



PATIENT

Sam Vandenbrun

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

17 yrs

WEIGHT

3.3 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Britannia Kingsland
Vet Clinic

REFERRING VET

Dr. Radcliffe

INVOICE

14913

DATE

9-20-22

PRESENTING CLINICAL SIGNS

Hx of stable IRIS Stage 2, non-proteinuric. Since last year has lost 25% body weight. Recent episode of vomiting and diarrhea which resolved with supportive treatment (cerenia, mirtazapine).

Abnormal PE/Chem/CBC/UA Results: CBC unremarkable. SDMA 22, elevated creatinine @ 209, BUN 21.3 (ref range 5.7-13.2). Phos 1.6. T4 WNL @ 26.6 nmol/L. USG 1.017.

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint medullary mineral was noted in both kidneys. Suspect cortical microinfarctions were noted in both kidneys. The left kidney measured 3.0 cm in length. The right kidney measured 3.2 cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age-related finding and not pathological. The left adrenal gland measured 0.30 width and the right adrenal gland measured 0.36 width.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. The spleen measured 0.79 cm width at the level of the hilus.

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 was mildly distended in size containing anechoic content. The proximal common bile duct was dilated and tortuous without overt posthepatic obstruction. The proximal common bile duct measured 0.30 cm width.



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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 small intestine presented intact yet generalized prominent wall layering owing to propensity for mildly prominent submucosa and muscularis layers. The duodenum wall measured 0.33 cm width. The jejunum wall measured 0.30 cm width. The ileocolic wall measured 0.37 cm width.

Normal visible colon wall layers were present with formed to semi-formed fecal matter.

Pancreas

The pancreas was normal in size with areas of mild capsule asymmetry. Nonhomogeneous, mildly hypoechoic parenchyma with pancreatic duct dilation was noted.

Free Abdomen

Intermittent mesenteric lymph nodes were present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example lymph node measured 0.84 cm diameter. The omentum exhibited normal echogenicity. No omental masses or free fluid were noted.

ULTRASONOGRAPHIC FINDINGS

- Intact yet generalized prominent small intestinal walls
- Chronic to chronic active pancreatitis pattern
- Mild nonobstructive proximal common bile duct dilation
- Intermittent nonspecific yet subjective benign / reactive mesenteric lymph nodes
- Bilateral chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine exhibited intact yet mild wall thickening, which although potential for patient variant is suggestive of chronic suspected inflammatory enteropathy i.e., IBD, or eosinophilic enteritis. Potential for neoplastic infiltrative enteropathy with round cells, which may present in a similar sonographic manner, cannot be excluded. Triad disease may be a consideration in this patient if previous history of hepatic enzyme elevations. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Full-thickness intestinal +/- pancreatic and hepatic biopsies would be required for a definitive diagnosis.

Empirically, as-needed GI supportive care, cobalamin supplementation pending GI panel, or if not elected, a hydrolyzed diet with an assessment of caloric plane, and prednisolone trial at the lowest effective dose to control clinical signs and assessment of clinical response would be reasonable.



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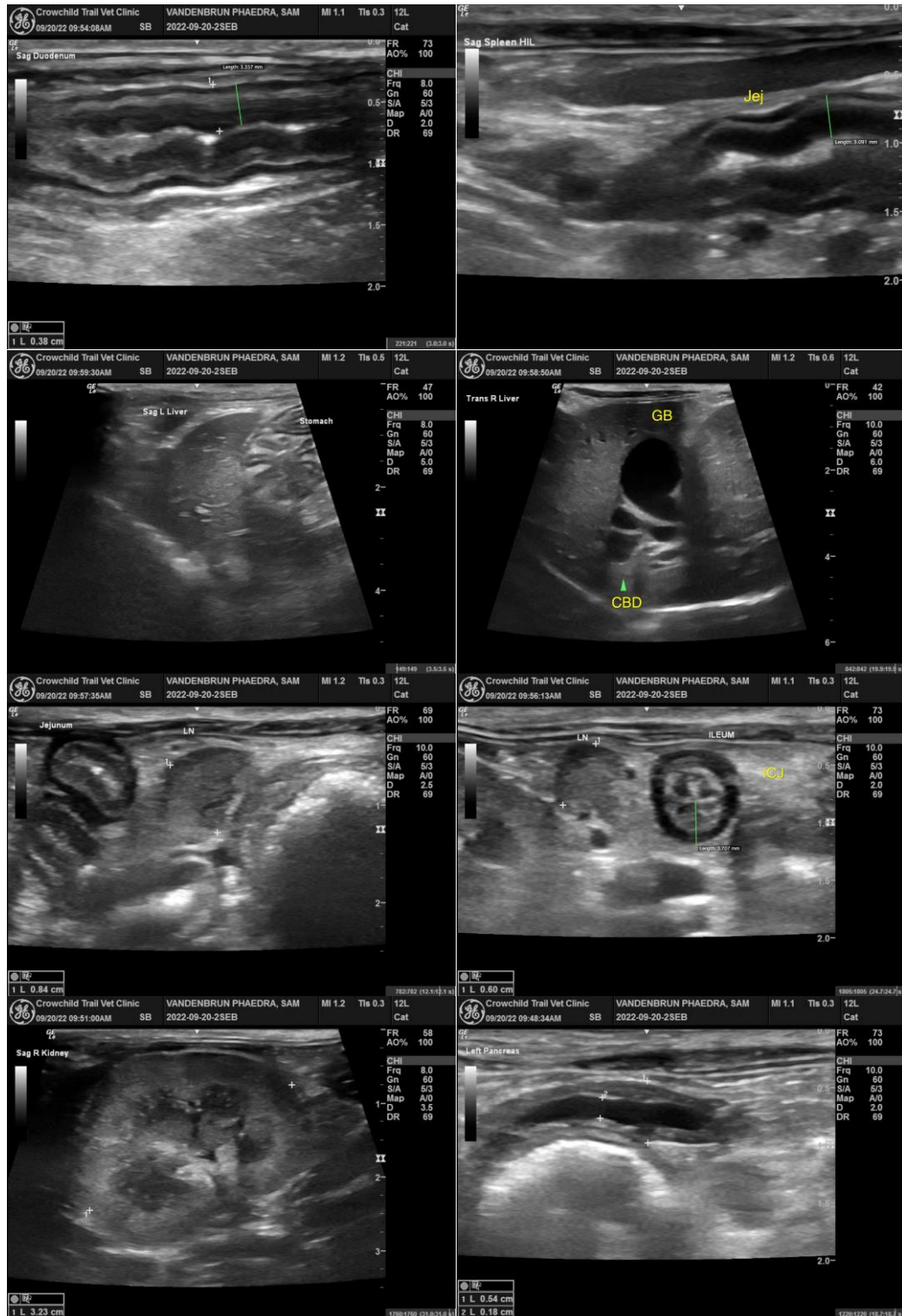
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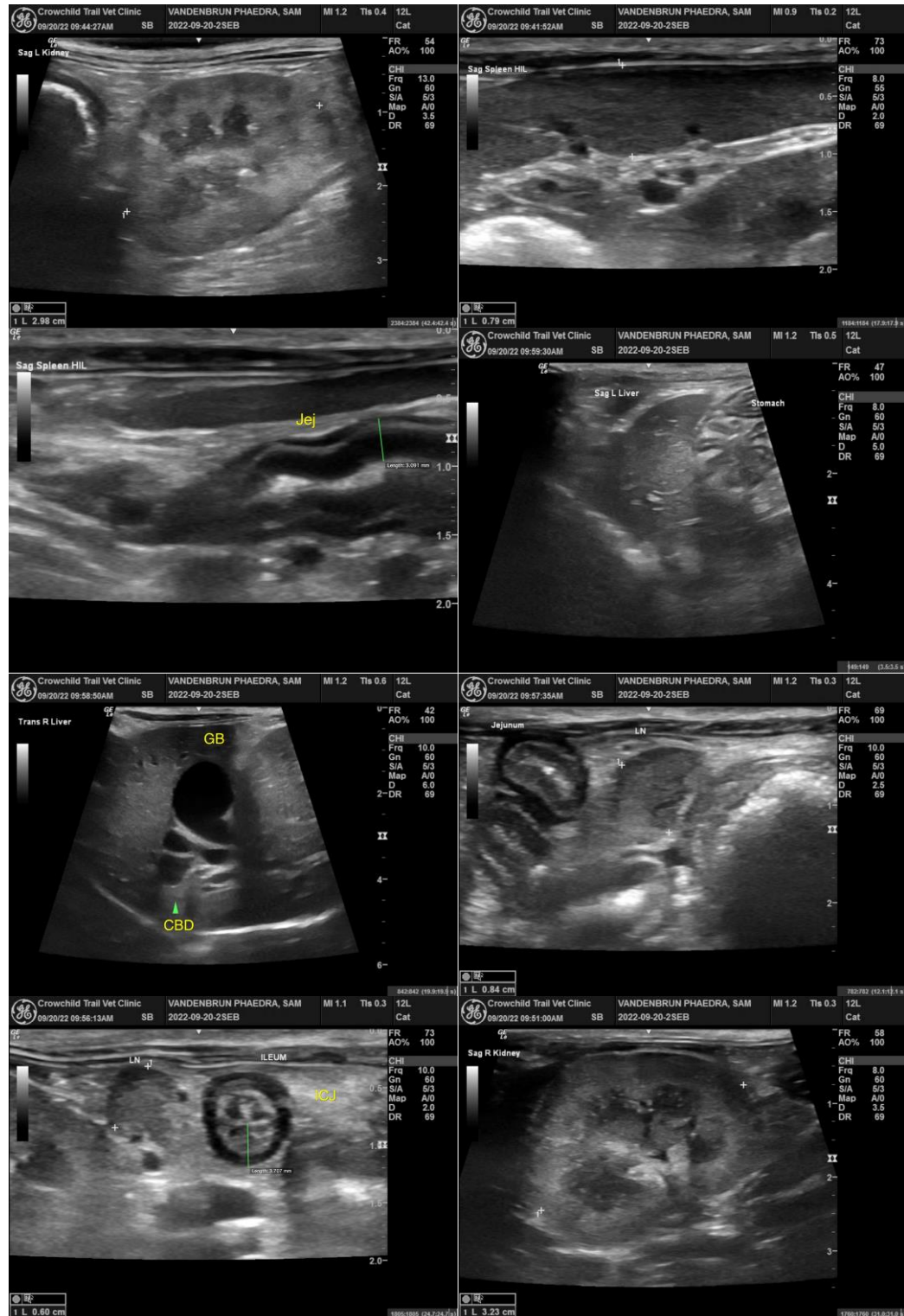
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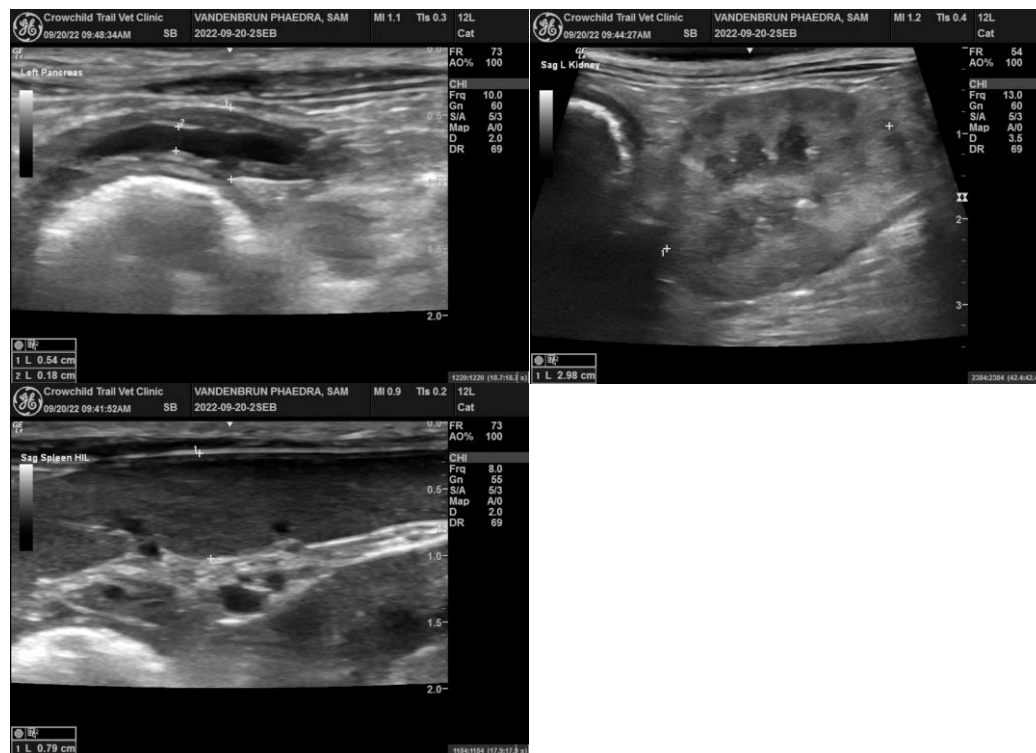
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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