



**PATIENT PRESENTING CLINICAL SIGNS**

Kabuki Fehon Vomiting since 12/22/21, diarrhea, weight loss  
Abnormal PE/Chem/CBC/UA Results: Hct 53.7, GGT 11 (10H)

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Feline

**Urinary System**

**BREED**

DSH

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild non-dependent 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.

**SEX**

Spayed Female

The area of the aortic trifurcation was free of pathology.

**AGE**

12 Years

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.6 cm. The right kidney measured 3.9 cm.

**Adrenal Glands**

**WEIGHT**

8.9 Pounds

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm. The right adrenal gland measured 0.34 cm.

**Spleen**

**INTERPRETED BY**

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

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.

**IMAGING PERFORMED BY**

Jessica Miller

**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.

**HOSPITAL NAME**

Newton Vet Hospital

**Gastrointestinal**

**REFERRING VET**

Dr. Chun

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. Gastric body wall measured 0.25 cm.

**INVOICE**

33985

The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. The muscularis exhibited generalized moderate prominent muscularis. No overt evidence of less of intestinal wall layering or distinct intestinal masses. Jejunum wall measured 0.32 cm. Ileocolic wall measured 0.42 cm.

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

**DATE**

1/5/22



**PATIENT**

**Pancreas**

Kabuki Fehon

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. Potential for low-grade to chronic pancreatitis often seen concurrently with intestinal disease in cats.

**SPECIES**

Feline

**Free Abdomen**

**BREED**

DSH

Multiple enlarged mid abdominal jejunal to colic lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident.

**SEX**

Spayed Female

**PRIMARY FINDINGS**

- Enteropathy exhibiting generalized altered muscularis/mucosa ratio
- Associated hypoechoic to swollen jejunocolic lymphadenopathy and associated perilymphatic reactive mesentery

**AGE**

12 Years

**SECONDARY FINDINGS**

- Mild bilateral chronic renal changes
- Minor urinary bladder sediment

**WEIGHT**

8.9 Pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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

**INTERPRETED BY**

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

The small intestine is consistent with infiltrative enteropathy. Considerations may include inflammatory infiltrative enteropathy (i.e., IBD or eosinophilic enteritis), or neoplastic infiltrative enteropathy with round cells such as lymphoma, mast cell neoplasia or other.

**IMAGING PERFORMED BY**

Jessica Miller

The lymph nodes may indicate significant reactive hyperplasia, lymphadenitis, or emerging neoplastic lymphadenopathy. Lymph node FNA warranted for screening cytology. Full thickness intestinal as well as lymphatic biopsies may be required for definitive diagnosis. Concern for potential neoplastic infiltrative enteropathy given the presentation of the small intestine and concurrent significant lymphadenopathy warranted, although not definitive.

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Empirical IBD protocol with as needed gastrointestinal support and assessment of clinical response is recommended if biopsies are not possible. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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**WEIGHT**

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**HOSPITAL NAME**

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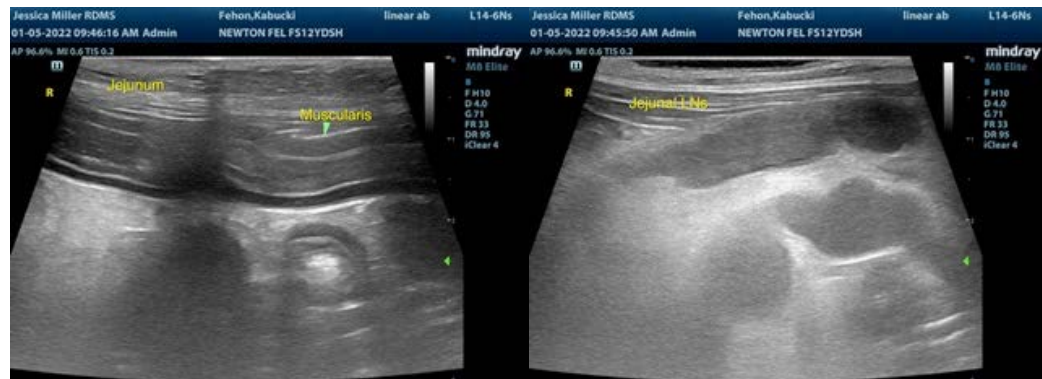
Dr. Chun

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1/5/22





**PATIENT**

Kabuki Fehon

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.

**SPECIES**

Feline

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.

**BREED**

DSH

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)  
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**AGE**

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