



**PATIENT**

Lucy Horstman

**SPECIES**

Feline

**BREED**

DMH

**SEX**

FS

**AGE**

3 years

**WEIGHT**

10.7 lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Norfolk County VS

**REFERRING VET**

Amelia Ragon, DVM

**INVOICE**

13531

**DATE**

1/20/22

**PRESENTING CLINICAL SIGNS**

On/off diarrhea, negative fecal. Responded to pred for 1 week, but then developed upper respiratory signs and owner discontinued steroid. Soft stool returned 1 week later. Started on Metronidazole and hydrolyzed diet and recommended AUS. Sedated with torb/alfaxan/midazolam

**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. Mild nondependent particulate sediment 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 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. Mild pyelectasia was noted in the left kidney. The left kidney measured 3.8 cm in length. The right kidney measured 3.6 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 0.23 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.33 cm.

**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 contained mild anechoic fluid. No evidence of retained ingesta, foreign material or mechanical pyloric outflow obstruction.



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The small intestine presented intact wall layering and primarily maintained 1:3 muscularis/mucosa ratio without evidence of mural hypertrophy. Subjective propensity for mildly prominent segmental submucosa layer. The jejunum wall measured 0.21 cm.

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Normal visible colon wall layers were present. The colon contained generalized semi-formed to non-formed feces. The ileocolic wall measured 0.28 cm.

***Pancreas***

**BREED**

DMH

The pancreas was normal in size and contour with mild uniform hypoechoic parenchyma compared to adjacent nonreactive peripancreatic omentum with minor pancreatic duct dilation (0.16 cm in diameter).

***Free Abdomen***

**SEX**

FS

No evidence of lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

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- Minor urinary bladder sediment
- Mild left kidney pyelectasia
- Possible mild gastric hypomotility
- Overtly normal small bowel/colon with non-formed feces
- Potential low-grade pancreatitis

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

R. McKenzie Daniel, DVM,  
DABVP (Canine and  
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The left kidney pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

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The urinary bladder sediment is likely indicative of cellular or crystalline debris with potential for mucus.

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Overall, no overt evidence of significant gastroenterocolic structural pathology. In patients with recurring gastrointestinal signs, low-grade pancreatitis, dysbiosis, dietary intolerance/food hypersensitivity, IBD may be possible. Given the positive response to Prednisone, yet recurrence of signs when off of Prednisone, underlying inflammatory etiology may be suspected. Further assessment may include GI panel to include PLI, TLI, cobalamin and folate. Continued empirical antibiotic and hydrolyzed diet with potential for high colony count probiotic and broad-spectrum deworming (if patient is indoor/outdoor) may prove beneficial. Recheck sonogram could be considered to assess for progressive inflammatory gastroenterocolic or pancreatic changes when off of Prednisone for an extended period of time.

**REFERRING VET**

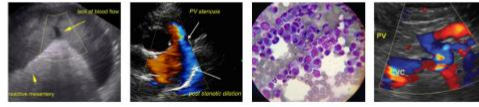
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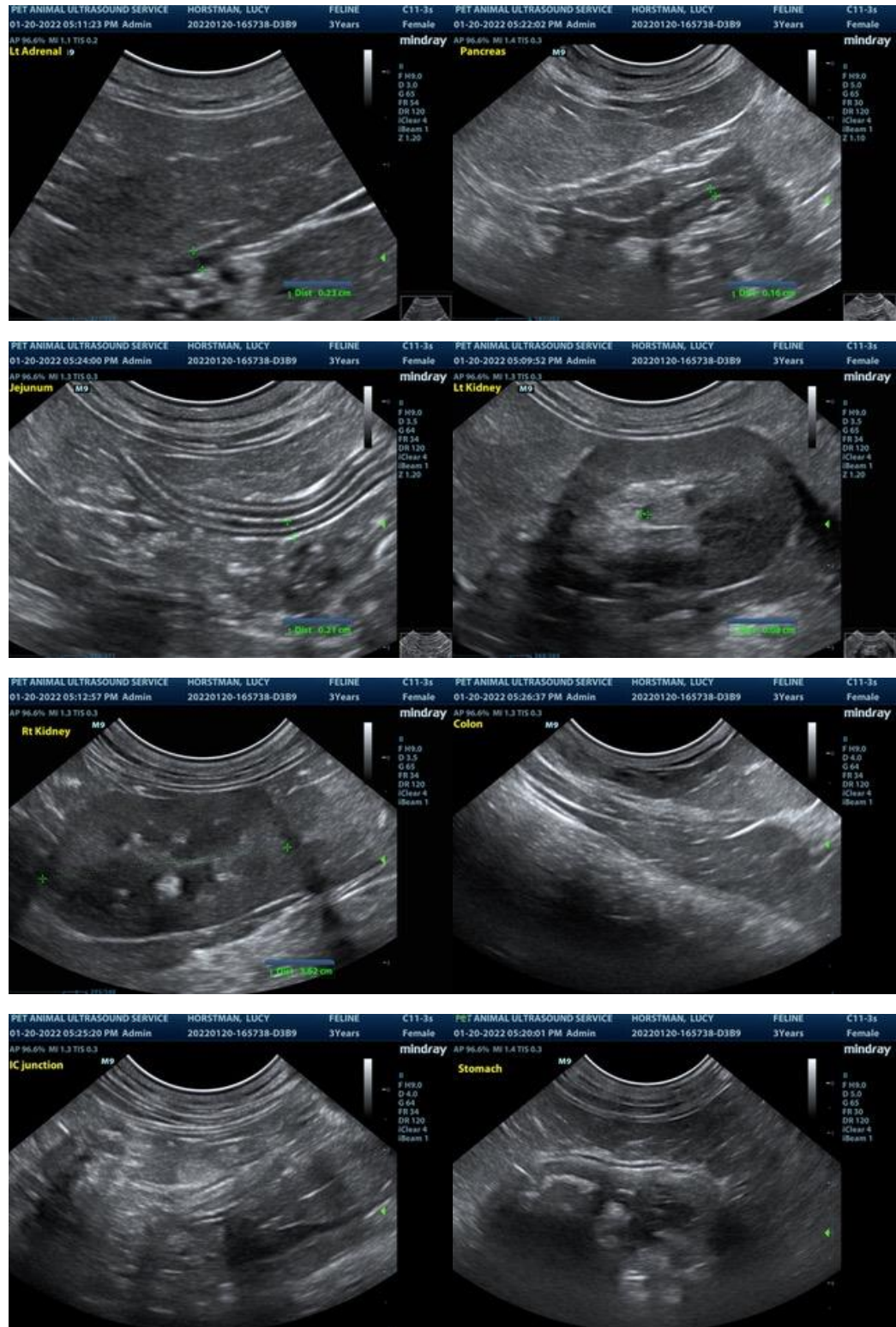
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**