



PATIENT

Reggie Clift

SPECIES

Feline

BREED

DSH

SEX

M/N

AGE

14

WEIGHT

6.6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

McKnight Vet Clinic

REFERRING VET

Dr. Gruffydd

INVOICE

15846

DATE

1/13/23

PRESENTING CLINICAL SIGNS

History of IBD and pancreatitis, has had recent intermittent vomiting but is bright and has appetite.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Minor, nondependent, particulate sediment, which may indicate cellular debris / protein, crystalline debris, lipid or mucus, was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation or pyelectasia was present. The left kidney measured 3.9 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.46 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.30 cm width.

Spleen

The spleen was borderline enlarged measuring 1.0 cm -1.1 cm in width at the level of the hilus. The spleen maintained a symmetrical capsule contour with subtle parenchyma heterogeneity and normal vascularity with no masses or nodules.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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 proximal common bile duct was mildly dilated and tortuous. The common bile duct measured 0.26 cm in diameter, not consistent with post-hepatic obstructive criteria.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild nonshadowing ingesta / chyme without signs of obstruction or foreign material.



PATIENT	The segmental small intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. The jejunum wall measured up to 0.34 cm width. The duodenum wall measured 0.30 cm width.
Reggie Clift	
SPECIES	Normal visible colon wall layers were present with apparent formed feces in lumen.
Feline	Pancreas
BREED	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Mild to moderate pancreatic duct dilation was present.
DSH	
SEX	Free Abdomen
M/N	No omental masses or peritoneal effusion was present.
AGE	Intermittent benign / reactive mesenteric and medial iliac lymph 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).
14	
WEIGHT	ULTRASONOGRAPHIC FINDINGS
6.6 kg	<ul style="list-style-type: none"> • Segmental to generalized IBD intestinal pattern • Associated intermittent minor benign / reactive mesenteric and medial iliac lymphadenopathy • Heterogeneous pancreas exhibiting pancreatic duct dilation • Mild hepatic parenchymal remodeling • Nonobstructive proximal common bile duct dilation - age-related common bile duct changes, possible low-grade cholangitis • Bilateral chronic renal changes • Minor urinary bladder sediment • Borderline splenomegaly - subjectively benign
INTERPRETED BY	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
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Dr. Belan	
HOSPITAL NAME	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
McKnight Vet Clinic	Urine C/S on a sterile urine sample is suggested if evidence of inflammatory urinary bladder sediment. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Potential for Triad Disease may be a consideration in this patient if previous or future hepatic enzyme elevations are noted.
REFERRING VET	
Dr. Gruffydd	
INVOICE	Continued empirical therapy for IBD and possible chronic pancreatitis with the assessment of clinical response and monitoring of body weight is recommended. If not currently instituted, a hydrolyzed diet trial may prove beneficial. Assuming normal clotting status and using a 25-gauge needle, screening splenic FNA cytology could be considered if evidence of persistent splenomegaly or weight loss.
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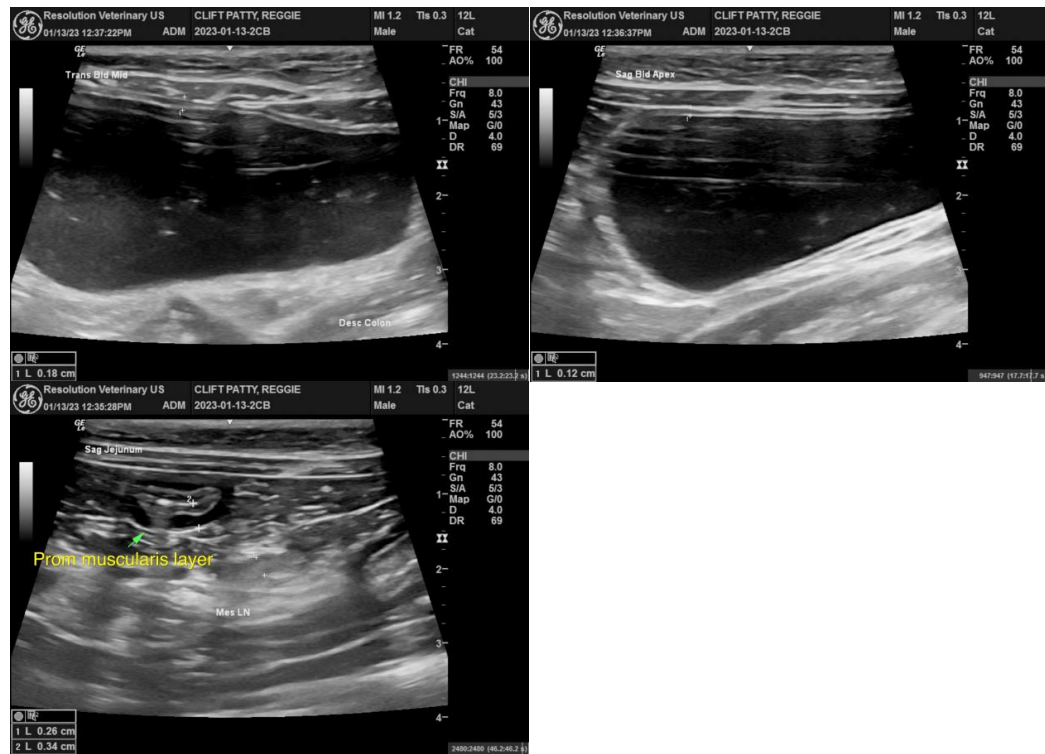
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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