



PATIENT PRESENTING CLINICAL SIGNS

Sammy Rosecrans Chronic GI, Diarrhea Current Medications Prednisolone 5 mg PO q 24 hrs, Probiotics, Hills' Gastrointestinal Biome diet

SPECIES Abnormal PE/Chem/CBC/UA Results: Abnormal cobalamin <150 pg/ml; Normal folate 16.9 ng/ml; normal TLI 66.6 ug/ml Trichomonas panel PCR negative / no trichomonads seen normal CBC / internal organ panel - non-significant findings fPL norma

Feline

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

DSH *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.

SEX 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 3.8 cm. The right kidney measured 4.4 cm.

Spayed Female

AGE *Adrenal Glands*

Both adrenal glands were mildly subnormal in size, likely owing to Prednisolone therapy, yet overall sonographically unremarkable. The left adrenal gland measured 0.20 cm in width. The right adrenal gland measured 0.29 cm in width.

WEIGHT *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.

INTERPRETED BY *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 sonographically unremarkable, yet subnormal in size, likely owing to the presence of gastric ingesta.

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

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. Gastric body wall measured 0.22 cm.

HOSPITAL NAME The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental echogenic digesta/chyme present. Jejunum wall measured 0.20 cm. Ileocolic wall measured 0.30 cm.

BPH of Salem

REFERRING VET Normal visible colon wall layers were present with semiformal to soft feces.

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PATIENT *Pancreas*

Sammy Rosecrans The pancreas was normal in size and contour with subtle uniform hypoechoic parenchyma compared to adjacent non-reactive or inflamed peripancreatic omentum.

SPECIES *Free Abdomen*

Feline No overt lymphadenopathy or peritoneal effusion was present.

BREED **ULTRASONOGRAPHIC FINDINGS**

DSH • Gastric ingesta – likely post-prandial presentation

SEX • Chronic enteropathy

Spayed Female

• Mildly hypoechoic pancreas – potential for low-grade chronic active inflammation versus patient variant.

AGE **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

10 Years No overt evidence of significant gastrointestinal mural pathology. However, the current Prednisolone may be masking gastrointestinal or colonic mural changes. The decreased cobalamin is consistent with distal small intestinal disease.

WEIGHT

11 Pounds If not done, cobalamin supplementation of 250 mcg once weekly initially for 6 weeks, then every 2-4 weeks depending on clinical response is recommended. Empirically, continued Prednisolone therapy at 1-2 mg/kg SID, high colony count probiotic, and dietary therapy recommended. Potential dietary rotation, which may include hydrolyzed or potential higher fiber diet, may prove beneficial. Monitoring of cobalamin levels recommended during supplementation.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

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PATIENT

Sammy Rosecrans

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 Years

WEIGHT

11 Pounds

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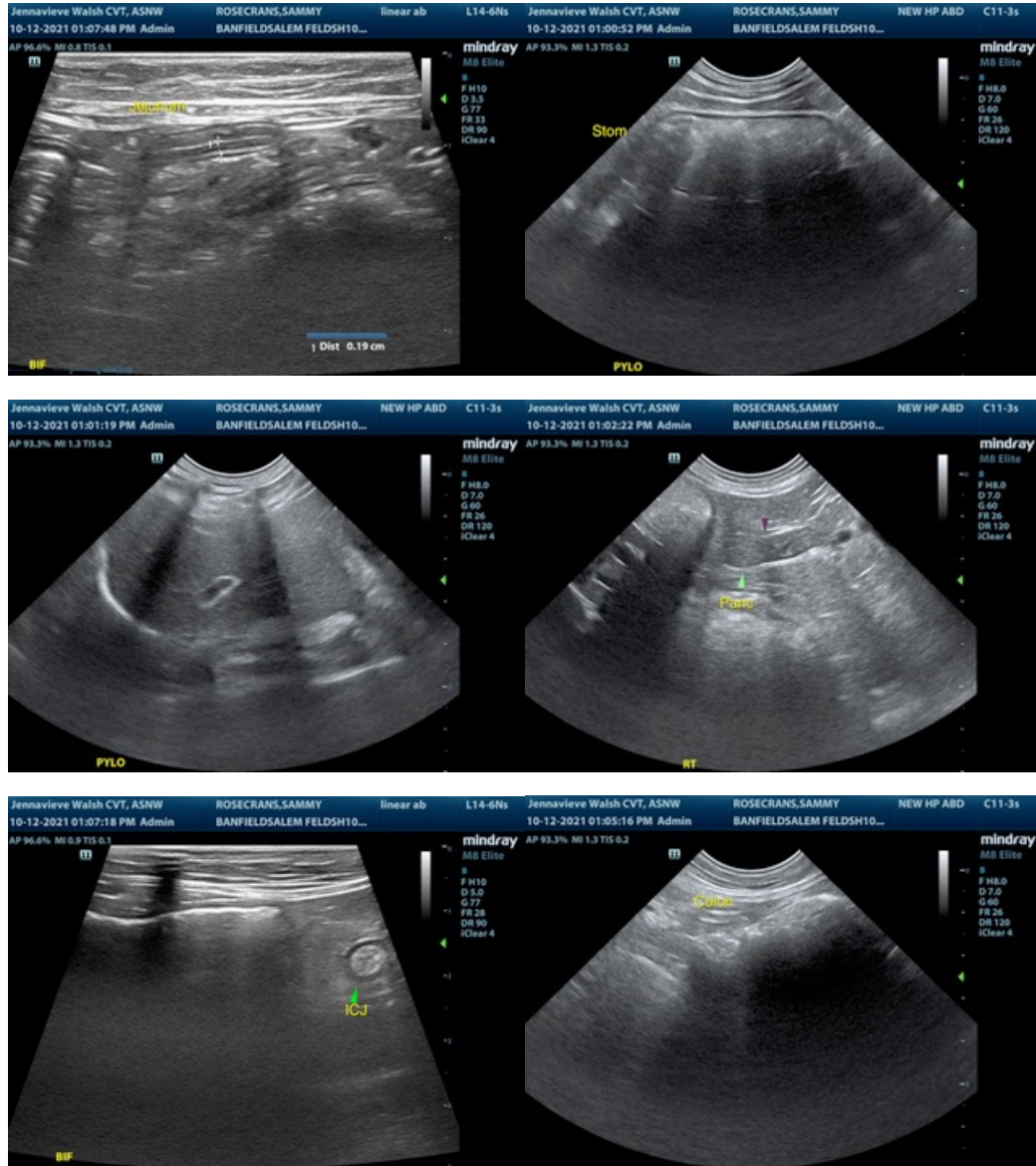
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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