



PATIENT PRESENTING CLINICAL SIGNS

Axel Rescue Persistent diarrhea, weight loss

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: GI panel wnl w/low normal cobalamin, overtly normal diarrhea PCR panel

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DSH

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2cm 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. A hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 3.4 cm in length. The right kidney measured 3.8 cm in length.

AGE

2019

WEIGHT

6.1

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.38 cm width.

Spleen

IMAGING PERFORMED BY
Rebekah Jakum, CVT
ARDMS/RVT

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.

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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.

REFERRING VET

Dr. Wimer

The gallbladder was mildly distended in size with thin walls and primarily anechoic luminal content. Full gallbladder potentially owing to fasting. The cystic and common bile ducts were normal.

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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 in width.

DATE

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PATIENT

Axel Rescue

The small intestine presented intact yet segmental to generalized prominent to thickened wall layering owing to prominent to thickened muscularis layer. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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The duodenum wall measured 0.32 cm width. The jejunum wall measured 0.29 cm width.

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

Pancreas

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The left limb of the pancreas was normal in size with minor capsule asymmetry and mildly hypoechoic to non-homogeneous parenchyma.

Free Abdomen

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No omental masses or peritoneal effusion was present.

Focally enlarged mesenteric 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. An example of lymph node size was 0.37 cm in diameter.

AGE

2019

ULTRASONOGRAPHIC FINDINGS

WEIGHT

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- IBD intestinal pattern
- Associated minor benign/reactive intermittent mesenteric lymphadenopathy-probable secondary lymphoid hyperplasia or reactive lymphadenitis owing to intestinal disease
- Possible low grade concurrent left pancreatitis
- Bilateral non-specific renal medullary rim sign

INTERPRETED BY

R. McKenzie Daniel,
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Minor potential for early neoplastic infiltrative enteropathy with round cells which may present in a similar sonographic manner cannot be definitively excluded yet is thought less likely given the presentation. Full thickness intestinal biopsies +/- LN biopsies would be required for a definitive diagnosis.

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Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, high colony count probiotic (Proviale or Visbiome) +/- fiber supplementation, cobalamin supplementation given level <400 +/- prednisolone trial at lowest effective dose to control clinical signs and as needed gastrointestinal support with assessment of clinical response may prove beneficial.

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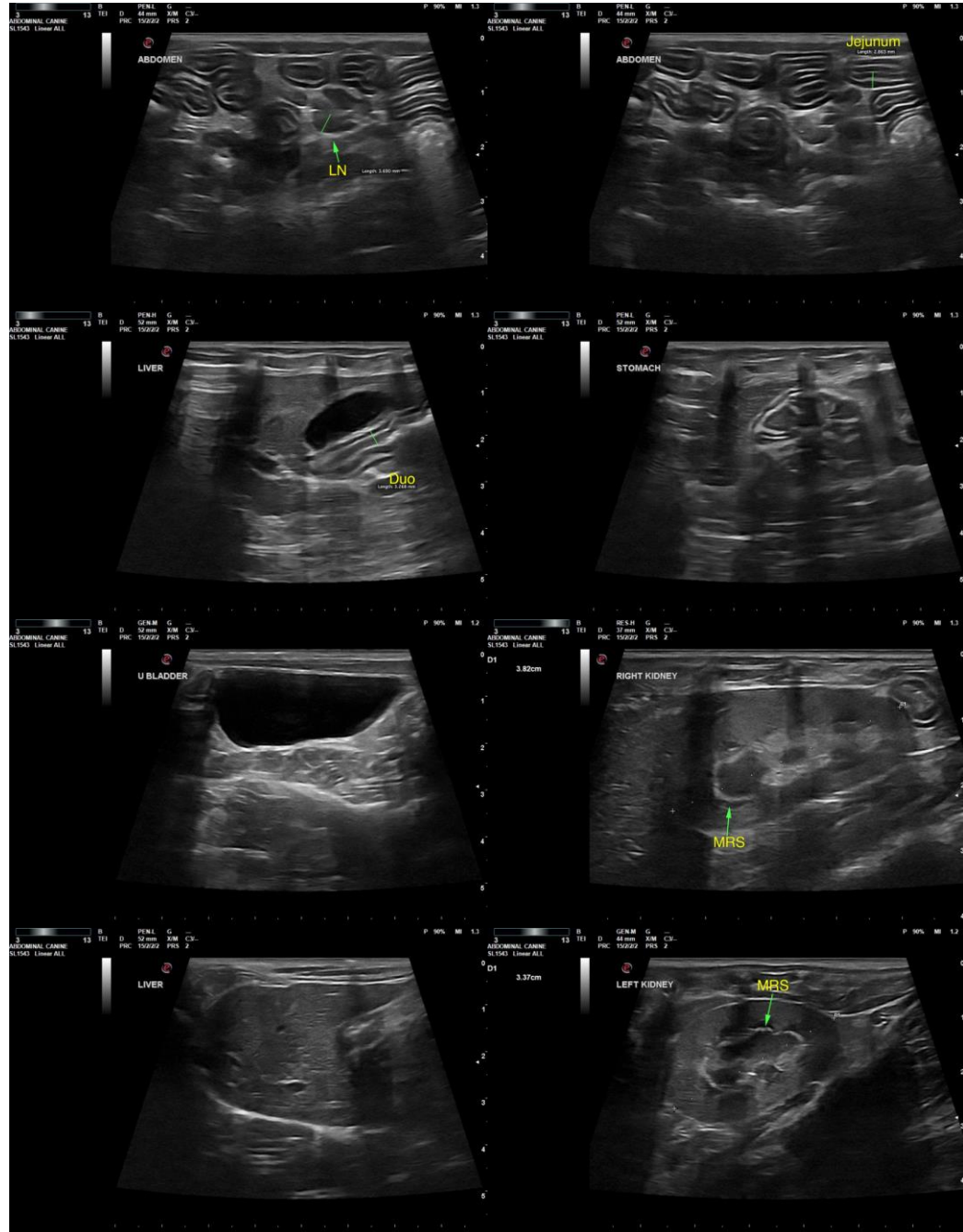
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



PATIENT

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