



PATIENT PRESENTING CLINICAL SIGNS

Chester Reed History: Diarrhea

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline Urinary System

Feline The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Minor, 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.

BREED

Domestic Shorthair

SEX

The area of the aortic trifurcation was free of pathology.

Neutered Male

AGE

7 years

Normal size and margination were present in the kidneys. Both kidneys exhibited subtle cortical hypertrophy with mild nonuniform cortex echogenicity exhibiting discrete hyperechoic striations. Focal cortical infarctions were present in both kidneys. The left kidney measured 3.7 cm in length. The right kidney measured 4.3 cm in length.

Adrenal Glands

WEIGHT

8 Pounds

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.31 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 cm width. Dystrophic mineralization associated with the right adrenal gland without evidence of adrenomegaly was present.

INTERPRETED BY

R. McKenzie Daniel,
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(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 0.72 cm width at the level of the hilus.

IMAGING PERFORMED BY

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Cherryville AH

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.

REFERRING VET

Dr. Myers

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 ileus, obstruction, or foreign material. The gastric body wall width measured 0.26 cm.

DATE

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The small intestine presented intact wall layering with segmental to generalized propensity for mildly prominent muscularis layer and minor segmental jejunal mural hypertrophy. The jejunum wall width



PATIENT

Chester Reed

measured up to 0.30 cm. The duodenum wall width measured 0.27 cm. The ileocolic wall width measured 0.32 cm.

SPECIES

Feline

Normal visible colon wall layers were present with subjective semi-formed feces and luminal gas in lumen.

Pancreas

The pancreas was normal in size and contour with heterogeneous to mildly hypoechoic parenchyma compared to adjacent nonreactive peripancreatic omentum. No signs of active inflammation or neoplasia.

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Free Abdomen

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Neutered Male

Intermittent, mildly prominent, colic lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example colic lymph node measured 0.34 cm width. No effusion was present.

AGE

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

WEIGHT

8 Pounds

- Minor urinary bladder sediment
- Mild interstitial nephrosis renal pattern with indistinct cortical infarctions - nonspecific
- Probable inflammatory enteropathy
- Minor colic lymphadenopathy - subjectively benign
- Heterogeneous to subtly hypoechoic pancreas - patient variant, potential for low-grade to chronic pancreatitis

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Secondary Findings

- Right adrenal gland dystrophic mineralization - incidental

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

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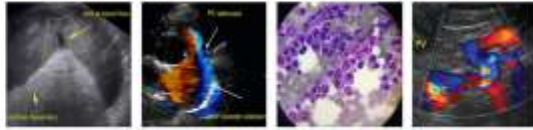
Fresh fecal analysis to assess for parasitic ova / Giardia and a GI panel to include PLI/TLI/Cobalamin/Folate for further assessment is warranted. The small intestine exhibited subtle mural changes suggestive of inflammatory enteropathy. However, without reported additional gastrointestinal signs or weight loss, this finding is nonspecific. Dietary intolerance / food hypersensitivity or occult parasitism, if the patient is indoor/outdoor, may also be playing a role in the diarrhea. Pending additional diagnostics, hydrolyzed diet trial with potential long-term dietary therapy, prophylactic deworming, high colony count probiotic, +/- antibiotic trial or empirical IBD therapy which may include cobalamin supplementation +/- Prednisolone trial at the lowest effective dose to control clinical signs may be considered with an assessment of clinical response. Full-thickness intestinal biopsies are likely required for a definitive diagnosis.

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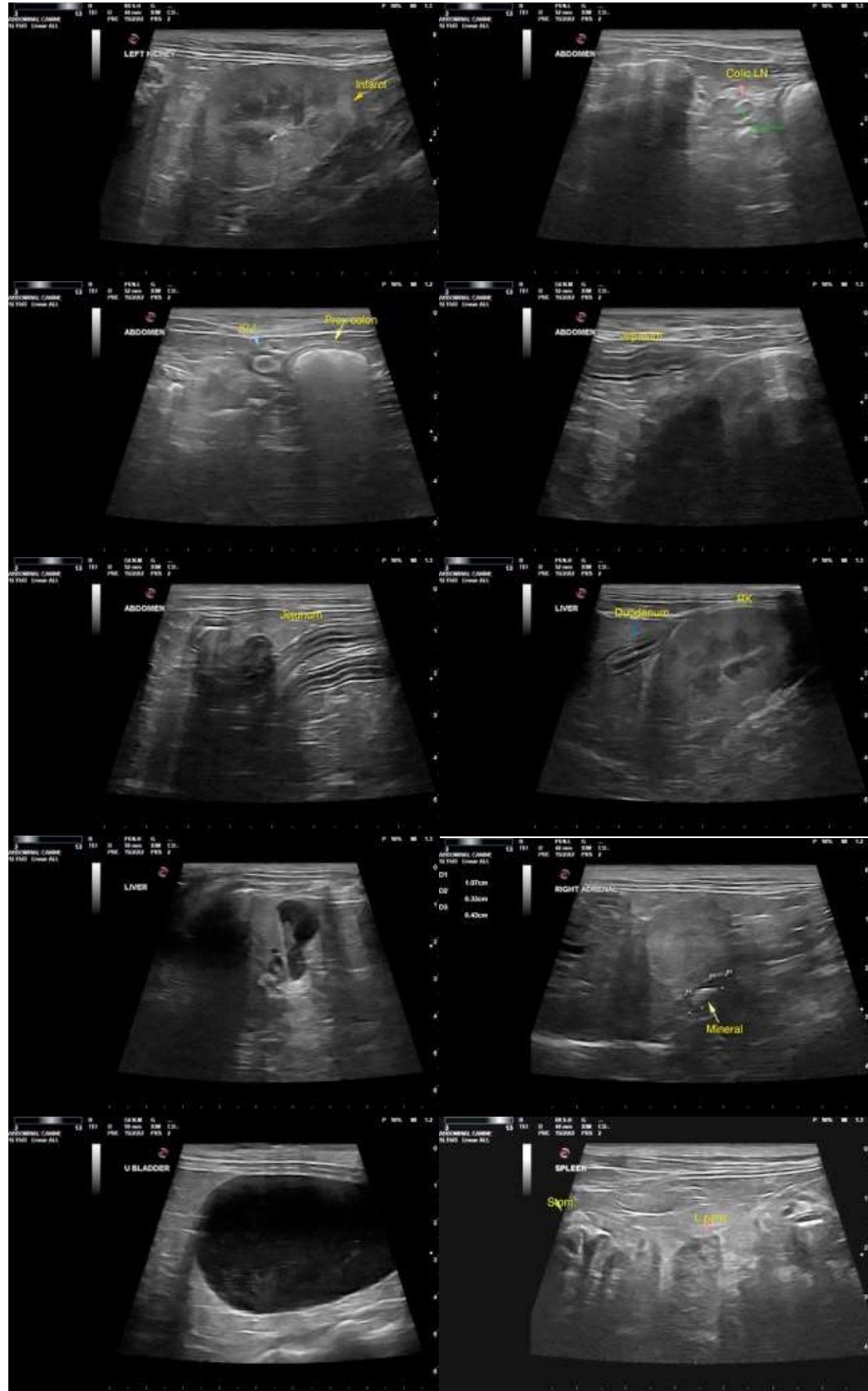
Dr. Myers

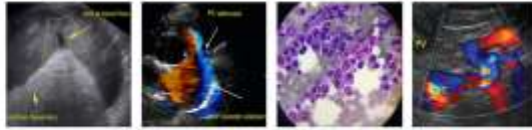
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

SEX

Neutered Male

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