



PATIENT PRESENTING CLINICAL SIGNS

Kukui Feldman History: 10 year history of profuse liquid diarrhea and flatulence, 1 year of weight loss, multiple treatments proved ineffective

SPECIES Negative diarrhea PCR panel. Chemistry panel – BUN 40, CK 1450, unremarkable CBC. T4 1.3.

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DLH

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 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 3.4 cm. The right kidney measured 3.4 cm.

AGE

11 years

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

WEIGHT

7.5 Pounds

No overt pathology in the area of the left adrenal gland. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 cm in width.

Spleen

INTERPRETED BY

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

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 0.67 cm in width.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

Liver

HOSPITAL NAME

Dr. Sam's VHC

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 mildly distended in size. The gallbladder walls were sonographically unremarkable with anechoic content. The generalized common bile duct was mild to moderately variably dilated and tortuous without overt post hepatic obstruction. The common bile duct measured up to 0.77 cm. Anechoic content was present in the common bile duct without evidence of ductal calculi or mucus. This finding may suggest age related changes or secondary to underlying cholangitis / cholangiohepatitis especially if previous or current liver enzymes elevations have been noted.

REFERRING VET

Dr. Ottinger

Gastrointestinal

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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

9.9.2021

The small intestine exhibited subjective intact wall layering with maintained 1:3 muscularis/mucosa ratio with segmental gas. No overt evidence of mechanical small intestinal obstruction or foreign material. No evidence of enterocolic masses.



PATIENT The visualized colon walls were sonographically unremarkable. Descending colon wall measured 0.19 cm. The colon exhibited generalized subjective gas distention with semiformal feces.
Kukui Feldman

Pancreas

SPECIES 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.
Feline

Free Abdomen

BREED No overt or significant lymphadenopathy. Mild generalized reactive mesentery noted along with intermittent small pockets of peritoneal free fluid.
DLH

ULTRASONOGRAPHIC FINDINGS

- SEX** Neutered Male
- Bilateral interstitial nephrosis renal pattern – chronic renal changes or potential non-specific nephritis such as interstitial nephritis possible.
 - Mild chronic active pancreatitis pattern
 - Mildly distended gallbladder with mild to moderate variable common bile duct distention – subjectively non-obstructive given the lack of hepatic enzyme elevations.
 - Intact, subjectively unremarkable gastroenterocolic wall layering with segmental to generalized small intestinal and colonic gas.
 - Mild peritoneal free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT 7.5 Pounds
Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

INTERPRETED BY R. McKenzie Daniel, DVM, DABVP (Canine and Feline)
No overt evidence of gastroenterocolic mural pathology. Chronic, potentially inflammatory enterocolic disease (given the chronic weight loss yet without evidence of mural changes) is possible. Enterocolic biopsies for further assessment would be ideal. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Empirically, given the lack of response to previous hydrolyzed or limited antigen diet, a higher fiber diet such as WD or lower carbohydrate diet (<7% carbs) may prove beneficial. Empirical cobalamin supplementation, high colony count probiotic such as Provable Forte, broad-spectrum deworming (even with negative fecal testing) +/- Prednisolone trial at lowest effective dose to control clinical signs may be considered.

IMAGING PERFORMED BY Rebekah Jakum, CVT ARDMS/RVT
For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

HOSPITAL NAME Dr. Sam's VHC
One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

REFERRING VET Dr. Ottinger

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SPECIES

Feline

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DLH

SEX

Neutered Male

AGE

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WEIGHT

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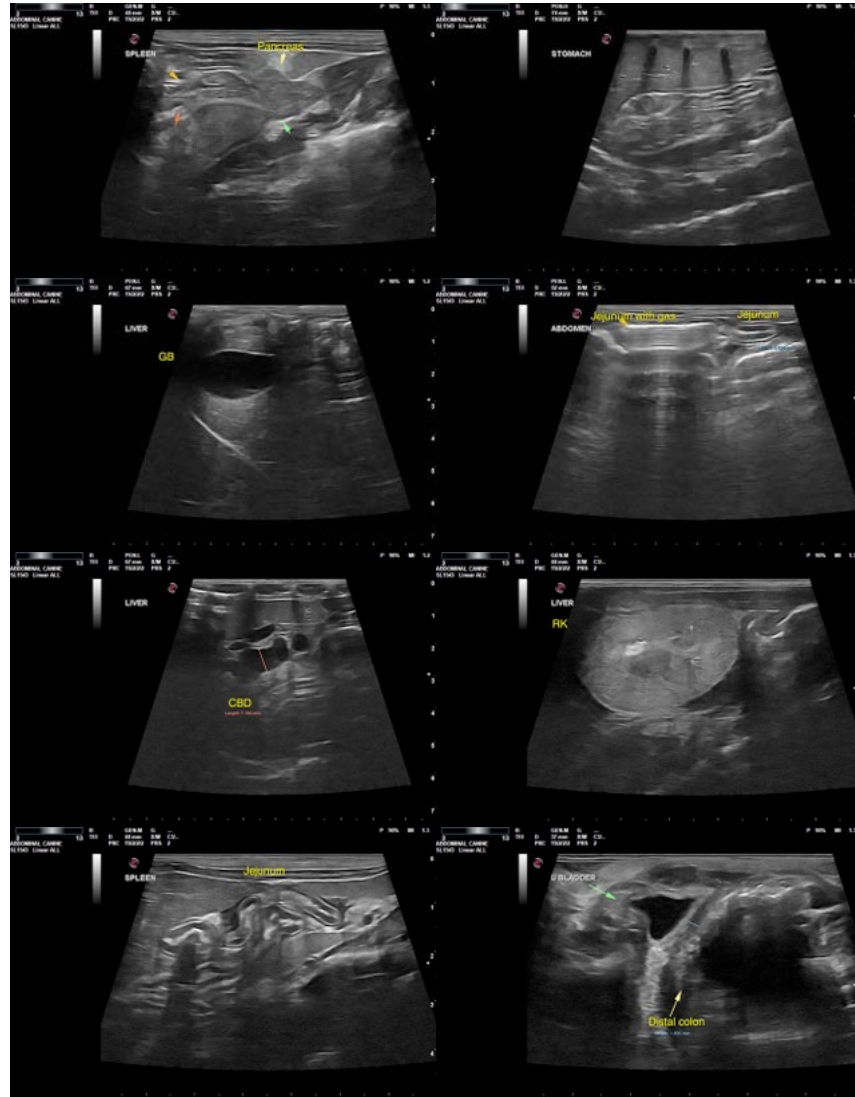
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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