

PATIENT PRESENTING CLINICAL SIGNS

Loki Waxgiser Presented for wellness exam with history of intermittent vomiting, diarrhea, inappetance, and constipation over the last 4 years. Two pound weight loss since Jan, 2020. No recent diarrhea, vomiting bile 2-3 x monthly, but generally poor coat and body condition. New grade III/VI systolic heart murmur. IBD vs hyperthyroidism, vs lymphoma vs heart disease. Having bi-cavity ultrasound exams.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DSH

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 were noted.

SEX

Neutered Male

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Increased parenchyma echogenicity noted in the corticomedullary border. No evidence of pelvic dilation was present. The left kidney measured 3.9 cm. The right kidney measured 4.2 cm.

AGE

11 Years

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

WEIGHT

8.7 Pounds

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm in width. The right adrenal gland measured 0.32 cm in 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 0.77 cm in width at the level of the hilus.

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

Liver

HOSPITAL NAME

Compassionate Care

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 non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Linda Farrington

Gastrointestinal

INVOICE

25196

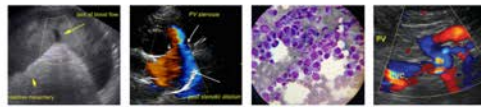
The stomach presented intact wall layering with a normal wall layer ratio. Mild luminal gas present. Gastric body wall measured 0.26 cm.

The small intestine presented intact wall generalized propensity for mildly prominent muscularis layer. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Jejunum wall measured 0.30 cm. No evidence of loss of intestinal wall layering or intestinal masses.

DATE

9/3/21

Ileocolic wall measured 0.38 cm. Normal visible colon wall layers were present with subjective segmental soft to semiformal stool.



PATIENT *Pancreas*

Loki Waxgiser 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. Concurrent mild pancreatic duct dilation was present.

SPECIES

Feline *Free Abdomen*

BREED

DSH No effusion. No evidence of significant lymphadenopathy.

SEX

ULTRASONOGRAPHIC FINDINGS

- Probable IBD
- Chronic active pancreatitis
- Bilateral moderate chronic renal changes

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

11 Years The small intestine exhibited relatively mild mural changes, specifically mildly prominent generalized muscularis layer suggestive of inflammatory bowel disease. A minor potential for early to low-grade neoplastic infiltrative enteropathy with round cells such as lymphoma (which may present in similar sonographic manner) cannot be definitively excluded, yet considered less likely. Concurrent chronic active pancreatitis often seen with underlying intestinal disease in cats is probable.

WEIGHT

8.7 Pounds Further assessment may include GI panel to include PLI, TLI, cobalamin and folate. Full thickness intestinal +/- pancreatic biopsies are required for definitive diagnosis. Empirically, as-needed gastrointestinal support and appropriate IBD/pancreatitis protocol would be appropriate with assessment of clinical response. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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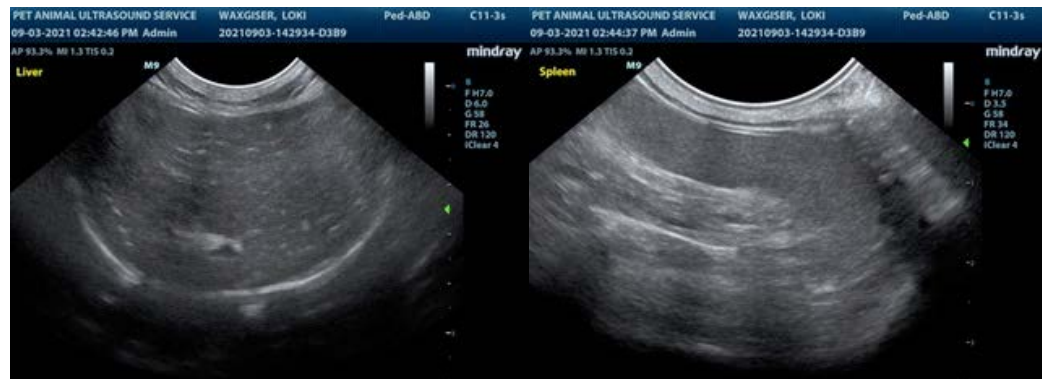
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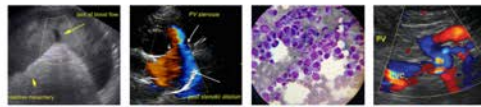
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PATIENT

Loki Waxgiser

SPECIES

Feline

BREED

DSH

SEX

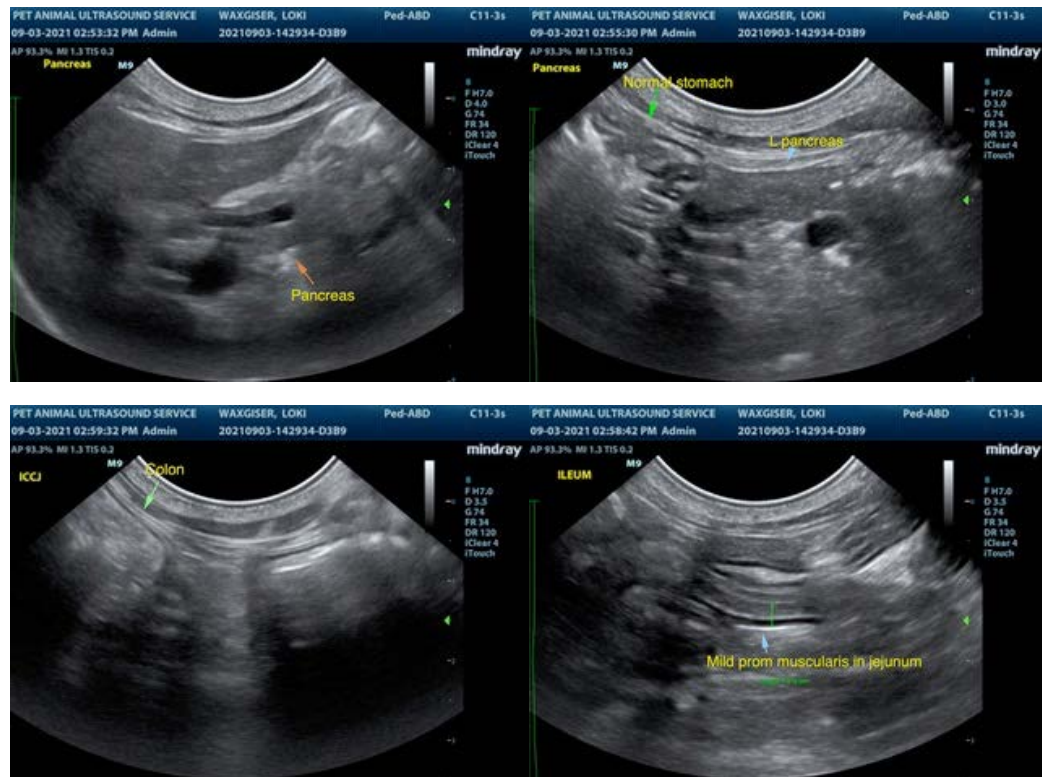
Neutered Male

AGE

11 Years

WEIGHT

8.7 Pounds



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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.

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