



PATIENT

Dakota Gardner

PRESENTING CLINICAL SIGNS

Diarrhea, Chronic vomiting, Elevated ALT

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DSH

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. Moderate non-dependent to swirling, particulate 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.

SEX

Neutered Male

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 3.8 cm. The right kidney measured 4.0 cm.

AGE

12 Years

The area of the aortic trifurcation was free of pathology.

WEIGHT

5 kg

Adrenal Glands

No overt pathology in the area of the left and right adrenal glands.

Spleen

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

The spleen exhibited mild generalized enlargement with mild asymmetrical medial capsule contour. It 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 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.

IMAGING BY

Loetitia Saint-Jacques,
LVT

Liver

HOSPITAL NAME

VCA Feline AH

The liver exhibited potential for mild generalized enlargement. 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. The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

REFERRING VET

Dr. Vincent Fleming

Gastrointestinal

INVOICE

25717

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. Gastric body wall measured 0.25 cm.

DATE

9/21/21



PATIENT

Dakota Gardner The small intestine presented intact wall layering with subjective propensity for mildly prominent submucosa and mucosa. Jejunum wall measured 0.28 cm. Ileocolic wall measured 0.42 cm.

SPECIES

Normal visible colon wall layers were present with subjective semiformal stool.

Feline

Pancreas

BREED

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 inflammation. No overt evidence of neoplasia.

DSH

SEX

Free Abdomen

Neutered Male

A focal, mildly prominent to enlarged mid abdominal mesenteric node was present, measuring 0.78 cm in width. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

AGE

Small pockets of scant peri intestinal free fluid noted.

12 Years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

5 kg

- Moderate urinary bladder sediment
- Bilateral chronic renal changes
- Hepatopathy with mild gallbladder debris – most suggestive of cholangiohepatitis
- Chronic active pancreatitis
- Chronic inflammatory enteropathy pattern
- Focal mesenteric lymphadenopathy – reactive hyperplasia or minor lymphadenitis likely, not consistent with neoplastic criteria.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING BY

Loetitia Saint-Jacques,
LVT

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

HOSPITAL NAME

VCA Feline AH

Given the gastrointestinal signs, sonographic appearance of the small bowel, in combination with chronic active pancreatitis and likely cholangiohepatitis, triad disease is a primary differential diagnosis in this case. Definitive diagnosis would require intestinal hepatic and pancreatic biopsies. Further assessment may also include GI panel to include PLI, TLI, cobalamin and folate, and fresh fecal analysis to assess for parasitic ova/giardia +/- diarrhea PCR panel. Empirically, triad disease protocol would be appropriate with monitoring of clinical response.

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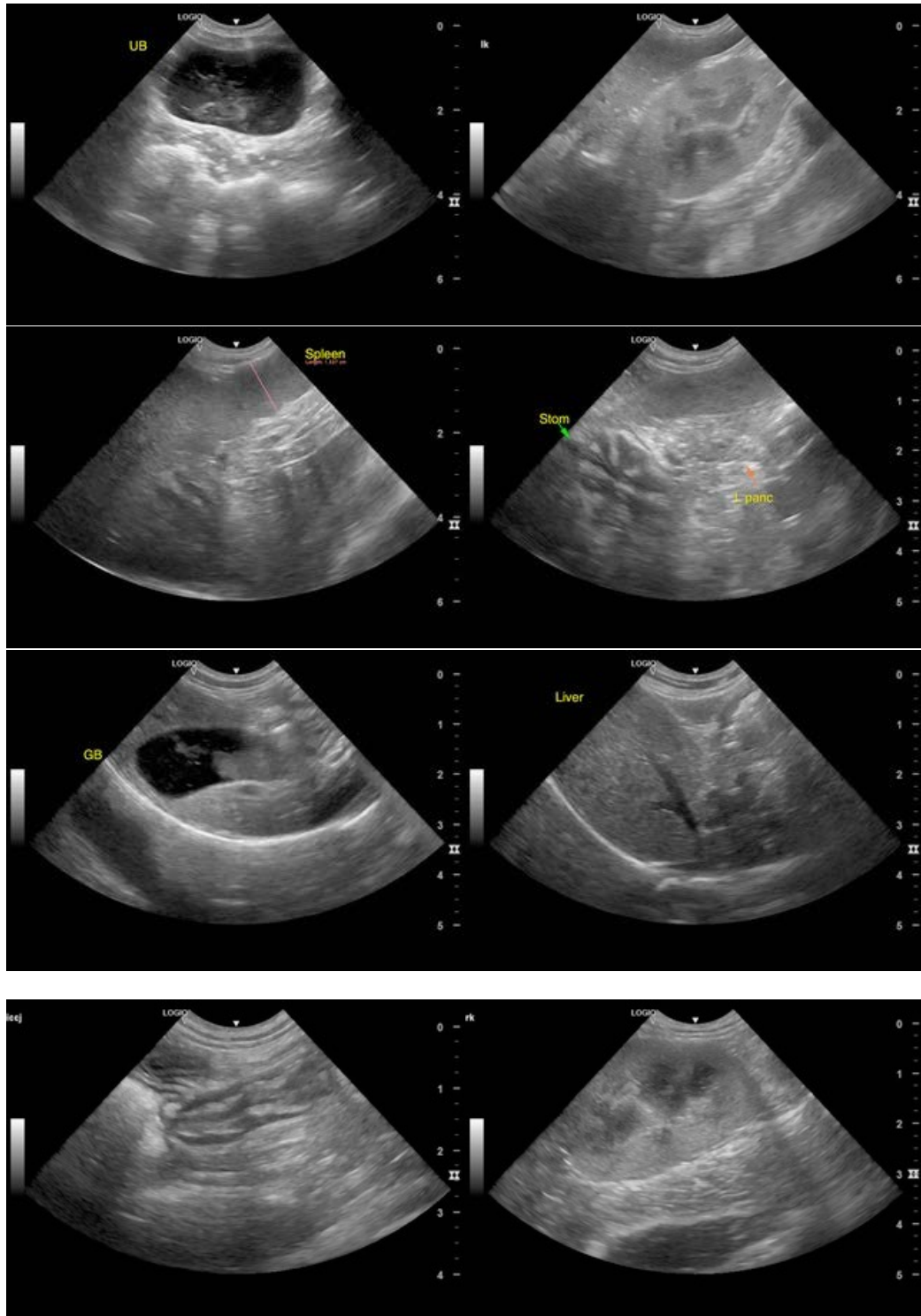
Dr. Vincent Fleming

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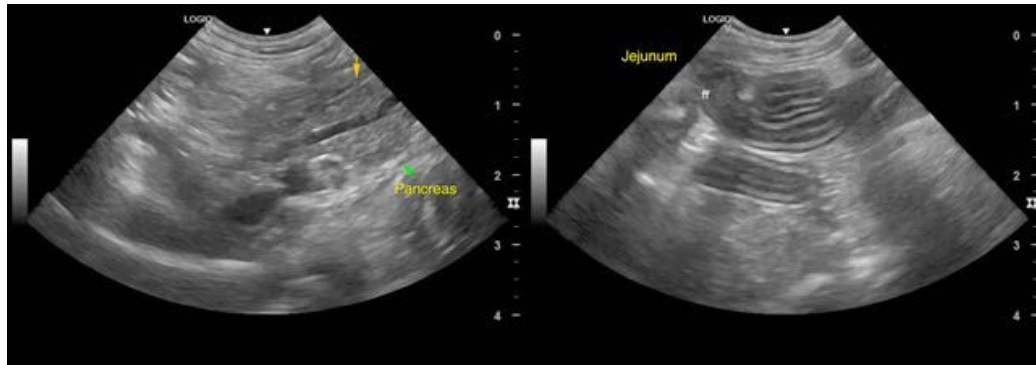
Dakota Gardner

SPECIES

Feline

BREED

DSH



SEX

Neutered Male

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.

AGE

12 Years

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)
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WEIGHT

5 kg

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IMAGING BY

Loetitia Saint-Jacques,
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HOSPITAL NAME

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