

**PATIENT**

Penny Ennis

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

12yr

WEIGHT

12lb

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**

Sarah Pender CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Hartmann

INVOICE

11578ag

DATE

09/08/2022

PRESENTING CLINICAL SIGNS

vomiting multiple times daily for 2 weeks. Recent weight loss. (Suspected this was just in the last few weeks). Prior weight 14# in April. Still eating well, but random vomit, sometimes with food in it and sometimes with just brown liquid.

Abnormal PE/Chem/CBC/UA Results: mild inflammatory leukogram mild elevation of Neutrophils, Monocytes and Eos Na 169, ALP <10, Normal FPL, T4 1.7

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

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 minor non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Subnormal size and normal margination were present in the kidneys. Moderate loss of corticomedullary border demarcation was present. Bilateral cortical infarcts were present. The left kidney measured 2.5 cm in length. The right kidney measured 3.7 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 0.24 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.46 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.

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 intestinal walls demonstrated intact yet thickened wall layers with diffusely thickened walls and altered to borderline inverted muscularis / mucosa ratio primarily consisting of muscularis hypertrophy.

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

Pancreas

**PATIENT**

Penny Ennis

The parenchyma of the left limb, body and right limb of the pancreas presented subtly hypoechoic parenchyma compared to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

SPECIES**Free Abdomen**

Feline

No peritoneal effusion was present.

BREED

DSH

Mildly prominent to enlarged mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example measured 1.8 cm x 0.42 cm.

SEX

FS

ULTRASONOGRAPHIC FINDINGS

- Bilateral moderate chronic renal changes with cortical infarcts and medullary mineral
- Mild urinary bladder sediment
- IBD intestinal pattern
- Associated benign/reactive mesenteric lymph nodes
- Subtly hypoechoic pancreas

AGE

12yr

WEIGHT

12lb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the small intestine is compatible with infiltrative enteropathy. Primary considerations may include inflammatory infiltrative enteropathy such as IBD or neoplastic infiltrative enteropathy with round cells such as lymphoma or mast cell disease among potential etiologies. Dry form FIP may also present in this manner. Diagnosis would require biopsies for histology, obtained either via endoscopy or, ideally, full thickness biopsies via laparotomy.

A GI Panel to include PLI/TLI/Cobalamin/Folate is recommended. If additional diagnostics are not elected, empirical medical therapy for IBD, which may include a canned limited antigen or hydrolyzed diet, cobalamin supplementation (250 mcg SQ once weekly for 4-6 weeks initially, then every 2-4 weeks), and Prednisolone at lowest effect dose to control clinical signs along with as needed gastrointestinal support would be reasonable. Sonographic reassessment of the small intestine is suggested if persistent weight loss despite empirical therapy.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Hartmann

INVOICE

11578ag

DATE

09/08/2022



PATIENT

Penny Ennis

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

12yr

WEIGHT

12lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

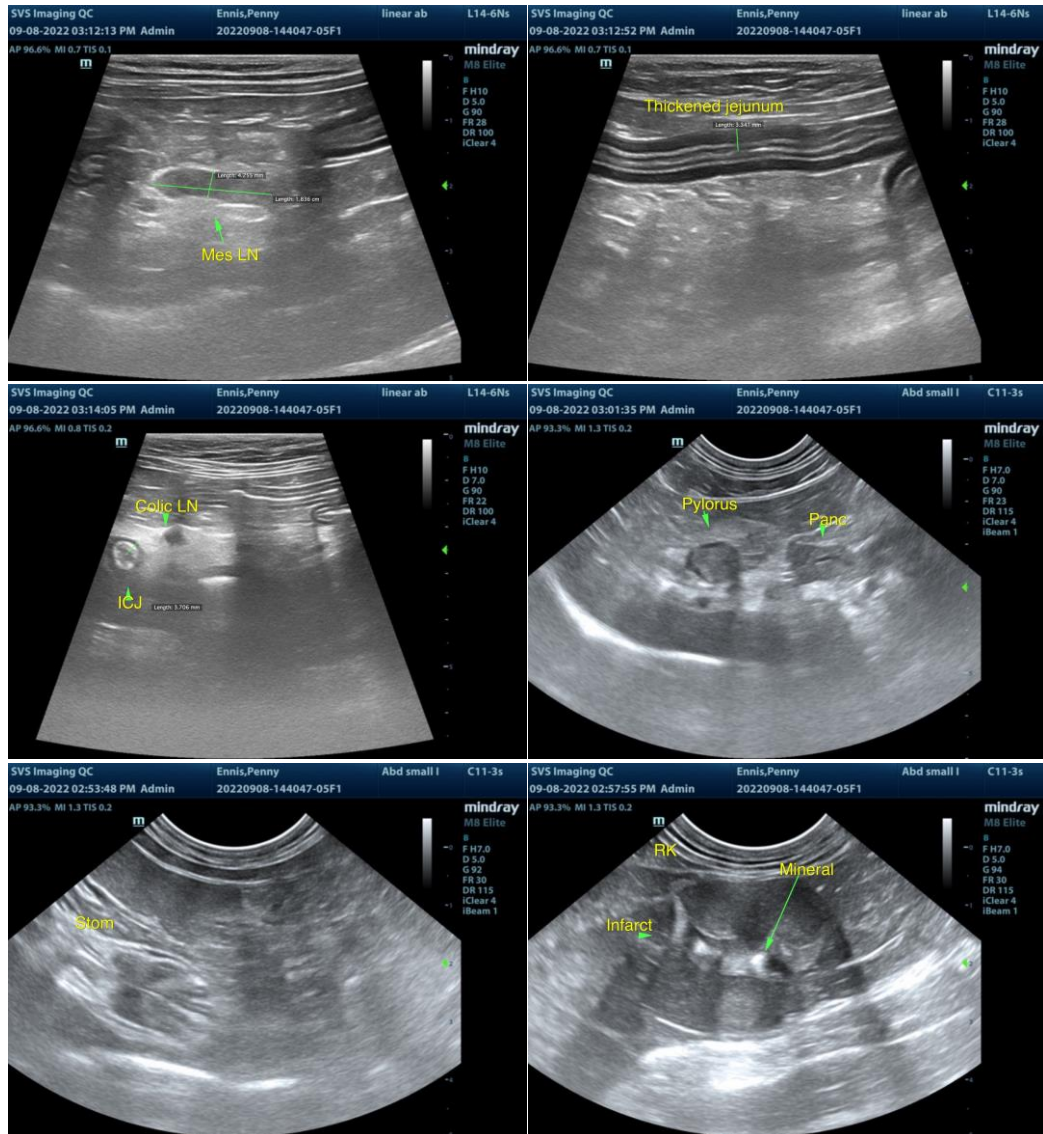
Dr. Hartmann

INVOICE

11578ag

DATE

09/08/2022





PATIENT

Penny Ennis

SPECIES

Feline

BREED

DSH

SEX

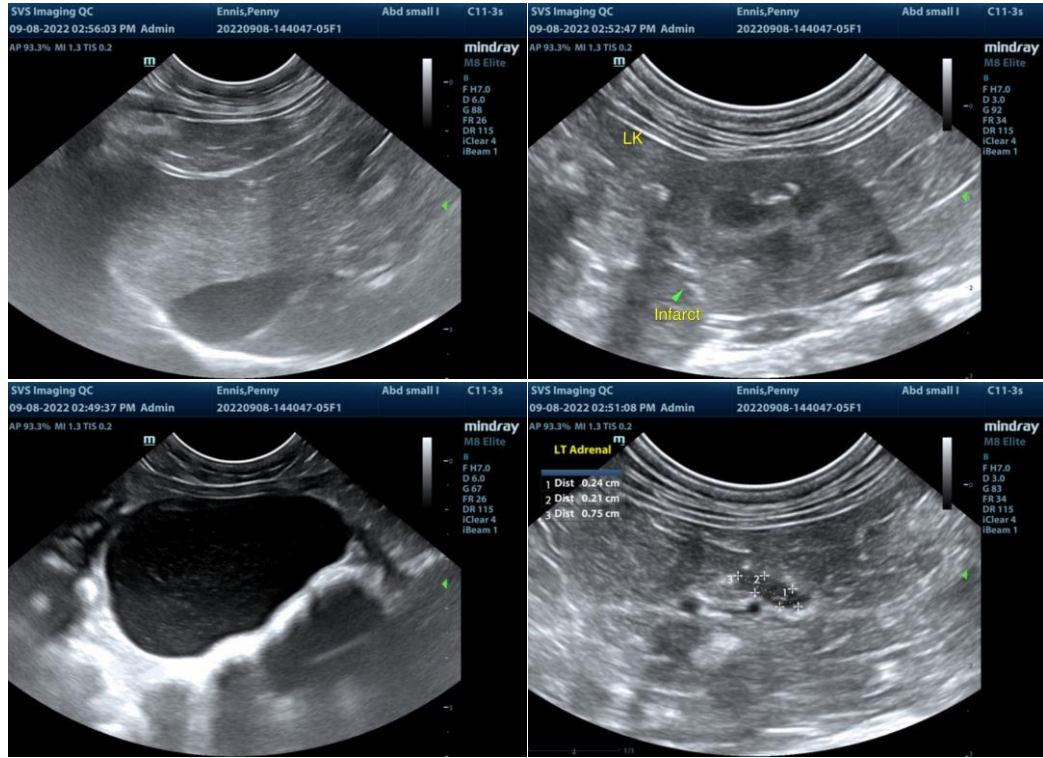
FS

AGE

12yr

WEIGHT

12lb



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.

INTERPRETED BY

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

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

IMAGING PERFORMED BY

Sarah Pender CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Hartmann

INVOICE

11578ag

DATE

09/08/2022