



PATIENT

Hershey Rippey

SPECIES

Feline

BREED

DSH

SEX

Intact Female

AGE

8 Years

WEIGHT

4 Lbs. 9 oz.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

North Haledon VC

REFERRING VET

Dr. Mansfield

INVOICE

13118

DATE

1/4/22

PRESENTING CLINICAL SIGNS

History: Weight loss, intermittent vomiting, anemia. No current meds.
Abnormal PE/Chem/CBC/UA Results: RBC 5.8, HCT 26%, FELV/FIV (neg).

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 were noted. Aortic trifurcation was normal.

Normal size and margination was 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 3.7 cm in length. The right kidney measured 3.5 cm in length.

Adrenal Glands

No overt pathology in the area of the left adrenal gland.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 cm width.

Spleen

The spleen exhibited subnormal size, likely owing to volume contraction. 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 0.46 cm in width.

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 mildly distended in size with minor particulate debris in the caudal lumen and cystic biliary duct. The proximal common bile presented mildly dilated in size with primarily anechoic content. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction. The proximal common bile duct measured 0.25 cm diameter. This change is not consistent with posthepatic obstruction.

Gastrointestinal

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 measured 0.25 cm.

The small intestine presented intact wall layering with subjective propensity for mild prominent muscularis layer, yet without evidence of mural hypertrophy, loss of small intestinal wall layering or evidence of small intestinal masses. Segmental moderate retained small intestinal chyme was present.



PATIENT	The duodenum wall measured 0.28 cm. The jejunum wall measured 0.22 cm. The ileocolic wall measured 0.31 cm. No evidence of mechanical obstruction or overt small intestinal foreign material.
Hershey Rippey	
SPECIES	Normal visible colon wall layers were present. The colon exhibited generalized gas distention.
Feline	Pancreas
BREED	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 was evident.
DSH	Free Abdomen
SEX	Intermittent focal, mildly prominent to enlarged mesenteric node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio. An example of a lymph node measured 2.0 cm length x 0.7 cm width. Potential for very scant pockets of periintestinal free fluid possible, although not definitive. The omentum exhibited uniform echogenicity.
Intact Female	
AGE	
8 Years	ULTRASONOGRAPHIC FINDINGS
WEIGHT	<ul style="list-style-type: none"> • Enteropathy exhibiting segmental distention with retained chyme- segmental metabolic ileus or potential inefficient peristalsis • Associated subjectively benign mesenteric lymphadenopathy- lymphoid hyperplasia or mild reactive lymphadenitis likely • Volume contracted spleen • non-obstructive proximal common bile duct dilation with mild gallbladder and cystic biliary duct mucus
4 Lbs. 9 oz.	
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	This finding may suggest age related changes or secondary to underlying cholangitis / cholangiohepatitis especially if previous or current liver enzymes elevations have been noted. No overt signs of post hepatic obstruction.
IMAGING PERFORMED BY	Subjectively, the small intestine exhibited subtle mural changes yet without evidence of significant mural hypertrophy, which may suggest underlying inflammatory enteropathy (such as IBD or eosinophilic enteritis). The possibility of early neoplastic infiltrative enteropathy with round cells (which may present in similar sonographic manner) or the possibility of low grade to chronic pancreatitis (which may present sonographically normal) cannot be excluded. Further assessment may include GI panel to include PLI, TLI, cobalamin and folate. Three-view chest radiographs suggested to rule out occult thoracic pathology which may account for weight loss or decreased body condition. Definitive diagnosis would likely require full thickness intestinal biopsies +/- ovariohysterectomy (if clinically indicated). Empirically, hydrolyzed diet, intestinal prokinetic medications, cobalamin supplementation +/- prednisolone trial (lowest effective dose) to control clinical signs with as needed gastrointestinal support may be considered with assessment of clinical response.
Kelly Vazquez	
HOSPITAL NAME	
North Haledon VC	
REFERRING VET	
Dr. Mansfield	
INVOICE	
13118	
DATE	
1/4/22	



PATIENT

Hershey Rippey

SPECIES

Feline

BREED

DSH

SEX

Intact Female

AGE

8 Years

WEIGHT

4 Lbs. 9 oz.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

North Haledon VC

REFERRING VET

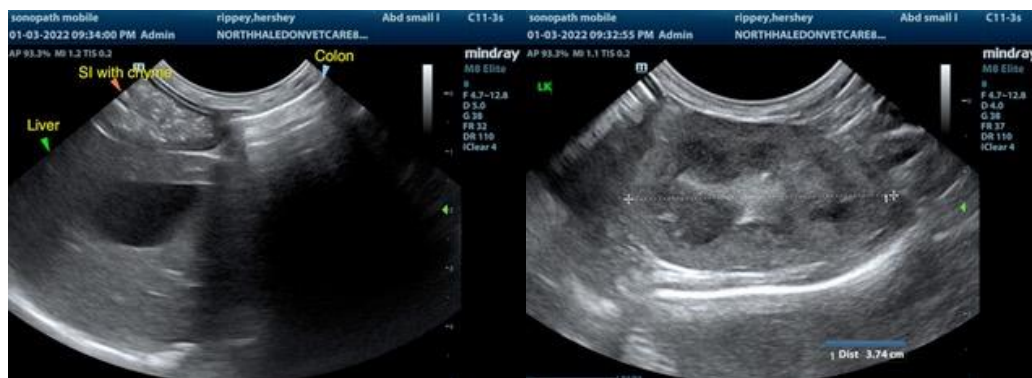
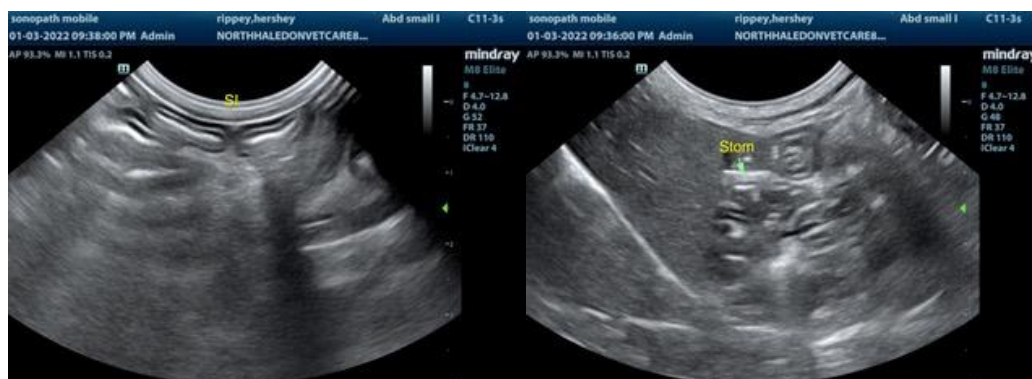
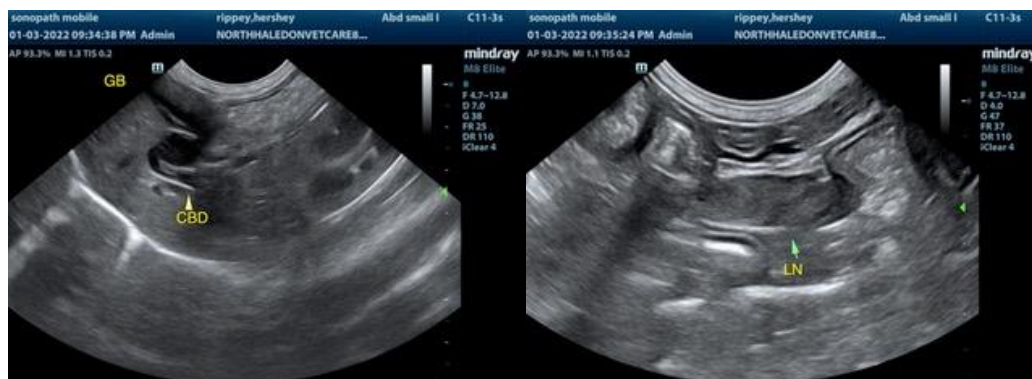
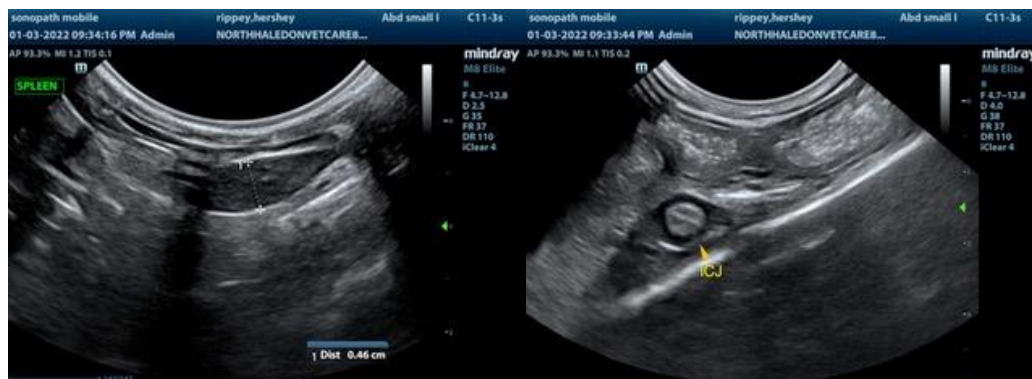
Dr. Mansfield

INVOICE

13118

DATE

1/4/22





PATIENT

Hershey Rippey

SPECIES

Feline

BREED

DSH

SEX

Intact Female

AGE

8 Years

WEIGHT

4 Lbs. 9 oz.



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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

North Haledon VC

REFERRING VET

Dr. Mansfield

INVOICE

13118

DATE

1/4/22