



PATIENT

Jaco Block

SPECIES

Feline

BREED

Domestic Short Hair

SEX

MN

AGE

13 years

WEIGHT

13.7

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Paul Kim

HOSPITAL NAME

Ridgefield Park
Animal Hospital

REFERRING VET

Dr. Cathy Chun

INVOICE

15851

DATE

1/13/23

PRESENTING CLINICAL SIGNS

Patient presented for initial evaluation about a week ago after an emergency visit for chronic bloody diarrhea. He was sent with some IG medication but signs returned after medications finished. Owner also mentioned that he was vomiting after every meal. Today at presentation, owner said that with Metronidazole and Marbofloxacin given at our previous visit as well as prescription diet, his vomiting has gotten better (once or twice within a week) but diarrhea has been the same. He has appetite, eats and drinks water normally and has a normal behavior at home.

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 renal size with asymmetrical margination were 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 4.3 cm in length. The right kidney measured 4.9 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 0.36 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.29 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.

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.

Gastrointestinal

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. No evidence of gastric distention with retained ingesta or fluid.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The small intestinal wall width measured 0.20 cm.

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The colon walls presented intact yet mild prominent wall layering with mild thickened to echogenic submucosa. Nonformed to liquid fecal matter was present in the colon lumen with lumen dilation. The descending colon wall width measured 0.24 cm.

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Pancreas

The pancreas was exhibited subjective mild prominent size with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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Free Abdomen

Intermittent mid to ventral abdominal mesenteric 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). An example lymph node measured 1.2 cm diameter. No evidence of peritoneal effusion or masses.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Overly normal gastrointestinal tract with mild colitis pattern
- Possible low-grade / chronic pancreatitis
- Intermittent subjective benign / reactive mesenteric lymphadenopathy

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Secondary findings

- Nonspecific mild chronic renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation which may allude to low-grade / chronic pancreatitis is suggested. Fresh fecal analysis to rule out parasitic ova / Giardia, diarrhea PCR panel, and a GI panel to include PLI/TLI/Cobalamin/Folate are warranted. Mild chronic colitis, low-grade inflammatory bowel, and low-grade to chronic pancreatitis are all potentials.

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Empirically and pending additional diagnostics, cobalamin supplementation, broad spectrum deworming, i.e., Panacur SID x 7-10 days, dietary therapy which may include hydrolyzed diet with possible long-term dietary therapy +/- non-flavored fiber supplementation or a higher fiber diet and possible antibiotic trial may prove beneficial. Consideration for possible long-term adverse effects on normal GI flora should be considered when using an antibiotic trial. No evidence of intraabdominal neoplastic criteria.

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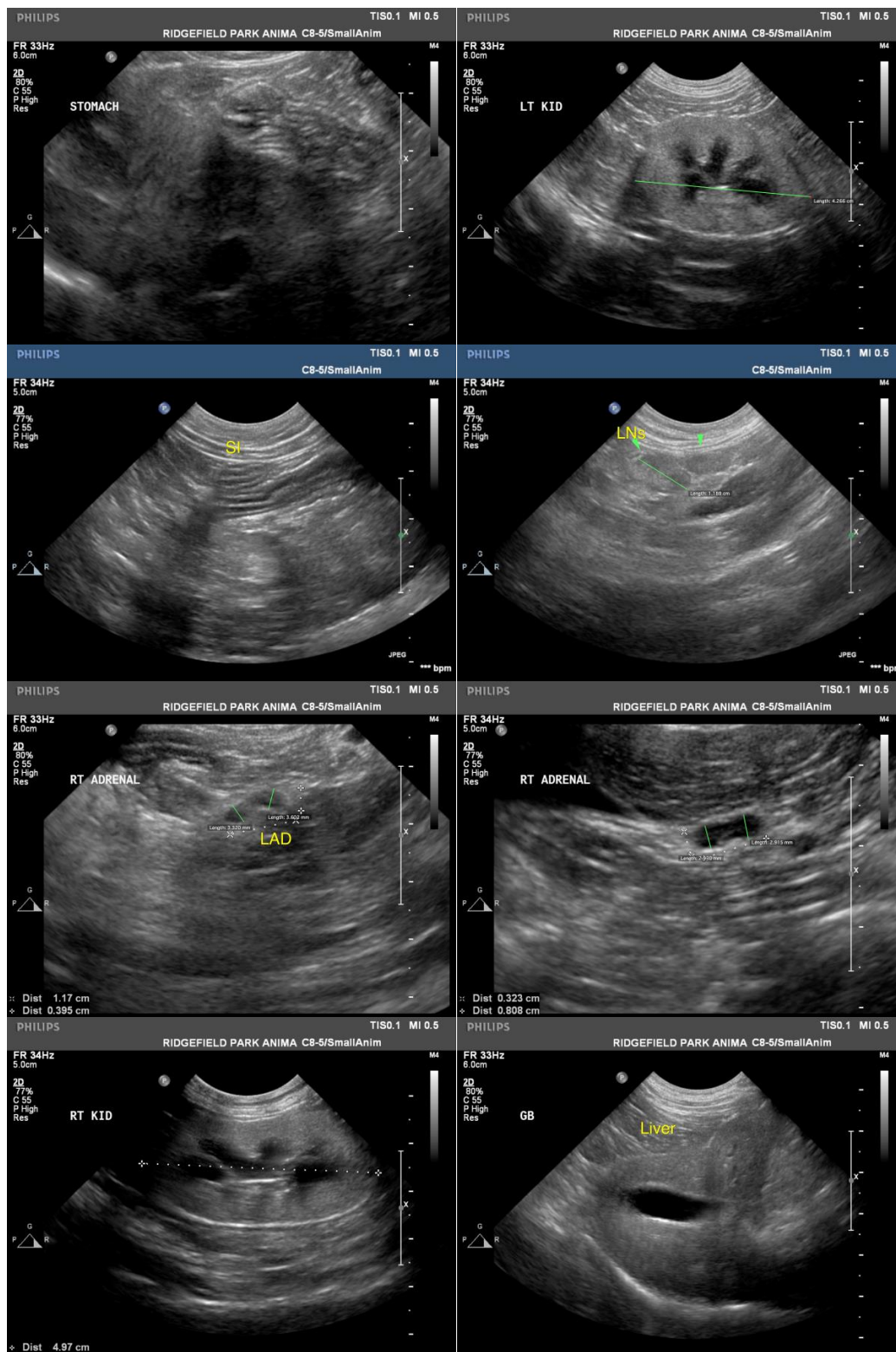
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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