



PATIENT

PRESENTING CLINICAL SIGNS

Ming Krow

Ming is a 10 year old MN Siamese mix who presented on 9-8-22 for hiding (4-5 days), diarrhea and weight loss. Physical exam showed moderate periodontal disease, mild thyroid slip, and mild tachycardia. Very thickened intestines noted on abdominal palpation. He had a 4# weight loss since 10/21 Diagnostics: In house fecal cytology bacterial overgrowth rods>cocci, fecal comp negative Bloodwork: significant findings-neutrophilia/monocytosis, mild elevation in SDMA/phosphorus and hypochloremiam normal fPL and very mild elevation in T4

SPECIES

Feline

BREED

Siamese Mix

Treatments: cerenia, amoxicillin, metronidazole, proviable On 9-12-22 seemed interested in food, but would only eat treats 4-5 x days, conflicting notes about still hiding in closet v "acting fine" AUS was recommended due to clinical signs and PE findings (very thickened intestines)

SEX

Urinary System

MN

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 were noted.

AGE

10yr

Normal size and margination was 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. A caudal cortical infarct was present in the right kidney. The left kidney measured 3.9 cm in length. The right kidney measured 3.5 cm in length.

WEIGHT

10lb

INTERPRETED BY

The area of the aortic trifurcation was free of pathology.

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 0.30 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 cm width.

IMAGING PERFORMED BY

Spleen

Dr. Jennifer Todd

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 in width at the level of the hilus.

HOSPITAL NAME

Lambs Gap Animal
Hospital

REFERRING VET

Liver

Dr. Cynthia Kinney

The liver presented normal in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion.

INVOICE

11667ag

The gallbladder was non-distended in size with primarily anechoic luminal content and minor mild non-dependent echogenic luminal debris. The common bile duct was dilated and tortuous without overt post hepatic obstruction.

DATE

09/19/2022

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 measured 0.24 cm in width.

SPECIES

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The small intestine presented intact wall layering with generalized prominent to echogenic submucosa layer. No evidence of significant mural hypertrophy or loss of intestinal wall layering. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The small intestinal wall measured 0.25 cm in width.

BREED

Siamese Mix

The colon exhibited generalized thickened walls with indistinct wall layer detail. The colon wall measured 0.29 cm in width. Normal visible colon wall layers were present with apparent semi formed to soft feces in lumen.

Pancreas

SEX

MN

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.

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10yr

Free Abdomen

No peritoneal effusion was present.

WEIGHT

10lb

Focally enlarged colic lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic hyperechoic inflammation was evident. An example of lymph node size was 1.1 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

Primary

- Enterocolopathy
- Associated prominent colic lymphadenopathy
- Suspect low grade chronic active pancreatitis
- Mild hepatic parenchyma hyperechogenicity
- Minor gallbladder debris with mild non-obstructive proximal common bile duct dilation
- Bilateral mild chronic kidney changes with focal right kidney cortical infarct

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine and colon are sonographically suggestive of potential IBD and chronic colitis although infiltrative round cell neoplasia or less likely dry form FIP with potential associated colic reactive lymphoid hyperplasia could be possible. Triad disease is also a consideration in this patient.

Diarrhea PCR panel as well as a GI profile to include PLI/TLI/Cobalamin and Folate is suggested.

Empirically cobalamin supplementation every 12 weeks, broad spectrum deworm, dietary therapy, metronidazole/ prednisolone/ sulfasalazine compounded combination with assessment of clinical response could be considered.

INTERPRETED BY

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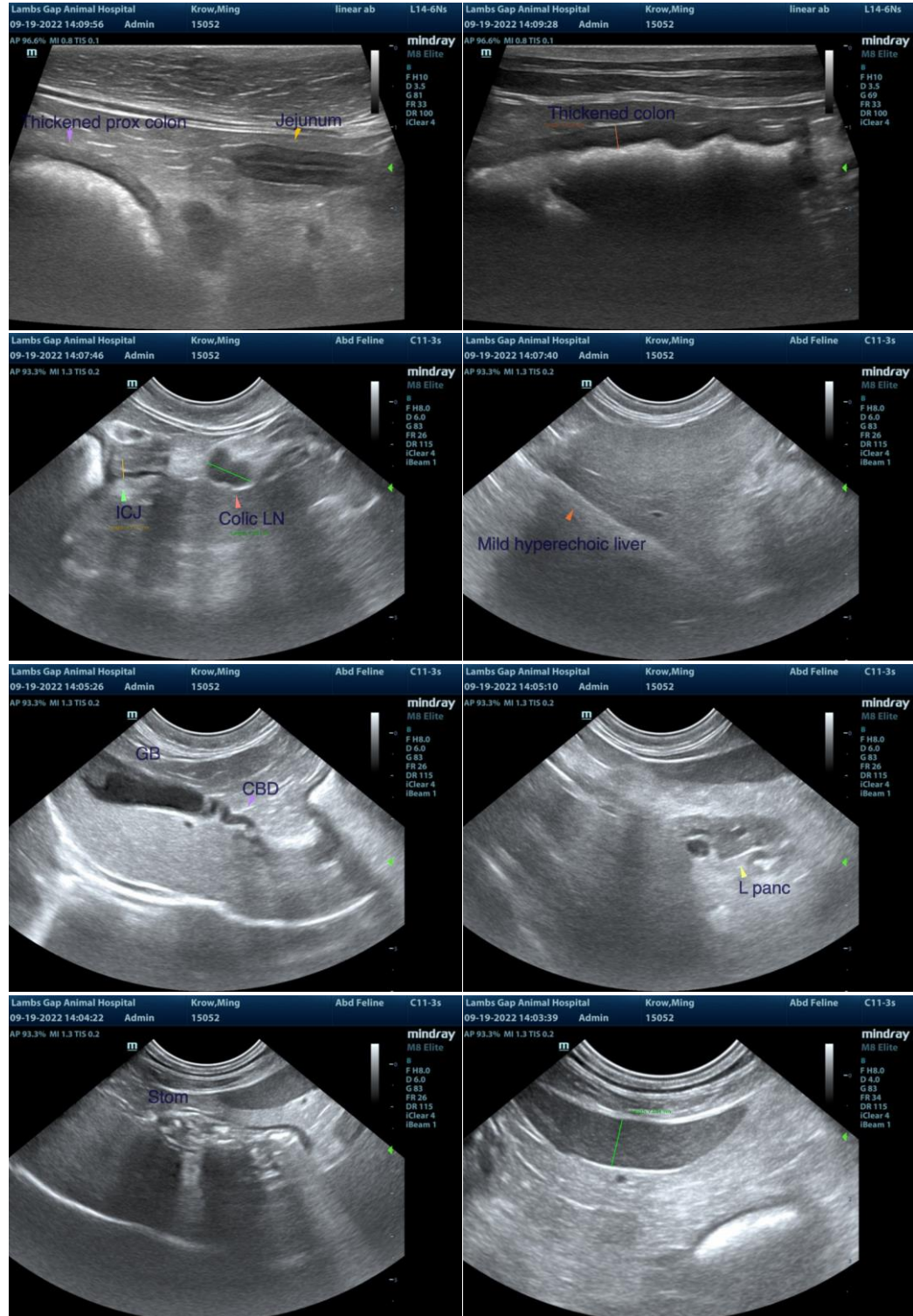
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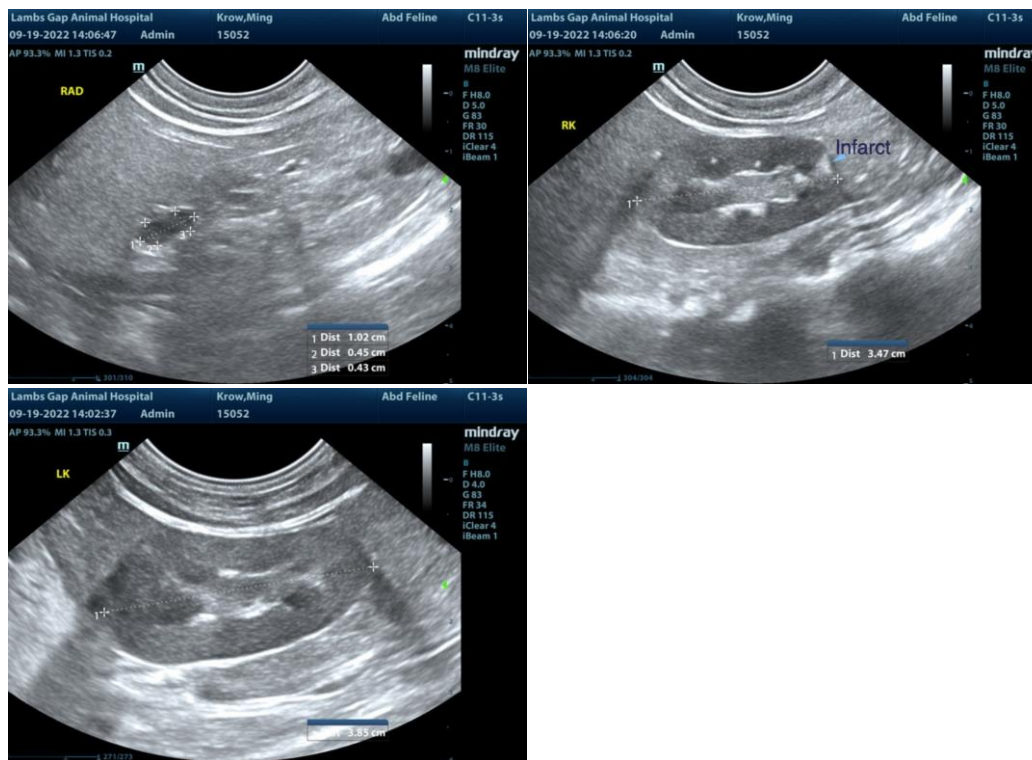
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com