



**PATIENT PRESENTING CLINICAL SIGNS**

Autumn Redline Vomiting, decreased appetite, lethargy, diarrhea.  
 Medication: Convenia, Cerenia, Elura

**SPECIES** Unremarkable CBC, BUN 10, Creatinine 0.7, normal liver parameters  
 Feline

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**DSH *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.

**SEX** The area of the aortic trifurcation was free of pathology.  
 FS

**AGE** 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 3.9 cm in length. The right kidney measured 4.1 cm in length.

**WEIGHT**  
 11

***Adrenal Glands***

**INTERPRETED BY** The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.44 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 cm width.

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

***Spleen***

**IMAGING PERFORMED BY** 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 0.76 cm width at the level of the hilus.

Rebekah Jakum, CVT  
 ARDMS/RVT

***Liver/ Gallbladder***

**HOSPITAL NAME** Blue Ridge VC  
**REFERRING VET** 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.

**INVOICE *Gastrointestinal***

15944 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 width measured 0.24 cm.

**DATE**  
 1/25/23



**PATIENT**

Autumn Redline

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 0.22 cm width. The jejunum wall measured 0.21 cm width. The ileocolic wall measured 0.25 cm width.

**SPECIES**

Feline

Normal visible colon wall layers were present with apparent formed feces in lumen.

**Pancreas**

**BREED**

DSH

Prominent to nonhomogeneous pancreas base and right pancreatic limb with adjacent mildly hyperechoic, reactive, peripancreatic mesentery was present.

**Free Abdomen**

**SEX**

FS

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

**AGE**

2017

**ULTRASONOGRAPHIC FINDINGS**

- Normal bilateral kidneys
- Intact sonographically unremarkable gastrointestinal tract walls
- Prominent nonhomogeneous pancreas base / right pancreatic limb with regional mild hyperechoic peripancreatic omentum.

**WEIGHT**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The pancreas base and right pancreatic limb presentation is suggestive of mild to possible mixed pattern inflammatory criteria with secondary regional peripancreatic reactive omental changes. Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation is suggested.

Structurally insignificant inflammatory enteropathy cannot be definitively excluded. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. Fresh fecal analysis to rule out infectious disease / parasitism is suggested. No evidence of gastrointestinal obstructive criteria, foreign material, or intraabdominal neoplastic criteria. Empirical therapy for inflammatory bowel episode and pancreatitis, which may include 24-48/hour hospitalization with IV fluids, gastrointestinal support, and clinical reassessment would be reasonable. A novel protein or hydrolyzed diet trial with long-term dietary therapy, high colony count probiotics such as Provable, and empirical cobalamin supplementation, could be considered.

**INTERPRETED BY**

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

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ARDMS/RVT

**HOSPITAL NAME**

Blue Ridge VC

**REFERRING VET**

Dr. Filchner

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**IMAGING**

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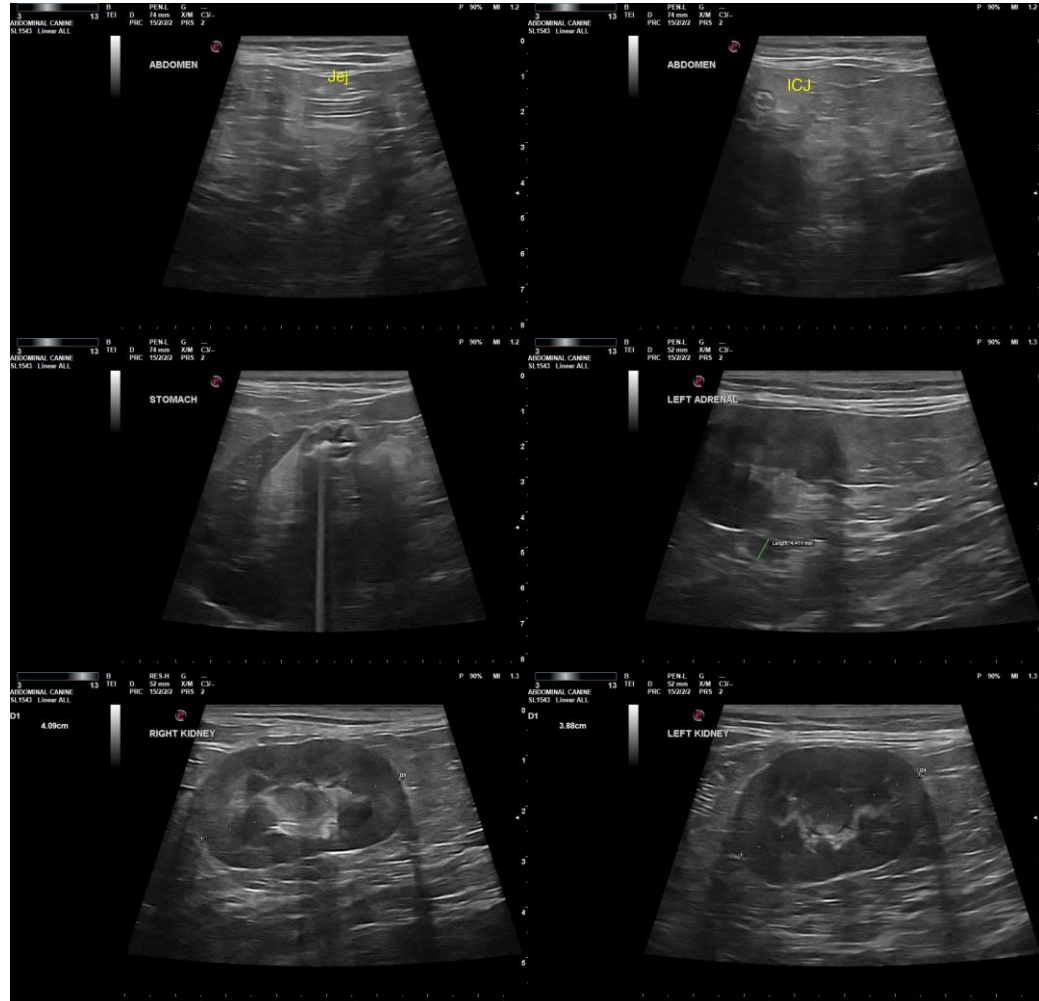
Dr. Filchner

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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](mailto:mac.daniel@sonopath.com)