

14902

DATE

9/16/22

PRESENTING CLINICAL SIGNS

P presented for weight loss, inappetence, and trouble defecating. Urinated just after ultrasound. Previously had enlarged mesenteric lymph nodes on previous ultrasound

Abnormal PE/Chem/CBC/UA Results: RBC 4.31000000/UL (5.92 - 9.93) HGB 6.9G/DL (9.3-15.9) HCT 23% (29-48) Feline Hemoplasma (mycoplasma) PCR panel pending Platelet Estimate Adequate

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 overtly 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 iliac trifurcation was free of overt pathology.

Normal size was present in the kidneys with subtle areas of mild asymmetrical renal margination. An indistinct hyperechoic medullary band just inside the corticomedullary border, consistent with indistinct medullary rim signs, was present in the right kidney. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. No evidence of pyelectasia was noted. The left kidney measured 3.6 cm in length. The right kidney measured 3.8 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

The spleen exhibited borderline to minor enlargement with 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 1.1 cm width at the level of the hilus. No splenic masses or nodules were 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. A solitary, nondisruptive, well-demarcated, uniform hyperechoic intraparenchymal nodule was present measuring 0.77 cm in diameter. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

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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 small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The duodenum wall measured 0.22 cm width. The jejunum wall measured 0.22 cm width. The ileocolic wall measured 0.31 cm width.

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

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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

Focal to intermittent colic lymph nodes were present in the area of the ileocolic junction. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example lymph node measured 1.5 cm x 0.6 cm. No free fluid was noted. No omental masses were present.

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ULTRASONOGRAPHIC FINDINGS

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- Right kidney indistinct nonspecific medullary rim sign
- Borderline to mild splenomegaly
- Nonspecific yet subjective benign hepatic intraparenchymal nodule - suspect nodular hyperplasia or focal lipogranuloma
- Overtly normal small intestine
- Focal to intermittent mildly prominent colic lymphadenopathy - not overtly consistent with neoplastic criteria, lymphoid hyperplasia or minor reactive lymphadenitis potentially owing to underlying intestinal disease

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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No overt evidence of structural or mural gastrointestinal pathology i.e., no obvious IBD or intestinal neoplastic criteria.

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At times, the gastrointestinal sonographic presentation may not correlate with clinical or gastrointestinal signs present. Considerations may include dietary intolerance / food hypersensitivity, occult parasitism, infectious disease, dysbiosis, structurally insignificant inflammatory bowel disease, low-grade to chronic pancreatitis, both of which may present as sonographically normal, or considered less likely in this case, occult infiltrative neoplasia.



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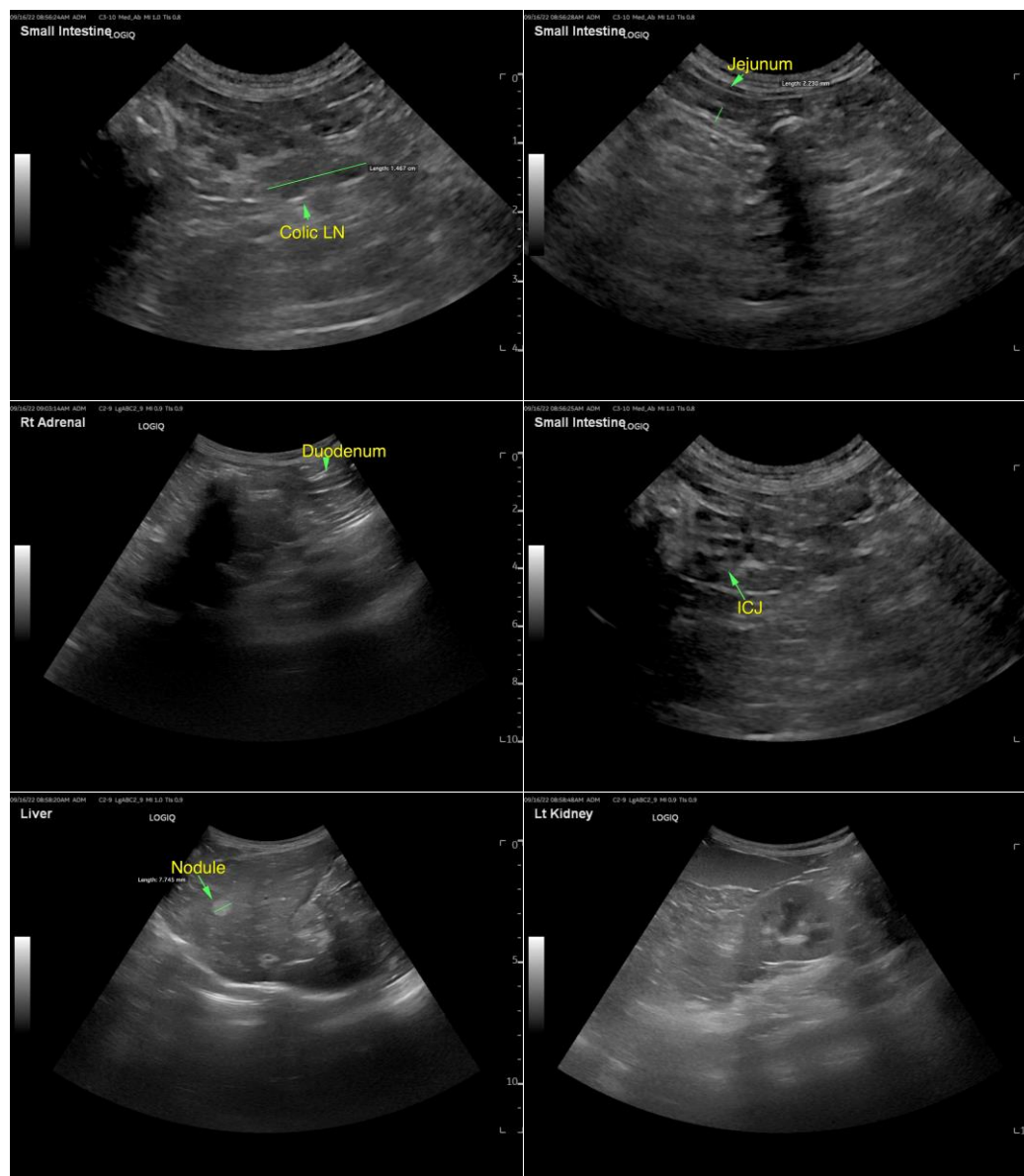
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A GI panel to include PLI/TLI/Cobalamin/Folate, as well as three-view chest radiographs to rule out occult thoracic pathology as a contributing factor is suggested for further assessment. Correlation with pending infectious disease serology is recommended. No obvious evidence of colonic mural pathology although the colon was indistinctly visualized. CBC pathology review could be considered.

Pending additional diagnostics, as-needed gastrointestinal support and monitoring of clinical response and body weight going forward are suggested.





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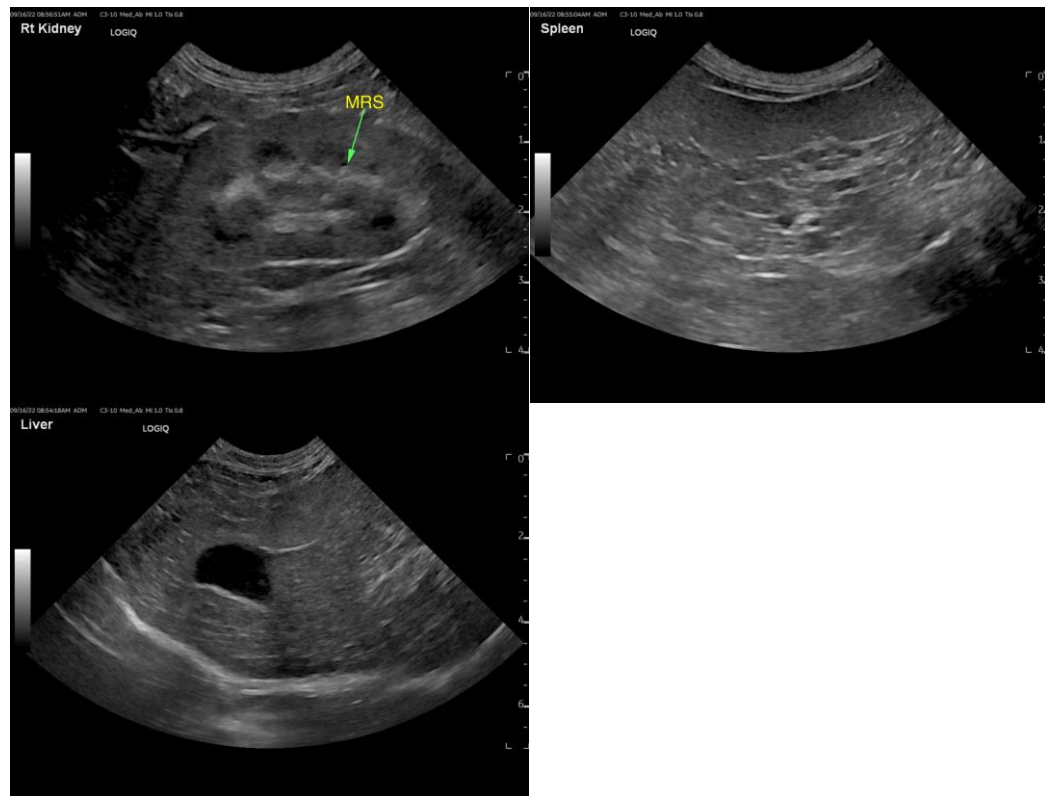
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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