



PATIENT

Simba Deschambeault

PRESENTING CLINICAL SIGNS

Recently adopted from shelter, on-going diarrhea. Sedated with Alfaxan, Midazolam and Butorphanol.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: PE: BCS 4/9, watery light brown stools.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DLH

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

SEX

MN

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 3.5 cm in length. The right kidney measured 4.0 cm in length.

AGE

8yr

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

WEIGHT

11lb

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.48 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.

IMAGING PERFORMED BY

Dr. Ebersole

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.

HOSPITAL NAME

Scanvet

Gastrointestinal

REFERRING VET

Dr. McGarvey

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate non-shadowing fluid and ingesta/chyme with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.20 cm in width.

INVOICE

12606ag

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 0.26 cm width.

DATE

01/06/2023

The descending colon walls presented intact yet mildly prominent wall layering with mild thickened to echogenic submucosa. Semi formed to soft fecal matter was present in the colon lumen with lumen dilation. The proximal colon wall measured 0.17 cm in width.



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Pancreas

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The left and right pancreatic limb exhibited normal size, mild capsule asymmetry and non-homogenous to mildly hypoechoic parenchyma. Very minor pancreatic duct dilation was present.

SPECIES

Free Abdomen

Feline

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

BREED

ULTRASONOGRAPHIC FINDINGS

DLH

- Mild chronic colitis pattern
- Overtly normal stomach/small bowel with gastric chyme/fluid
- Possible low grade pancreatitis

SEX

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

MN

A GI panel including PLI/TLI/Cobalamin/Folate is recommended as well as a diarrhea PCR panel. Assessment for evidence of cranial abdominal/subxiphoid discomfort on palpation which may allude to low-grade pancreatitis is suggested. Empirically and pending additional diagnostics, cobalamin supplementation, empirical deworming even if negative fecal testing, dietary therapy which may include a hydrolyzed or higher fiber diet, high colony count probiotic and assessment of clinical response is recommended.

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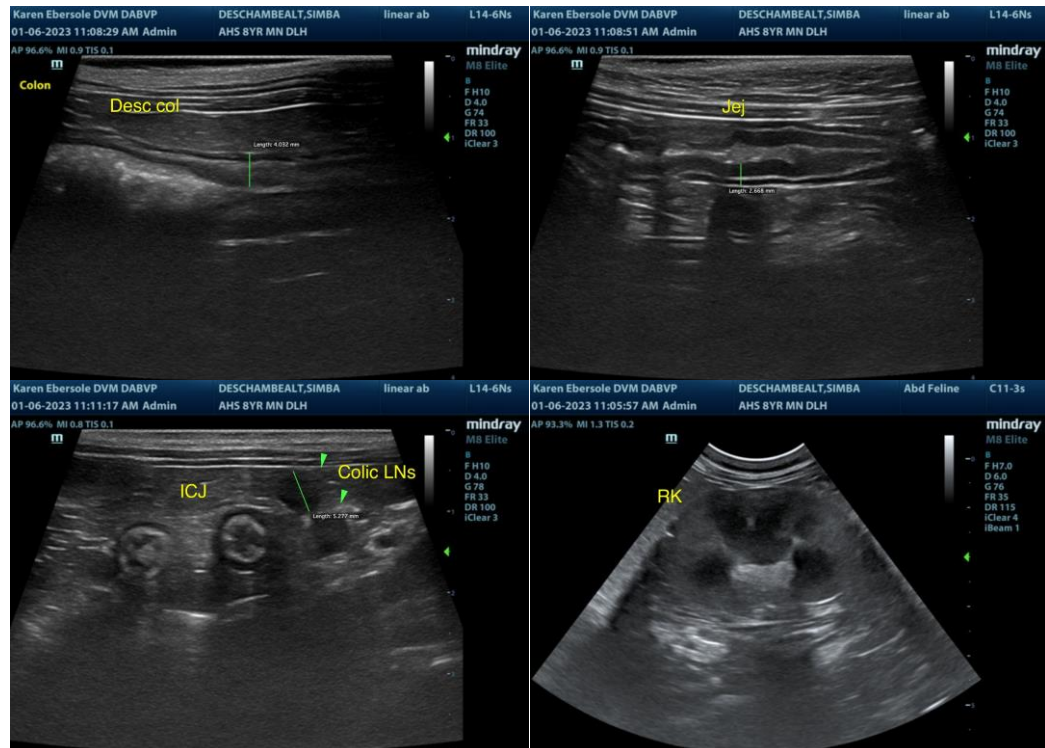
Dr. McGarvey

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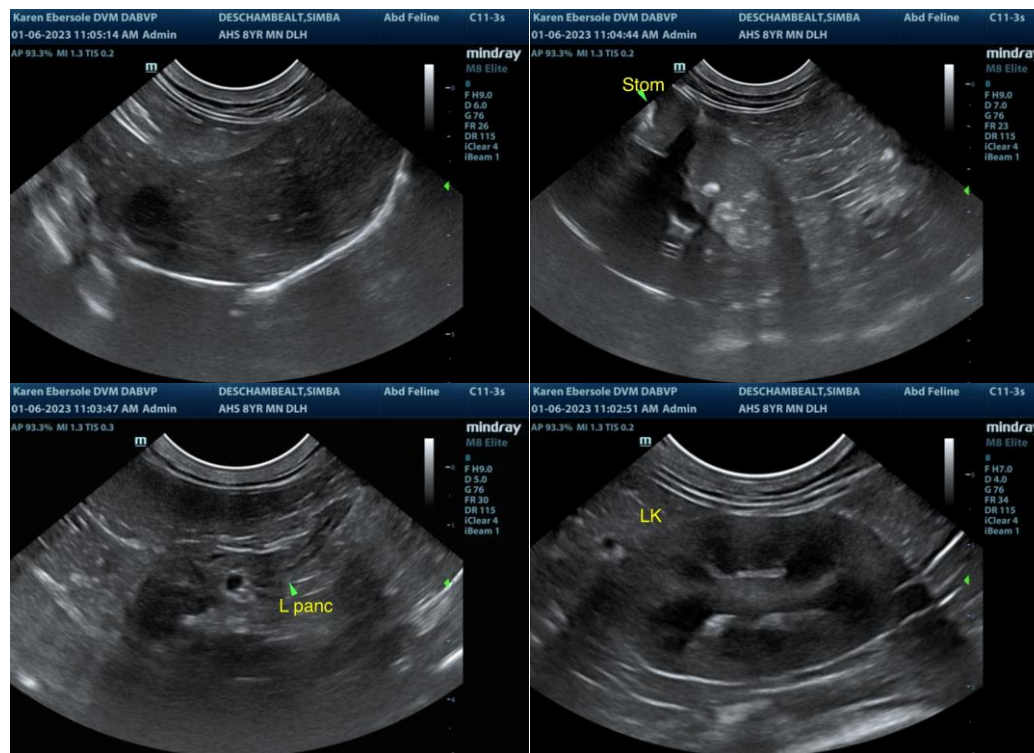
Dr. McGarvey

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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.

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