



PATIENT PRESENTING CLINICAL SIGNS

Anika Johnson History: Diarrhea
 Medication: Metronidazole, Proviabie

SPECIES
 Labs: CBC: WBC 18.0 with neutrophilia, Globulin 5.8, ALT 219

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

Birman The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

SEX

FS 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 3.3 cm in length. The right kidney measured 3.7 cm in length.

AGE

8 years

Adrenal Glands

WEIGHT

5.6# Pounds

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

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.34 cm width.

INTERPRETED BY

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

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. The spleen measured 0.85 cm in width.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

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Liver

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.

Gastrointestinal

INVOICE

13636

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The pylorus wall measured 0.31 cm. The stomach was primarily empty.

DATE

1.26.2022



PATIENT

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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 jejunum wall measured 0.25 cm.

SPECIES

Feline

The colon walls presented intact yet prominent wall layering with moderately thickened to echogenic submucosa. Non-formed to liquid fecal matter was present in the colon lumen with lumen dilation.

Pancreas

BREED

Birman

The pancreas was enlarged in size with asymmetrical contour with hypoechoic to nonhomogeneous discretely nodular parenchyma. Surrounding reactive peripancreatic mesentery was present.

SEX

FS

Regional mild pericolic reactive mesentery was present. Potential for discreet, subjectively benign to reactive jejunocolic lymph nodes were noted. No evidence of free fluid.

AGE

8 years

ULTRASONOGRAPHIC FINDINGS

- Moderate chronic colitis
- Active to chronic active pancreatitis
- Low-grade hepatopathy- subjectively benign
- Overtly normal stomach and small bowel

WEIGHT

5.6# Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Diarrhea/PCR panel as well as GI panel to include PLI, TLI, cobalamin and folate recommended. Empirically, cobalamin supplementation (pending results of the GI panel), broad spectrum deworming (i.e., Panacur SID) for at least 5 consecutive days, dietary therapy which may include hydrolyzed or higher fiber diet (WD or similar), may prove beneficial. Current metronidazole combined with prednisolone at 5 mg +/- sulfasalazine at 62.5 mg compounded, initially BID for 14 days titrating to SID may also be considered. Ultimately, endoscopic colonic biopsies would be ideal for histopathology and tissue culture and sensitivity. Continued (as needed) gastrointestinal support and therapy for active to chronic active pancreatitis based on clinical impression of the patient also warranted.

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REFERRING VET

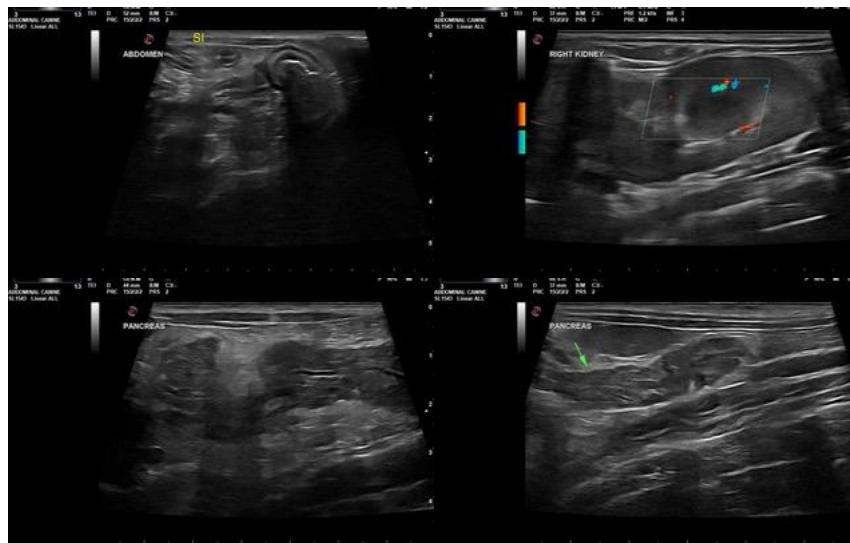
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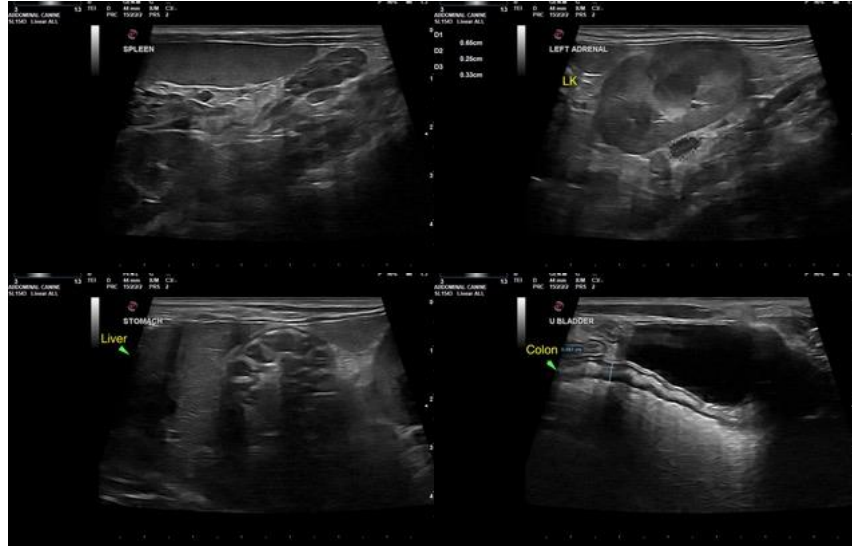
FS

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The information and recommendations provided are based on the images presented by the referring veterinarian. 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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