



PATIENT

Phairah Wagner

SPECIES

Feline

BREED

Abyssinian

SEX

Spayed Female

AGE

10 years

WEIGHT

6.79

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh

HOSPITAL NAME

West Eugene AH

REFERRING VET

Dr. Powers

INVOICE

12267

DATE

9/17/21

PRESENTING CLINICAL SIGNS

History of chronically vomiting food about every 2 weeks with episodes of hyporexia and vomiting green bile on 9/3/21 and 9/16/21. Currently unable to hold down food, but is keeping down water. Has lost ~1 lb since May 2021. P is on an i/d diet. Current Medications Mirtazapine, Cerenia
Abnormal PE/Chem/CBC/UA Results: 9/3/21: GLU 206, Na+ 139, Glob 6.4, TP 9.9, WBC 25.7, LYM 1.36, NEU 23.5, HGB 16.6, HCT 53.67, MCV 57, MCH 17.6, PLT 154, MPV 18.7. Small blood clot in LTT. Platelet clumping on blood smear. Mature neutrophils with no toxic changes noted.

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. 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.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.3 cm in length. The right kidney measured 3.3 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. No overt pathology was noted in the area of the right adrenal gland.

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 0.55 cm width.

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. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder exhibited mild distention containing anechoic content. The proximal to mid common bile duct was mildly dilated and tortuous without overt post hepatic



PATIENT

Phairah Wagner

SPECIES

Feline

BREED

Abyssinian

SEX

Spayed Female

AGE

10 years

WEIGHT

6.79

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh

HOSPITAL NAME

West Eugene AH

REFERRING VET

Dr. Powers

INVOICE

12267

DATE

9/17/21

obstruction. Anechoic content was also present in the common bile duct without overt evidence of mucoduct or calculi. The common bile duct measured 0.26 cm diameter.

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 small intestine presented intact wall layering and primarily maintained a 1:3 muscularis/mucosa ratio with subjective propensity for mildly prominent segmental muscularis layer. The duodenum wall width measured 0.3 cm. The jejunum wall width measured 0.26 cm. The ileocolic wall width measured 0.29 cm.

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

Pancreas

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

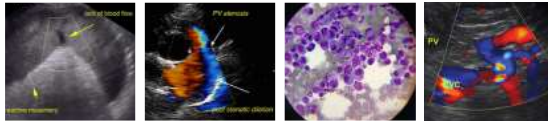
Primary Findings

- Mild chronic renal changes
- Mild chronic active pancreatitis pattern
- Probable IBD
- Mild gallbladder distention with proximal to mid subjectively nonobstructive common bile duct dilation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine exhibited subtle mural changes which in light of the patient's history and clinical signs are suggestive of inflammatory enteropathy. A minor potential for early or low grade neoplastic infiltrative enteropathy with round cells, i.e., lymphoma is considered a less likely differential diagnosis.

The common bile duct dilation, as well as the mild gallbladder distention, are nonspecific given the lack of elevated liver enzymes or cholestasis. This may be an age-related finding owing to fasting or possible mild cholangitis.



PATIENT

Phairah Wagner

Inflammatory bowel and/or Triaditis are considered primary differentials in this case. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. A definitive diagnosis would require sampling for histology including full-thickness intestinal biopsies.

SPECIES

Feline

Empirically, medical therapy for IBD / Triaditis with as-needed GI support could be considered.

BREED

Abyssinian

SEX

Spayed Female

AGE

10 years

WEIGHT

6.79

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh

HOSPITAL NAME

West Eugene AH

REFERRING VET

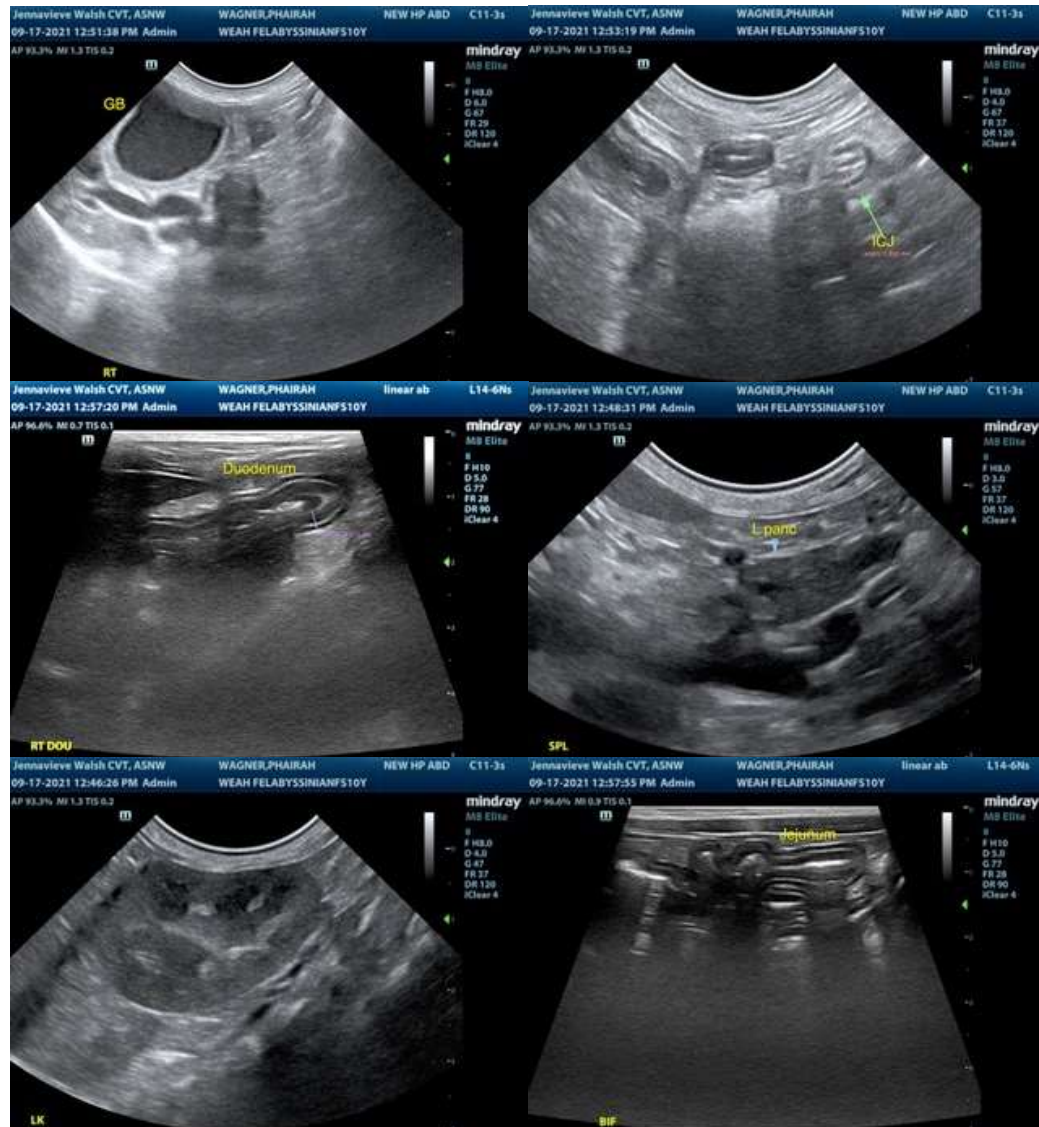
Dr. Powers

INVOICE

12267

DATE

9/17/21





PATIENT

Phairah Wagner

SPECIES

Feline

BREED

Abyssinian

SEX

Spayed Female

AGE

10 years

WEIGHT

6.79

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh

HOSPITAL NAME

West Eugene AH

REFERRING VET

Dr. Powers

INVOICE

12267

DATE

9/17/21



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