



PATIENT

Casper Tilbe

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

2

WEIGHT

4.8kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Airdrie Animal Health
Center

REFERRING VET

Dr. Ware

INVOICE

11548ag

DATE

09/06/2022

PRESENTING CLINICAL SIGNS

Lethargic and anorexic for last 4-7 days. Has had some diarrhea and also been constipated. Rectal exam some firm stool. Some intermittent vomiting. Not known for indiscriminate eating. Mostly ADR last week

Abnormal PE/Chem/CBC/UA Results: Non diagnostic fPL pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 1 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.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.0 cm in length. The right kidney measured 3.8 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.32 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 0.85 cm in width at the level of the hilus.

Liver

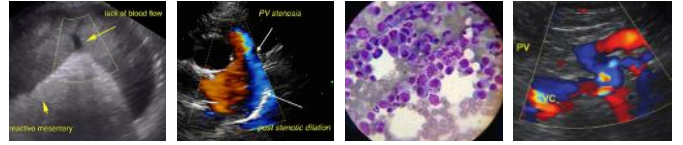
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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 measured 0.25 cm in width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum measured 0.23 cm in width. The jejunum measured 0.23 cm in width.

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



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Pancreas

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The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. Minor pancreatic duct dilation was observed measuring 0.21 cm. No signs of active inflammation or neoplasia.

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Free Abdomen

No peritoneal effusion was present.

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Intermittent enlarged mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 2.3 cm x 0.75 cm.

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MN

ULTRASONOGRAPHIC FINDINGS

Primary

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- Mild mesenteric lymphadenitis-non-specific, suspect secondary to potential inflammatory bowel episode
- Heterogeneous pancreas with minor pancreatic duct dilation-potential chronic to chronic active pancreatitis

WEIGHT

4.8kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Aside from suspected mesenteric lymphadenitis possibly secondary to structurally insignificant inflammatory bowel episode, a definitive cause of the patient's clinical signs was not overtly obvious. Potential for low grade pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation or if elevated pending spec fPL. Dietary intolerance / food hypersensitivity or occult parasitism if the patient is indoor/outdoor could be considered. Correlation with lymphatic cytology is suggested. As needed GI support is recommended pending additional diagnostics. A GI panel to include PLI/TLI/Cobalamin/Folate could be considered if clinically indicated.

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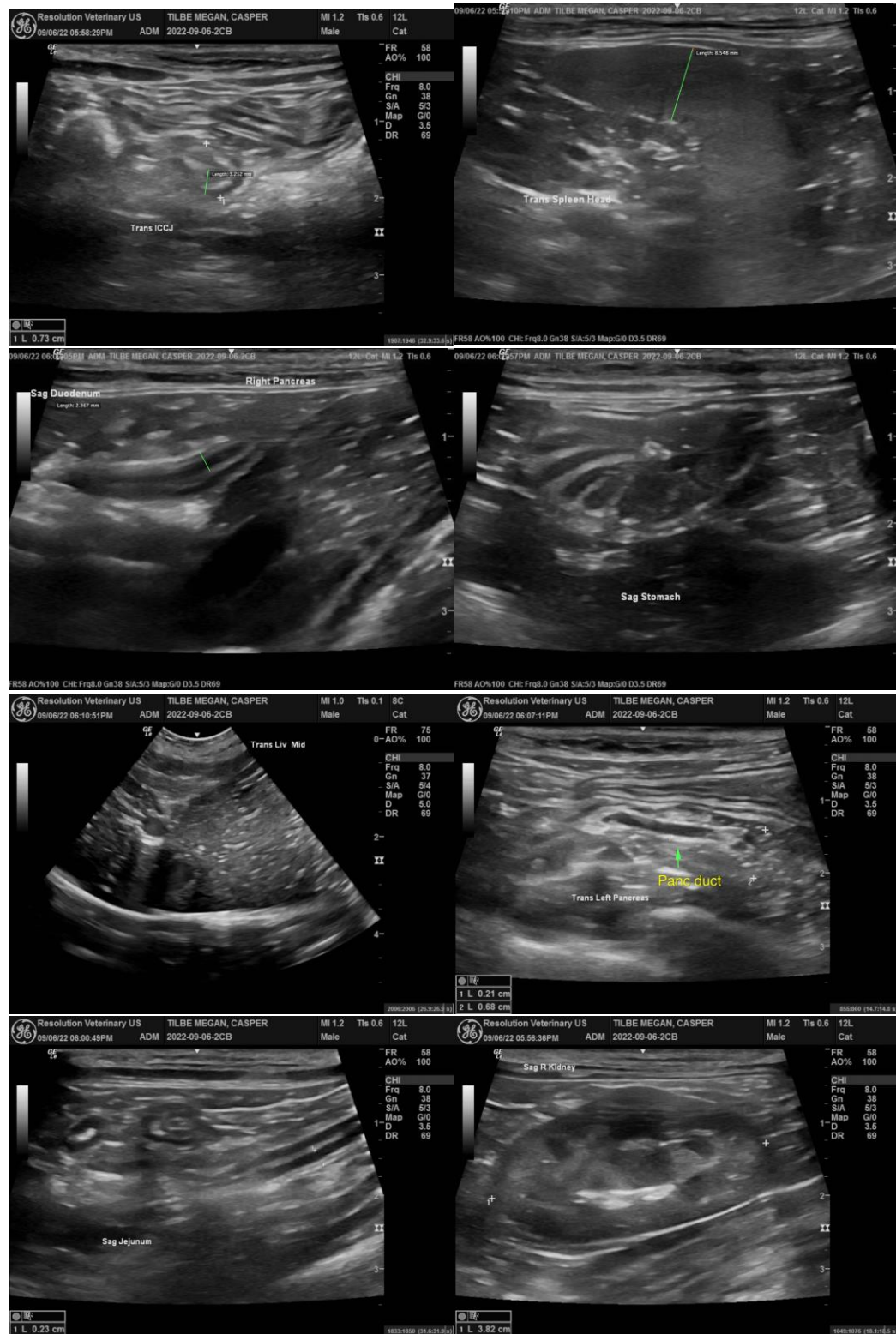
Dr. Ware

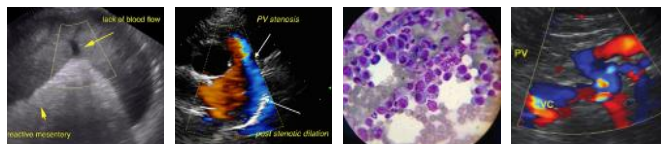
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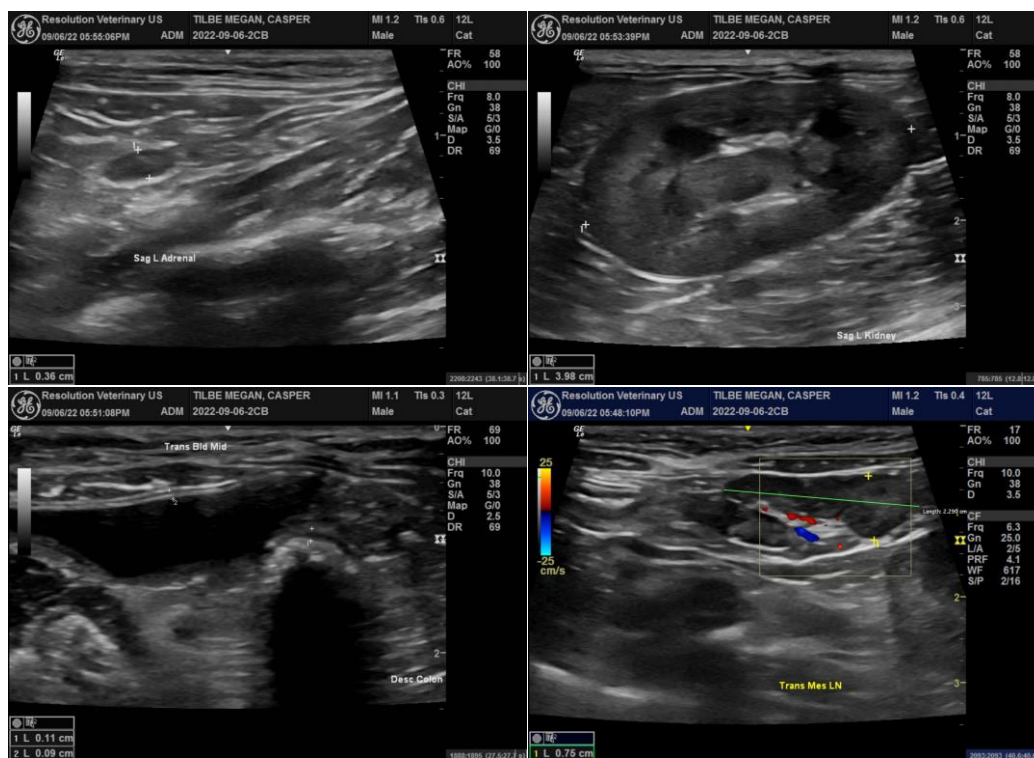
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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