



PATIENT

Jethro ARLGP

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

3mo

WEIGHT

3.3lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Pare/Dr.
McGarvey

INVOICE

12706ag

DATE

01/16/2023

PRESENTING CLINICAL SIGNS

Originally from a rescue, then came to shelter. Hx of ulcerated/necrotic perineal wound when tiny (0.75 lbs), has since healed. Now at shelter with chronic diarrhea, largely unresponsive to all normal protocols and diet changes (Metronidazole, Ponzuril, Panacur, Pen G, Fortiflora, RC GI diet, . Recently Z/D tried, and may be helping a little. Sedated for exam with Kitty Magic.

Abnormal PE/Chem/CBC/UA Results: PE: BCS 3/9, some diarrhea in cage and on rear end. Felv/FIV: Neg, Giardia snap: Neg, Fecal Ag: Neg. Diarrhea panel (12/16/22 to Idexx): Coronavirus +, C. Perfringens +, Very high C. Perfringens toxin.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 1 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 were noted.

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 3.0 cm in length. The right kidney measured 3.3 cm in length.

The area of the aortic trifurcation was free of pathology.

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.

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. No evidence of a portosystemic shunt. 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. The gastric body wall measured 0.24 cm in width.



PATIENT	
Jethro ARLGP	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 duodenum wall measured 0.23 cm width. The jejunum wall measured 0.20 cm width. The colon wall measured 0.23 cm width.
SPECIES	
Feline	The colon walls presented intact yet prominent wall layering with mild to moderately thickened to echogenic submucosa. Semi formed to non-formed fecal matter was present in the colon lumen with lumen dilation.
BREED	
DSH	Pancreas The left limb of the pancreas exhibited normal to mildly prominent size and areas of mild capsule asymmetry with non-homogeneous hypoechoic parenchyma compared to the adjacent omental fat.
SEX	
MN	Free Abdomen An intermittent pocket of scant physiologic peritoneal free fluid was present.
AGE	
3mo	Focal, mildly prominent to enlarged 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 of a lymph node measured 1.3 cm.
WEIGHT	
3.3lb	ULTRASONOGRAPHIC FINDINGS <ul style="list-style-type: none"> • Overtly normal stomach and small bowel, mild to moderate colitis pattern • Possible low-grade left pancreatitis • Intermittent benign/reactive mesenteric lymphadenopathy-hyperplasia, reactive lymphadenitis or immunologic immaturity
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	A Texas GI panel to include PLI/TLI/Cobalamin/Folate is recommended to assess for evidence of dysbiosis or malassimilation/maldigestion disorder. Continued hydrolyzed diet trial given possible emerging positive response along with potential non-flavored fiber supplementation, high colony count probiotics +/- re-deworming and continued assessment of GI response pending additional diagnostics is recommended. An internal medicine consult may be considered if indication for continued antibiotics given diarrhea panel results.
IMAGING PERFORMED BY	For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at http://spa.sonopath.com/ .
Dr. Ebersole	
HOSPITAL NAME	One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services
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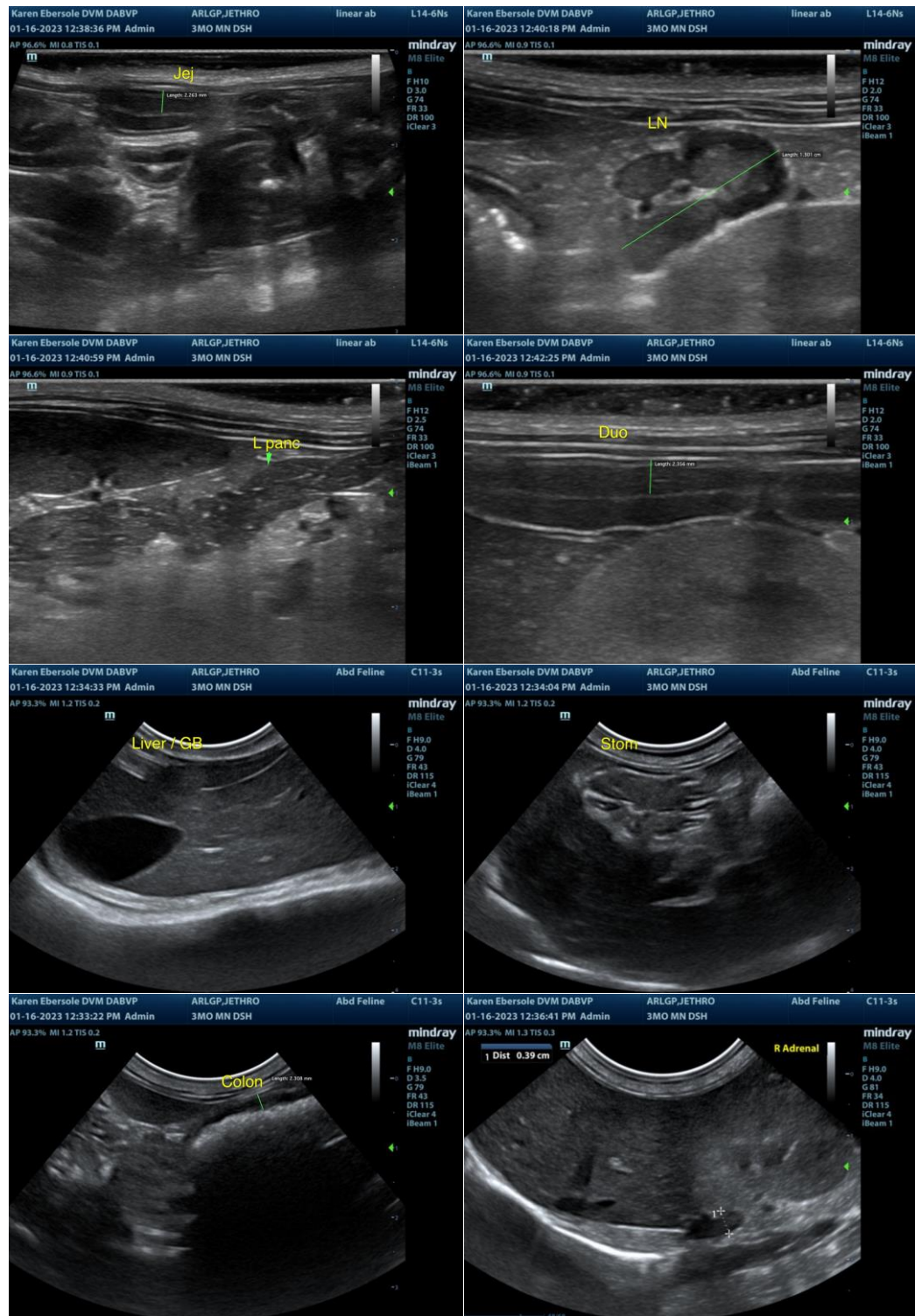
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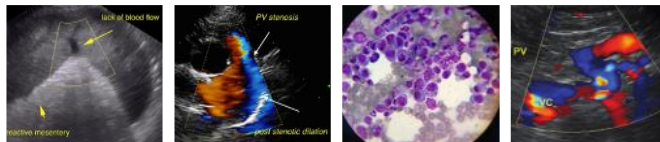
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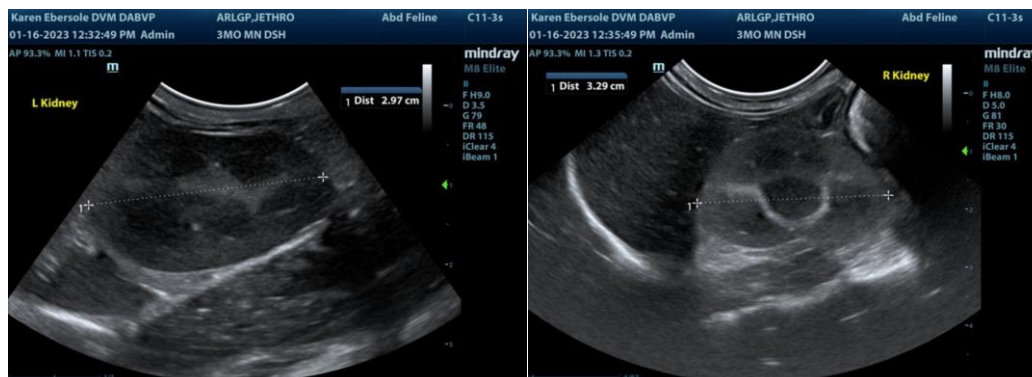
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com