



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Morrigan Sherman	Ongoing bloody stool. P has habit of dietary indiscretion (tape, toilet paper). No major diet changes. Current Medications Provable Forte SID Primary Question/Differential to Be Answered in This Exam Potential IBD or other causes of gastroenteropathy
<b>SPECIES</b>	
Feline	Abnormal PE/Chem/CBC/UA Results: Fecal PCR showed low levels of Clostridium perfringens on 11/26/2022. P was started on course of Metronidazole on 12/7/2022 (no major response).
<b>BREED</b>	
DMH	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>SEX</b>	<b>Urinary System</b>
FS	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 was noted.
<b>AGE</b>	
2y	The area of the aortic trifurcation was free of pathology.
<b>WEIGHT</b>	
9.8 lbs.	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 3.7 cm in length. The right kidney measured 3.7 cm in length.
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.33 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 cm width.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Jenna Walsh, CVT	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.
<b>HOSPITAL NAME</b>	<b>Liver/ Gallbladder</b>
The Veterinary Hospital	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.
<b>REFERRING VET</b>	
Dr. Berman	
<b>INVOICE</b>	
15812	
<b>DATE</b>	
1/12/23	



**PATIENT**

***Gastrointestinal***

Morrigan Sherman

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor echogenic, non-shadowing ingesta without signs of obstruction or foreign material.

**SPECIES**

Feline

The duodenum and jejunum to the level of the ileum were sonographically normal exhibiting intact wall layering with a maintained 1:3 muscularis/mucosa ratio. The duodenum wall measured 0.22 cm width. The jejunum wall measured 0.22 cm width.

**BREED**

DMH

Intact mildly prominent wall layering was present in the colon extending into the ileocolic junction. The ileocolic junction measured 0.33 cm width. Intact mildly thickened wall layering was noted in the proximal to potential transverse colon with the proximal and transverse colon containing non-formed fecal matter consistent with patient history. The proximal colon wall width measured 0.35 cm. Subjective formed to semi-formed fecal matter was present in the distal to descending colon with overtly normal distal to descending colon wall layering. By comparison, the distal descending colon wall width measured 0.20 cm.

**SEX**

FS

**AGE**

2y

***Pancreas***

**WEIGHT**

9.8 lbs.

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic 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 were evident.

**INTERPRETED BY**

***Free Abdomen***

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

Several to multiple colic 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 colic lymph node size was 1.1 cm x 0.53 cm. Mild regional peri ileocolic hyperechoic mesentery was noted. No evidence of peritoneal free fluid or omental masses was noted.

**IMAGING PERFORMED BY**

**ULTRASONOGRAPHIC FINDINGS**

Jenna Walsh, CVT

- Ileocolitis pattern with associated colic lymphadenopathy

**HOSPITAL NAME**

The Veterinary  
Hospital

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**REFERRING VET**

Dr. Berman

Given no evidence of significant infectious disease on the diarrhea PCR panel, a GI panel to include PLI/TLI/Cobalamin/Folate is suggested. Empirically, cobalamin supplementation pending assessment of cobalamin levels, empirical deworming even with negative fecal testing i.e., Panacur SID for 7-10 days, dietary therapy which may include hydrolyzed diet with possible non-flavored fiber supplementation or higher fiber diet with an assessment of clinical response is suggested. Ileocolic or generalized gastroenterocolic biopsies may be required for a definitive diagnosis. Early infiltrative ileocolic or lymphatic neoplastic criteria or granulomatous etiology i.e., dry form FIP are considered less likely differential diagnoses at this stage.

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**PATIENT**

Pending clinical response to suggested empirical therapies, sonographic monitoring of the ileo-colon, as well as colic lymphadenopathy for evidence of progressive changes +/- screening colic FNA cytology, is suggested.

Morrigan Sherman

**SPECIES**

Feline

**BREED**

DMH

**SEX**

FS

**AGE**

2y

**WEIGHT**

9.8 lbs.

**INTERPRETED BY**

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(Canine and Feline)

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

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Hospital

**REFERRING VET**

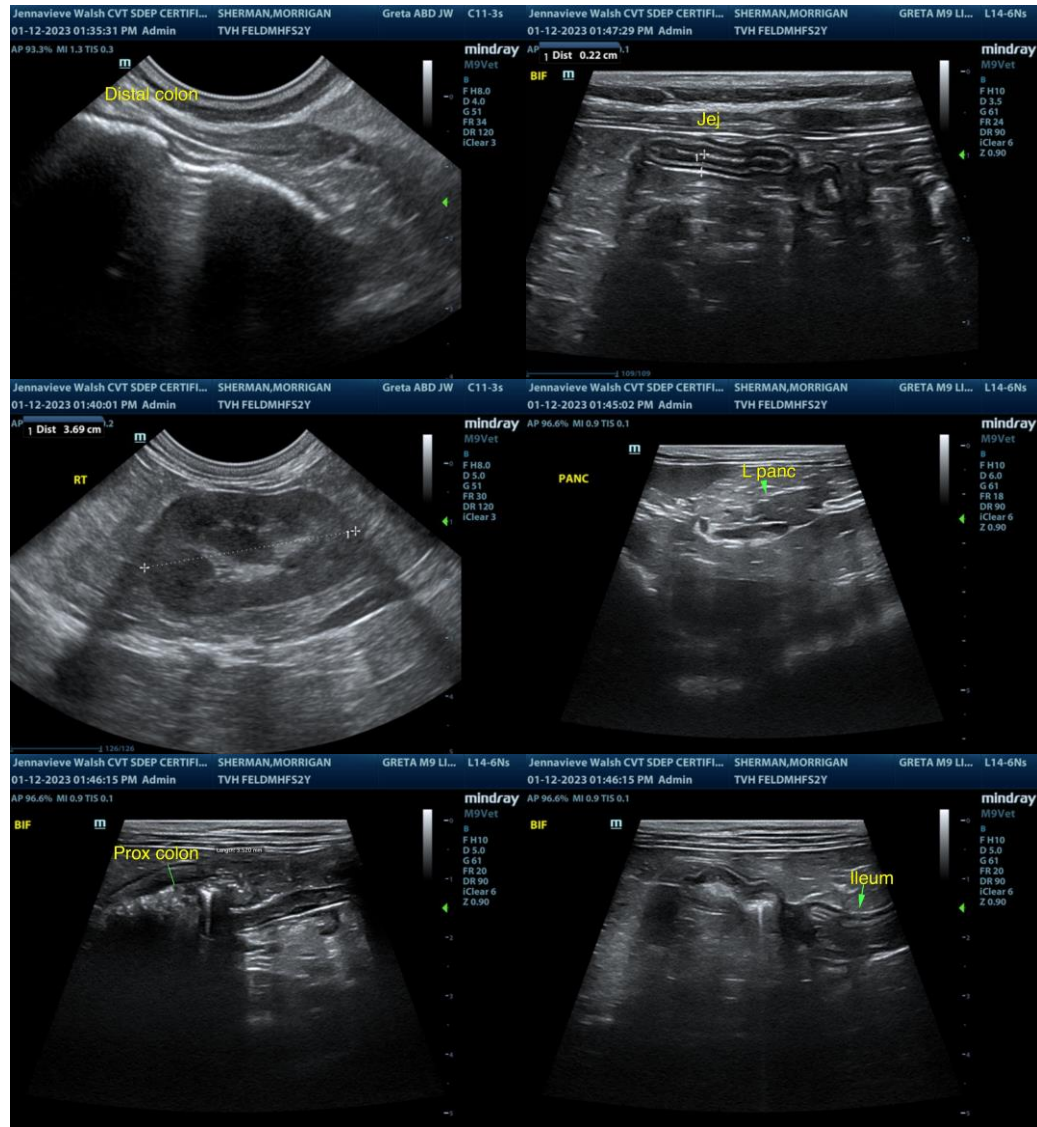
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**PATIENT**

Morrigan Sherman

**SPECIES**

Feline

**BREED**

DMH

**SEX**

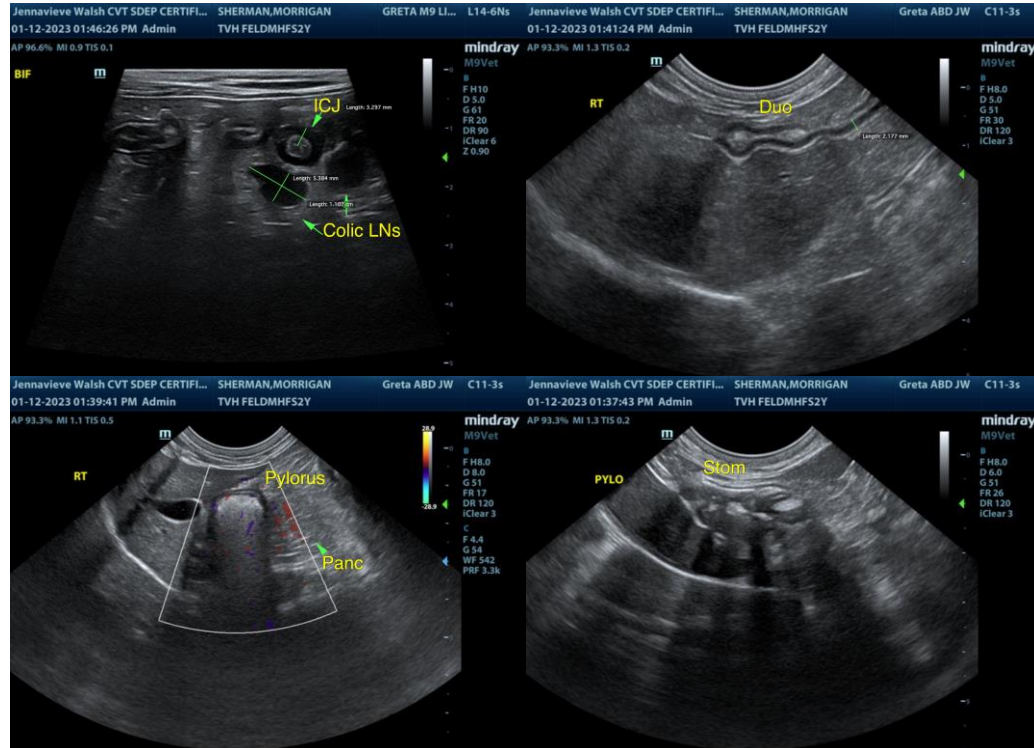
FS

**AGE**

2y

**WEIGHT**

9.8 lbs.



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**IMAGING PERFORMED BY**

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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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