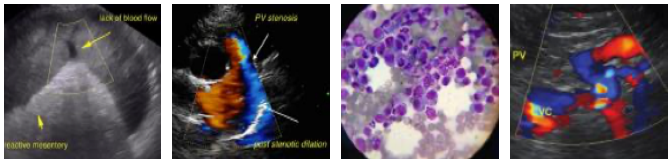


SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Willow Fargo

SPECIES
Feline

BREED
DLH

SEX
Spayed Female

AGE
8 years

WEIGHT
10.1 lbs

INTERPRETED BY
Tam Mengine, DVM, DABVP (canine/feline practice)

IMAGING PERFORMED BY
Dr. Tam Mengine

HOSPITAL NAME
Stoney Creek VH

REFERRING VET
Dr. Tam Mengine

INVOICE
12521

DATE
3.24.23

PRESENTING CLINICAL SIGNS

History: Recent vomiting, normal CBC/ Chem / T4

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System
The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 3.0 cm.

Both kidneys are hyperechoic and exhibit mildly decreased cortico-medullary differentiation. There is no evidence of nephrolithiasis, mineralization, pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is 3.7 cm in length. The right kidney is 4.1 cm in length.

Adrenal Glands
The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 3.7 mm at the caudal pole. The right adrenal gland height 3.1 mm at the caudal pole.

Spleen
There are multiple hyperechoic masses within the splenic parenchyma measuring (up to) 5.0 mm in size, with no visible deviation of the splenic capsule. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal. The spleen measures 8.4 mm at the hilus.

Liver
The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

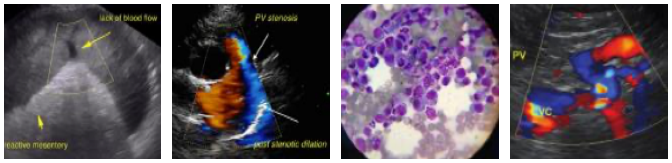
Gastrointestinal
The stomach is empty. The gastric wall is thickened at 2.7 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering, however the submucosal layer is disproportionately thickened relative to other layers. The pylorus is of normal appearance.

The small bowel has diffuse changes to the normal 1:3 muscularis to mucosa ratio. Wall measurements are increased up to 4.0 mm for duodenum and 3.5 mm for jejunum. Overall wall layering is preserved. Intestinal motility appears normal.

The visible portions of the colon are of normal thickness, up to 1.3 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

Pancreas
The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

Free Abdomen
There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.



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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Diffusely thickened small intestines (typical of infiltrative bowel disease)

Secondary Findings

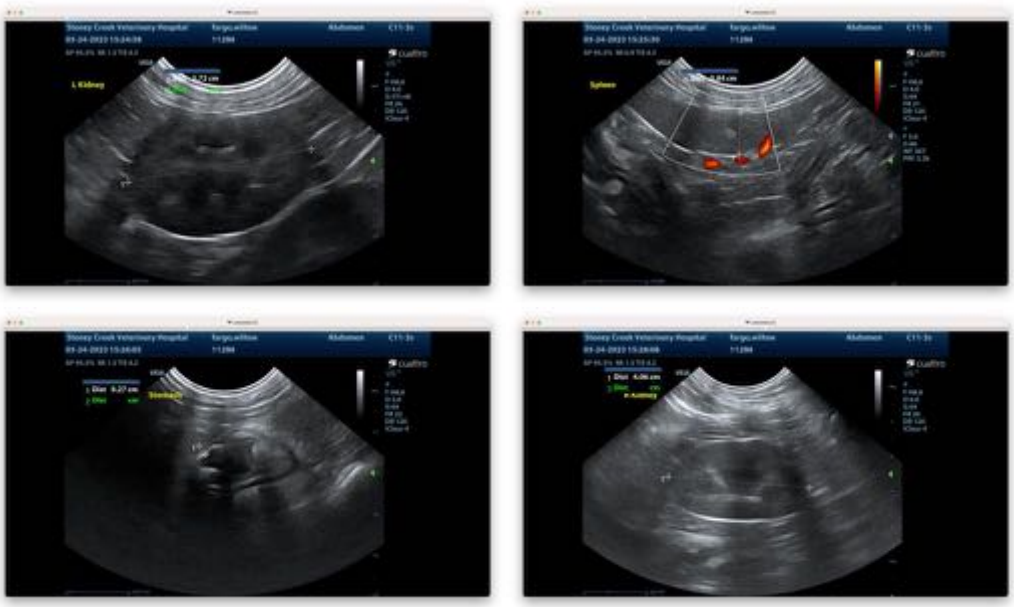
- Chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The changes in the gastrointestinal tract are suggestive of infiltrative bowel disease, including both inflammatory bowel disease or low grade gastrointestinal lymphoma. Recommendations include:

- Fecal parasite testing and empiric fenbendazole treatment
- Trials with a novel protein or hydrolyzed diet
- A complete gi panel, or empiric cobalamin supplementation
- Empiric therapy with prednisolone at 2-4mg / kg daily could be considered if a diet trial is unsuccessful.
- Definitive diagnosis would require biopsy of the affected tissue, ideally with intra-operative ultrasonographic guidance . If there is concurrent lymphadenopathy, ultrasound-guided sampling of the lymph node using a 25 or 22G needle could be considered.

The changes in the kidneys are consistent with chronic renal disease. Findings should be correlated with laboratory values, IRIS staging and clinical signs.



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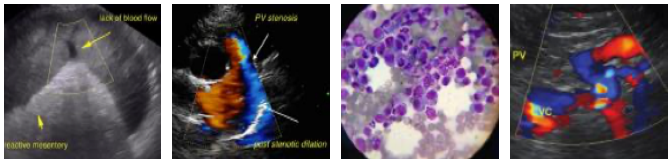

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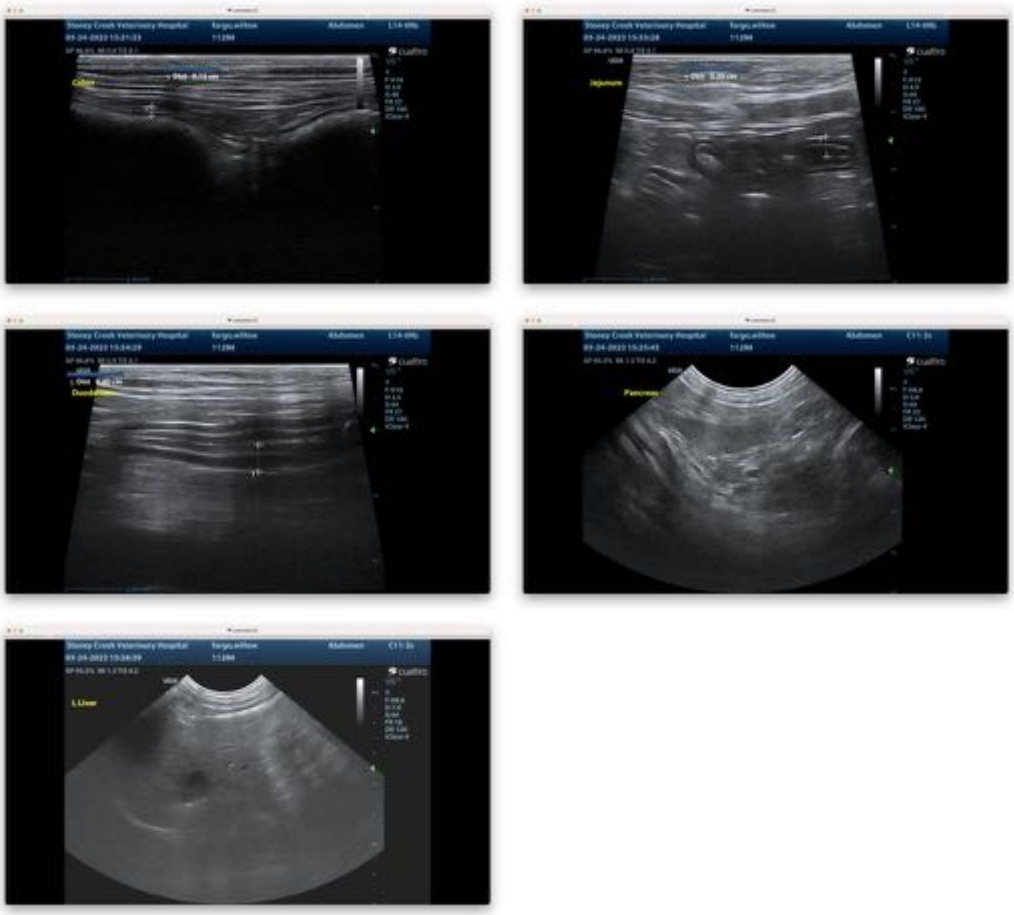

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice) info@SonoPath.com