IMAGING PERFORMED BY

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

PATIENT

Holly Blew

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 years

WEIGHT

6 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Westerhof

INVOICE

12165

DATE

9/2/21

PRESENTING CLINICAL SIGNS

-Vomiting daily , Losing weight , history of GI issues

Abnormal PE/Chem/CBC/UA Results: Weightloss Patient has been on z/d Science diet , that doesn't seem to help with GI issues , we did Blood work on 09/01/21 which was unremarkable.

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, particulate, nondependent 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 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. Minor pinpoint medullary mineral was present in both kidneys. No evidence of pelvic dilation was present. The left kidney measured 3.7 cm in length. The right kidney measured 3.7 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. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.33 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 0.60 cm width.

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. Focal to intermittent, subtly hypoechoic, non-expansive, parenchymal nodules were present. An example measured 0.75 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

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. The duodenum wall width measured 0.27 cm. The jejunum wall width measured 0.28 cm. The ileocolic wall width measured 0.36 cm.

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

Pancreas

The left pancreatic limb 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

Intermittent, mesenteric nodes were present. 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 of the lymph nodes measured 0.54 cm width.

No effusion was noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Urinary bladder sediment
- Mild chronic renal changes
- Enteropathy with generalized intact yet altered muscularis: mucosa ratio
- Associated Intermittent mild mesenteric lymphadenopathy - lymphoid hyperplasia or minor reactive lymphadenitis likely
- Suspect concurrent mild chronic active pancreatitis
- Intermittent nonspecific subtly hypoechoic hepatic parenchymal nodules - subjectively benign, hematopoiesis, nodular / regenerative hyperplasia, or small granulomas suspected

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

The appearance of the small intestine is compatible with infiltrative enteropathy. Primary consideration for inflammatory enteropathy / IBD with less likely potential for neoplastic infiltrative enteropathy with round cells such as lymphoma, mast cell disease or other, which may present in a

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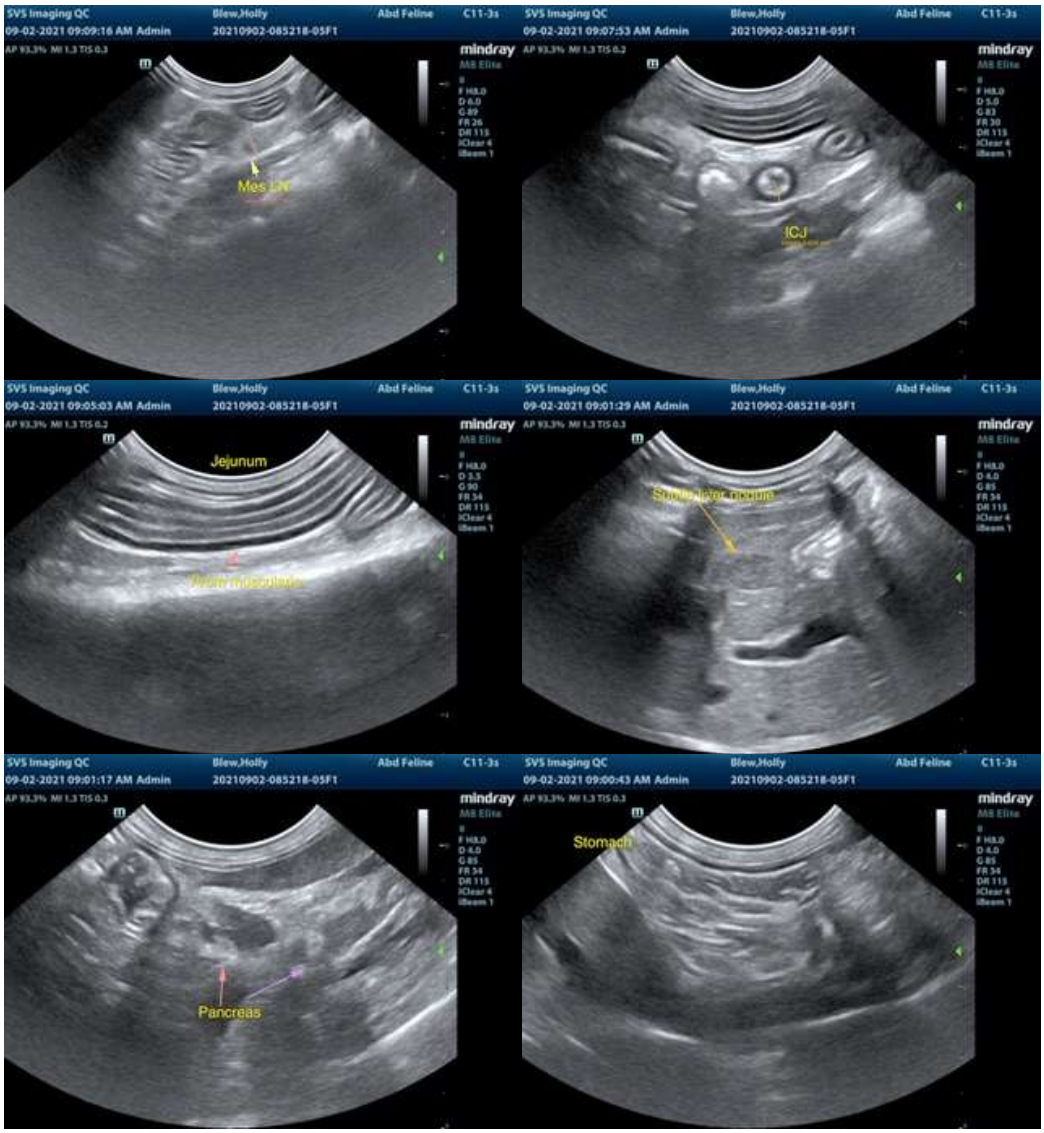
similar sonographic manner. Diagnosis would require biopsies for histology, obtained either via endoscopy or, ideally, full-thickness biopsies via laparotomy. A GI Panel to include PLI/TLI/Cobalamin/Folate is recommended. If additional diagnostics are not elected, empirical medical therapy for IBD, which may include a canned limited antigen or hydrolyzed diet, cobalamin supplementation (250 mcg SQ once weekly for 4-6 weeks initially, then every 2-4 weeks), and Prednisolone at lowest effective dose to control clinical signs along with as-needed gastrointestinal support would be reasonable.



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1-800-838-4288 info@sonopath.com SonoPath.com

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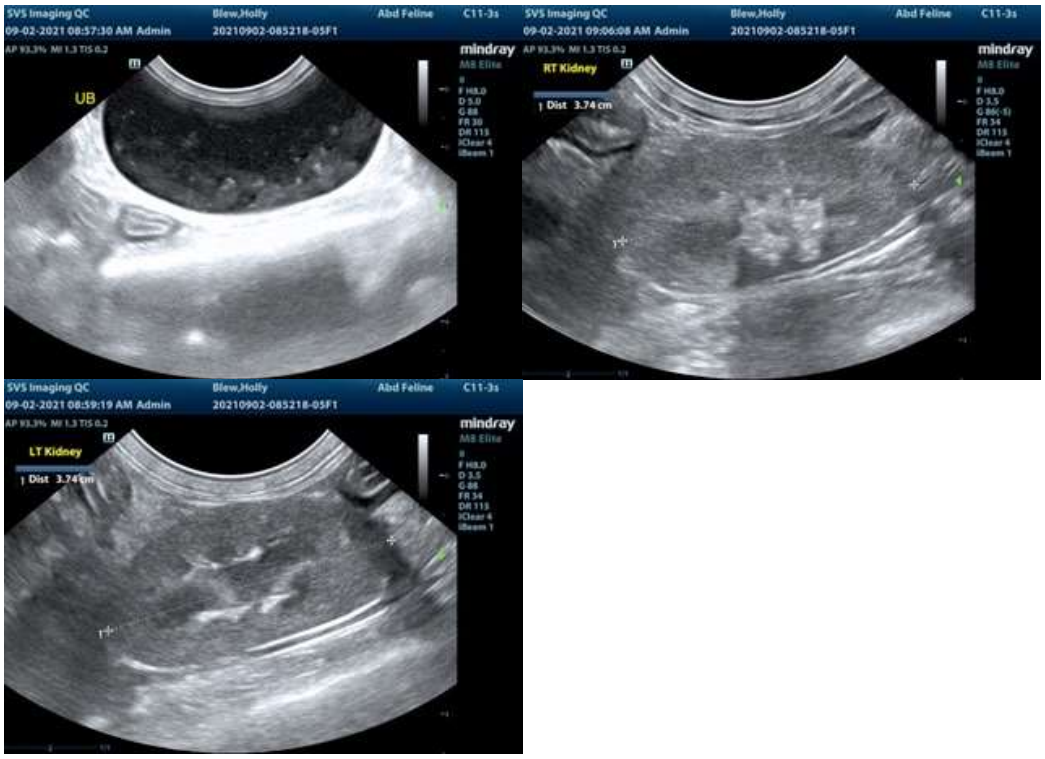

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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