



PATIENT	PRESENTING CLINICAL SIGNS
Calliope Wardlow	Intermittent diarrhea for past 6mo. Noticed weight loss in Oct. Went to ER clinic in October 2022.
SPECIES	Fortiflora has helped but intermittent diarrhea has continued. Lo0.8lbs since October. Lost >2lbs in the past 12 months.
Feline	Abnormal PE/Chem/CBC/UA Results: Weight loss, muscle loss. Mil neutrophilia of 11.2k in October.
BREED	Labs will be acquired today as P required sedation for this.
DLH	
SEX	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
FS	Urinary System
AGE	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.
13	
WEIGHT	The area of the aortic trifurcation was free of pathology.
8.0 lbs.	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 dilatation was present. The left kidney measured 3.9 cm in length. The right kidney measured 4.1 cm in length.
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was overtly normal in size, position, and shape. The left adrenal gland measured 0.42 cm width. The right adrenal gland was overtly normal in size, position, and shape. The right adrenal gland measured 0.47 cm width.
IMAGING PERFORMED BY	Spleen
Dr. Sorbo	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 criteria, or benign parenchyma changes were not noted. The spleen measured 0.65 cm width at the level of the hilus.
HOSPITAL NAME	Liver/ Gallbladder
Mill Brook Animal Clinic - VBF	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.
REFERRING VET	
Dr. Sorbo	
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15900	
DATE	
1/24/23	



PATIENT

Gastrointestinal

Calliope Wardlow

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained anechoic gastric fluid was present with no signs of ileus, obstruction, or foreign material. The gastric body wall width measured 0.25 cm.

SPECIES

Feline

The small intestine presented intact variably prominent wall layering without evidence of loss of wall layer detail or intestinal masses. The duodenum wall measured 0.32 cm width. The jejunum wall measured 0.26 cm width. The ileocolic wall measured 0.42 cm width.

BREED

DLH

Normal visible colon wall layers were present with subjective semi-formed to possible soft fecal matter.

SEX

FS

Pancreas

AGE

13

The pancreas was normal in size with mildly hypoechoic parenchyma compared to adjacent omentum. Minor capsule asymmetry was noted.

Free Abdomen

WEIGHT

8.0 lbs.

Mid-abdominal mesenteric / mesenteric root lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic, and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 1.3 cm diameter. Mild peri intestinal to perilymphatic hyperechoic mesentery was present. Intermittent small pocket of scant peri intestinal free fluid was noted.

INTERPRETED BY

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

ULTRASONOGRAPHIC FINDINGS

IMAGING PERFORMED BY

Dr. Sorbo

- Intact variably prominent small bowel walls
- Associated mesenteric lymphadenopathy with peri intestinal / peri lymphatic hyperechoic mesentery and scant free fluid
- Possible low-grade pancreatitis
- Mild chronic renal changes

HOSPITAL NAME

Mill Brook Animal
Clinic - VBF

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

REFERRING VET

Dr. Sorbo

The small intestinal appearance was suggestive of infiltrative enteropathy criteria which may include inflammatory infiltrative enteropathy i.e., IBD / eosinophilic enteritis with associated mild mesenteric lymphoid hyperplasia, or secondary reactive lymphadenitis. The possibility of neoplastic infiltrative enteropathy with round cells i.e., lymphoma, mast cell neoplasia, or similar which may present in a similar sonographic manner, with early neoplastic lymphadenopathy cannot be excluded.

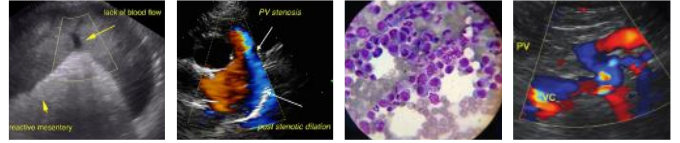
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Given the patient's weight loss, a GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Possible Triad Disease may be a potential in this patient if concurrent evidence of hepatic enzyme elevation. Full-thickness intestinal, as well as lymphatic, +/- pancreatic / hepatic biopsies, may be required for a definitive diagnosis. Empirically, IBD therapy protocol with as-needed gastrointestinal support, cobalamin supplementation, with monitoring of clinical response and body weight going forward would be reasonable pending additional diagnostics or if sampling is not elected.

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PATIENT

Calliope Wardlow

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

13

WEIGHT

8.0 lbs.

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IMAGING PERFORMED BY

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HOSPITAL NAME

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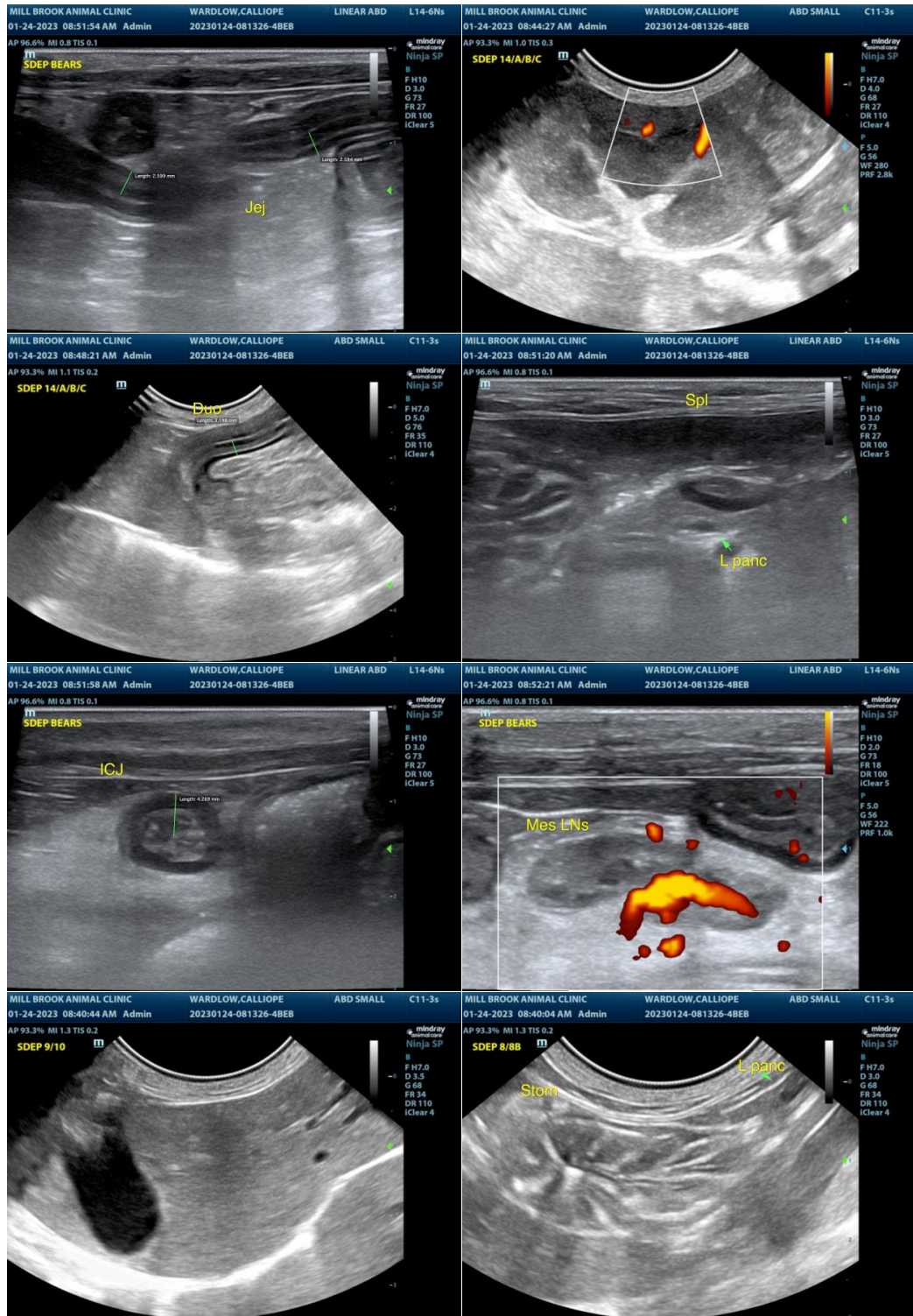
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PATIENT

Calliope Wardlow

SPECIES

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FS

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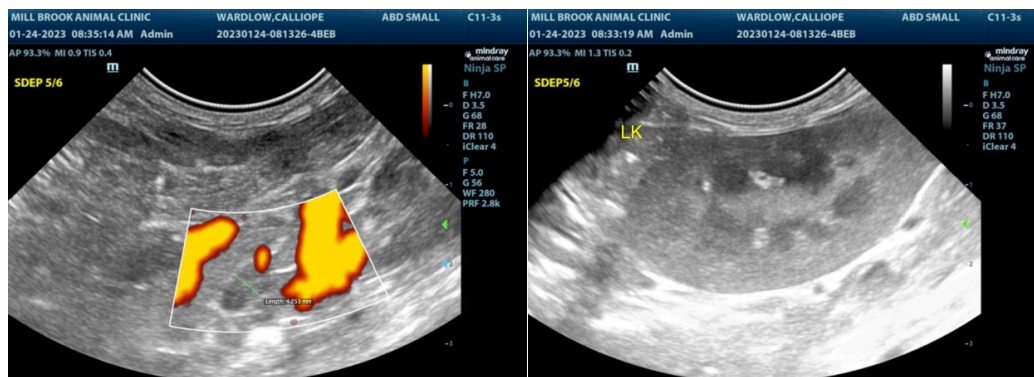
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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