



**PATIENT**

Pele Reneer

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

10y

**WEIGHT**

9.78

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Brita Kiffney

**HOSPITAL NAME**

Northshore VH

**REFERRING VET**

Dr. Brita Kiffney

**INVOICE**

15972

**DATE**

1/27/23

**PRESENTING CLINICAL SIGNS**

vomits watery substance about twice weekly , for about 1 month vey aggressive about food - hers and other pets in house , past few days appetite declined and vomiting , vomited clear liquid this morning , energy level same , plays with toys , O thinks water consumption is normal indoor only weight loss not vocal O thinks about 14 lb in October O weighed at home , thinks 14 lb for the last year or so , now weighs 9.7 pounds

Abnormal PE/Chem/CBC/UA Results: cbc / chem / ua T4 and free T4 nl palpable mid abdominal mass

**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. 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.

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 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 dilation was present. The left kidney measured 3.4 cm in length. The right kidney measured 3.4 cm in length.

**Adrenal Glands**

The bilateral adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.44 cm width.. The right adrenal gland measured 0.29 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. The spleen measured 0.45 cm width at the level of the hilus.

**Liver/ Gallbladder**

The liver was mildly enlarged with symmetrical to mildly rounded hepatic capsule contour and generalized mild uniform increased hepatic parenchyma echogenicity compared to the spleen and falciform fat. Normal hepatic vascular volume was noted with no visualized hepatic masses or nodules. The gallbladder was non-distended in size containing primarily anechoic content with possible mild echogenic luminal debris. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction.



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***Gastrointestinal***

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of gastric ingesta, fluid, or foreign material. The pylorus wall width measured 0.27 cm.

Feline

**BREED**

The small intestine presented intact generalized borderline prominent wall layering with primarily maintained 1:3 muscularis /mucosa ratio, yet subjective propensity for subtly prominent muscularis layer, as well as mildly hyperechoic to prominent submucosa layer. The duodenum wall measured 0.27 cm width. The jejunum wall measured up to 0.26 cm width. The ileocolic wall measured 0.38 cm width.

DSH

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

FS

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***Pancreas***

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

10y

**WEIGHT**

***Free Abdomen***

Mildly prominent mesenteric 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 1.6 cm x 0.5 cm. No visualized omental masses were noted. No evidence of peritoneal effusion was noted.

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**ULTRASONOGRAPHIC FINDINGS**

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- Suspect IBD intestinal pattern with associated mild benign mesenteric lymphadenopathy
- Mild hepatomegaly exhibiting mild parenchyma hyperechogenicity
- Mild nonobstructive proximal common bile duct dilation - age variant, possible cholangitis
- Mild chronic renal changes
- Mild heterogeneous pancreas

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The small intestine exhibited subtle mural changes which, although potential for patient variant, is suggestive of underlying inflammatory enteropathy criteria. No overt evidence of intestinal neoplasia or intestinal masses. Potential for Triad Disease may be a possibility in this patient. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate +/- screening hepatic FNA cytology, assuming normal clotting status and using a 25-gauge needle, to assess for evidence of inflammatory cells even without reported hepatic enzymes elevations, given the short half-life of hepatic enzymes in cats. Minor potential for infiltrative round cell hepatic neoplasia cannot be definitively excluded.

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Empirically, IBD / Triaditis protocol, which may include hydrolyzed diet trial, cobalamin supplementation, as-needed gastrointestinal support +/- Prednisolone trial at the lowest effective dose to control clinical signs and assessment of clinical response could be considered.

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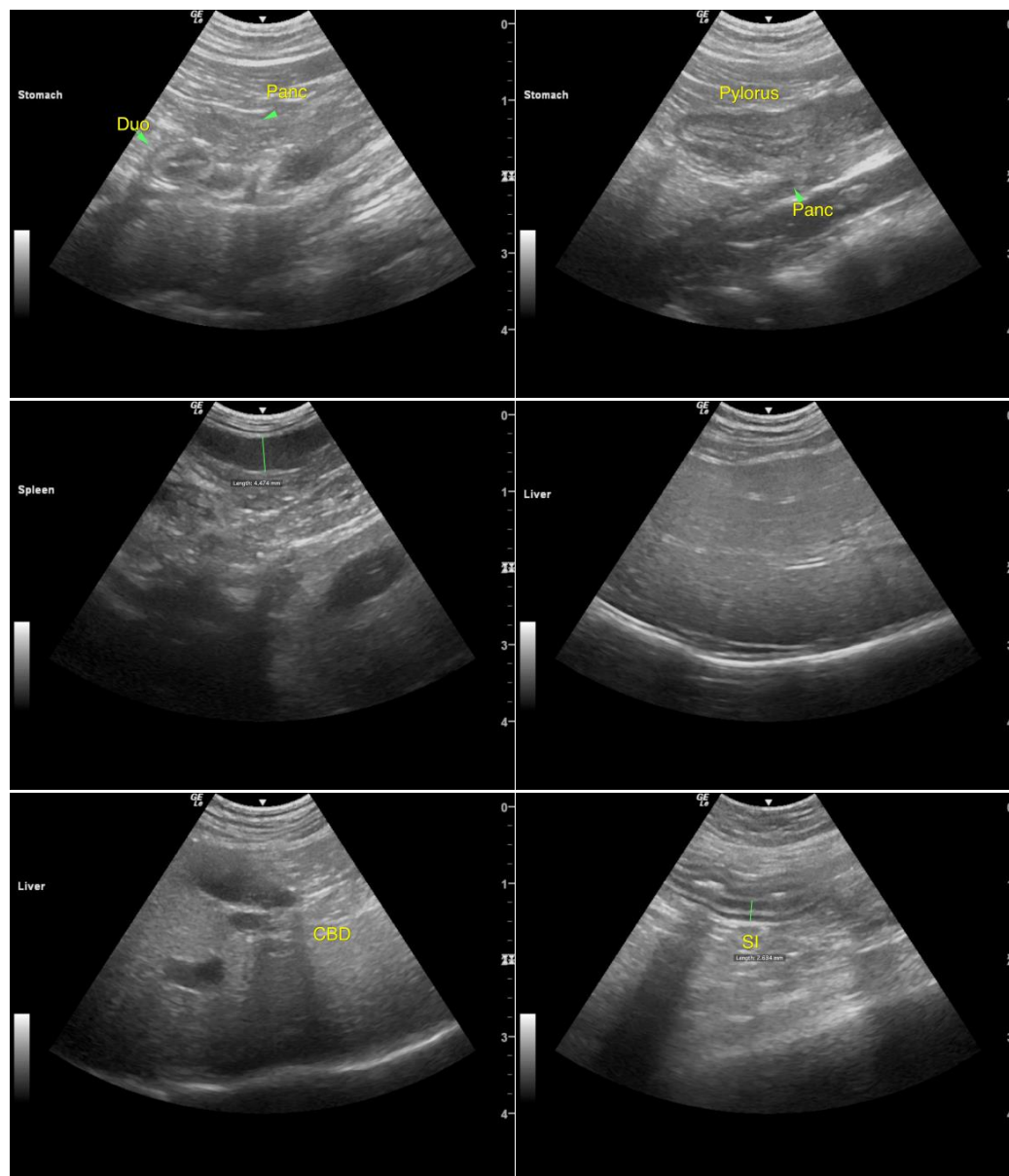
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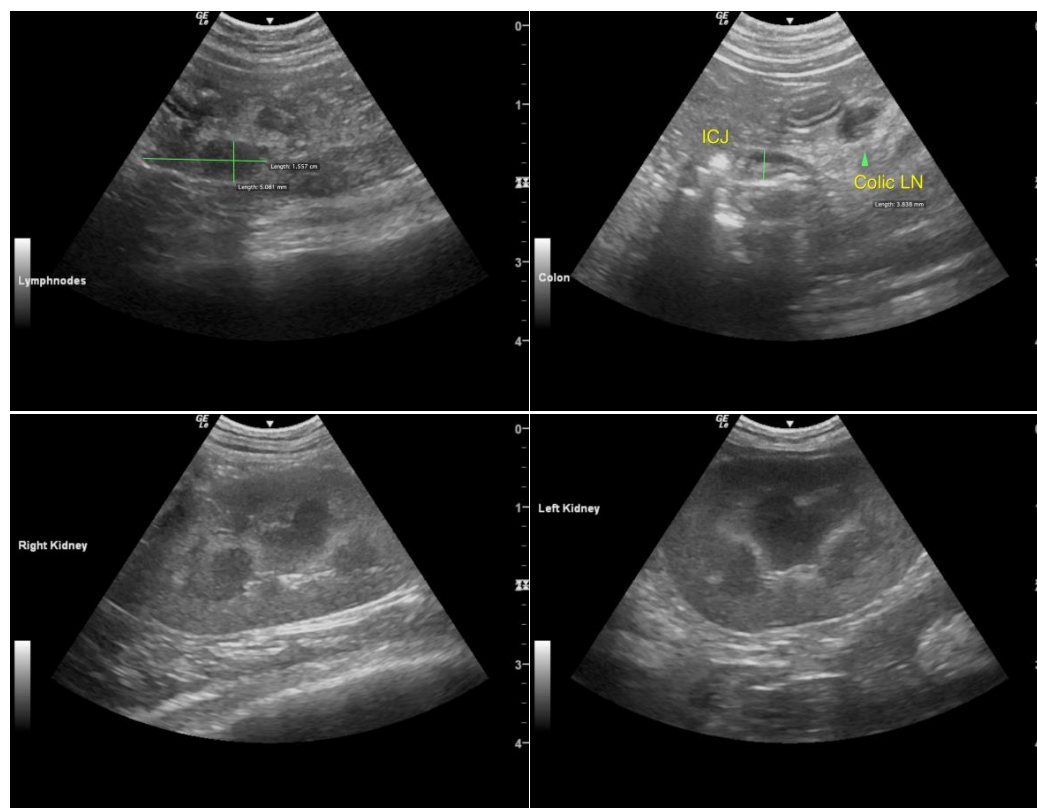
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**  
info@SonoPath.com