

**PATIENT**

Bella Rose

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

11 years

**WEIGHT**

11.6 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

West Salem AC

**REFERRING VET**

Dr. Crane

**INVOICE**

13055

**DATE**

1/13/22

**PRESENTING CLINICAL SIGNS**

Hx of hemorrhagic diarrhea, chronic diarrhea r/o IBD (steroid responsive) vs Infiltrative GI neoplasia  
Current Medications budesonide and metronidazole

Abnormal PE/Chem/CBC/UA Results: Chem12 +lytes - ^TP 8.1, ^glucose 194, ^ALT 122, v  
chloride 105 fPL - normal CBC - lymphopenia 0.4, ^HCT 46.6, platelets 141 Blood smear - platelets  
24.2/hpf, adequate

**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. 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.

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 was present. The left kidney measured 3.8 cm in length. The right kidney measured 3.9 cm in length.

**Adrenal Glands**

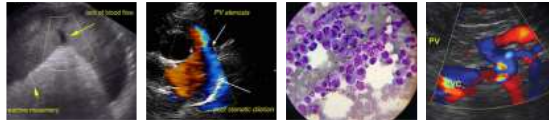
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 cm width.

**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. The spleen measured 0.91 cm width.

**Liver/ Gallbladder**

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.



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***Gastrointestinal***

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The visualized gastric walls were sonographically normal. The lumen of the stomach contained moderate, ingesta exhibiting nearfield hyperechogenicity with progressive distal acoustic shadowing. No evidence of mechanical pyloric outflow obstruction was noted. The ventral gastric body wall width measured 0.20 cm.

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The small intestine presented intact wall layering with subjective propensity for mildly prominent segmental jejunal muscularis layer. The jejunum wall width measured 0.28 cm. The duodenum wall width measured 0.28 cm. No evidence of loss of Intestinal wall layering or intestinal masses were noted.

The colon exhibited intact and overall sonographically unremarkable wall layering. The descending colon wall width measured 0.24 cm. Subjective semi-formed feces was present without evidence of colonic distention.

***Pancreas***

The left pancreatic limb exhibited normal size and contour with heterogeneous to subtle hypoechoic parenchyma compared to adjacent omentum.

***Free Abdomen***

No omental masses, lymphadenopathy or peritoneal effusion were present.

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**ULTRASONOGRAPHIC FINDINGS**

***Primary Findings***

- Moderate, progressively shadowing gastric ingesta
- Probable chronic inflammatory enteropathy with potential mild colitis
- Heterogeneous to mildly hypoechoic left pancreas - nonspecific
- Low-grade hepatopathy - subjectively benign

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No overt evidence of neoplastic gastrointestinal or colic criteria was noted. Current medications may potentially be suppressing gastrointestinal mural changes to some degree. Chronic IBD and suspected low-grade colitis, given the reported hemorrhagic diarrhea, is suspected. Further assessment may include fresh fecal analysis if not recently done and a GI panel to include PLI/TLI/Cobalamin/Folate.

**INVOICE**

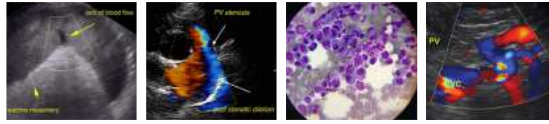
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Potential for low-grade Triad Disease may be possible in this patient, given the mildly elevated ALT.

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Additional considerations may include hydrolyzed diet and a high colony count probiotic trial.



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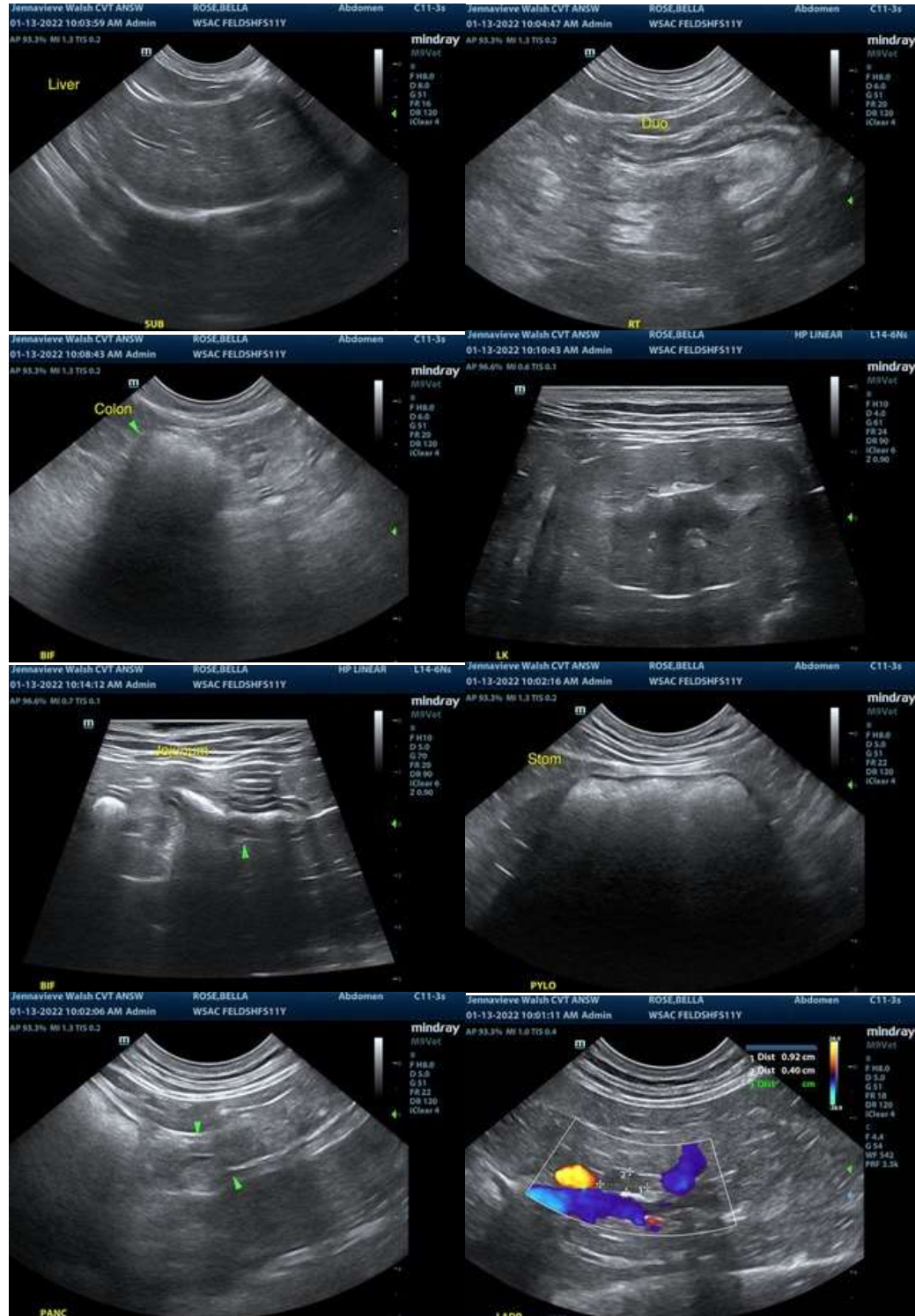
Dr. Crane

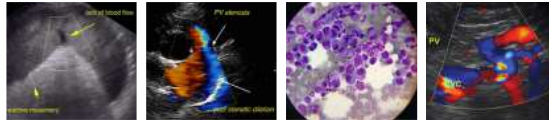
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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
**info@SonoPath.com**