



PATIENT PRESENTING CLINICAL SIGNS

Newt Mineo Weight loss, diarrhea.

Medication: Metronidazole, B12, hypoallergenic diet

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: BUN 49, CREAT 2.4, AMYL 1528, T4 1.1

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

DSH

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.

SEX

MN

AGE

2007

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 3.6 cm in length. The right kidney measured 3.6 cm in length.

The area of the aortic trifurcation was free of pathology.

WEIGHT

8.2

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 cm width.

INTERPRETED BY

R. McKenzie Daniel,
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(Canine and Feline)

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Areas of capsule asymmetry were present. Previously noted static appearing atypical to mildly enlarged caudal spleen with focal mineralization was noted. The caudal spleen measured ~ 1.2 cm in diameter, exhibiting isoechoic echogenicity compared to the mid to cranial spleen. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

Liver

HOSPITAL NAME

White Haven VH

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

REFERRING VET

Dr. Gallgher

Gastrointestinal

INVOICE

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.26 cm in width.

DATE

09/30/2022

The small intestine presented intact yet prominent generalized wall layering with a primarily 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained segmental non-shadowing



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ingesta/chyme with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.30 cm in width. The jejunum wall measured 0.28 cm in width.

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

SPECIES

Feline

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

BREED

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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Mildly increased omental echogenicity in the mid abdomen primarily around the mid abdominal intestinal tract.

ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic renal changes/interstitial nephrosis renal pattern
- Static atypical enlarged caudal spleen with focal mineralization-subjectively benign given static appearance compared to previous scan
- Probable chronic IBD
- Heterogeneous pancreas

WEIGHT

8.2

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered as well as monitoring of systemic BP.

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Continued monitoring of the caudal spleen for evidence of progression would be reasonable. Assuming normal clotting status and using a 25g needle, a splenic FNA for screening cytology could be considered.

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ARDMS/RVT

Potential for infiltrative neoplastic enteropathy is considered less likely given lack of progressive small intestinal mural changes, thickening or loss of wall layering since previous scan. In addition to current therapy a prednisolone trial at lowest effective dose to control clinical signs and assessment of response would be reasonable.

HOSPITAL NAME

White Haven VH

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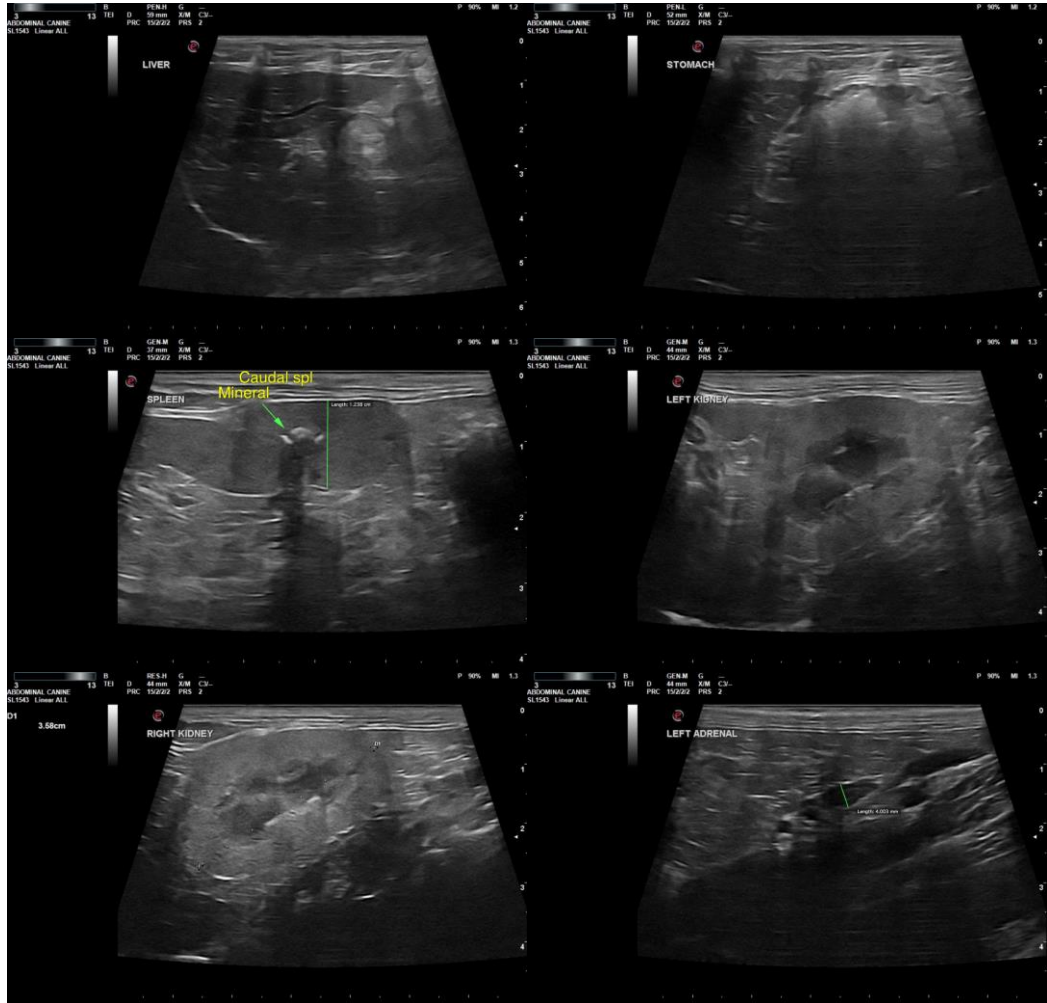
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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