



PATIENT PRESENTING CLINICAL SIGNS

Waldo D'Hollander History: diarrhea and weight loss, BW WNL, Rads unremarkable, seems to respond well to dexamethasone and metro Suspect IBD or GI lymphoma

SPECIES Abnormal PE/Chem/CBC/UA Results:

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

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 particulate dependent 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. Aortic trifurcation was normal.

SEX

Neutered Male

Normal size and margination was 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.8 cm in length. The right kidney measured 4.3 cm in length.

AGE

15 Years

WEIGHT

7.3 kg

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 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

Kelly Reschney

Liver

HOSPITAL NAME

Southside AC

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.

REFERRING VET

Grams

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.

INVOICE

The small intestine presented generalized intact wall layering yet subjective propensity for mural hypertrophy owing to mild to moderate prominent muscularis layer most notable in segments of the jejunum as well as the probable ileum approaching the ileocolic junction. The small intestinal wall measured 0.32 cm up to 0.52 in the area of the ileum and ileocolic junction. No overt evidence of loss of intestinal wall layering or distinct intestinal masses. Associated peri-intestinal primary peri-ileal reactive mesentery. No evidence of significant lymphadenopathy. No evidence of peritoneal effusion.

DATE

10/18/21



PATIENT

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

Waldo D'Hollander

Pancreas

SPECIES

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.

Feline

ULTRASONOGRAPHIC FINDINGS

BREED

- Urinary bladder sediment

DSH

- Mild chronic renal changes

SEX

- Segmental to generalized enteropathy with suspect moderate ileitis

Neutered Male

- Associated peri-intestinal reactive mesentery

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

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

15 Years

WEIGHT

Overall intact small intestinal wall layering exhibiting segmental mural changes and mural hypertrophy may suggest chronic inflammatory infiltrative enteropathy/IBD. The potential for neoplastic infiltrative enteropathy with round cells (i.e., lymphoma) which may present in similar sonographic manner cannot be definitively excluded yet thought less likely given the lack of concurrent overt lymphadenopathy. Small intestinal full thickness biopsies would be required for a definitive diagnosis.

7.3 kg

INTERPRETED BY

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. A fresh fecal analysis +/- diarrhea PCR could be considered empirical IBD protocol, including corticosteroid, antibiotic, probiotic and dietary therapy and empirical cobalamin supplementation may be considered empirically.

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Feline)

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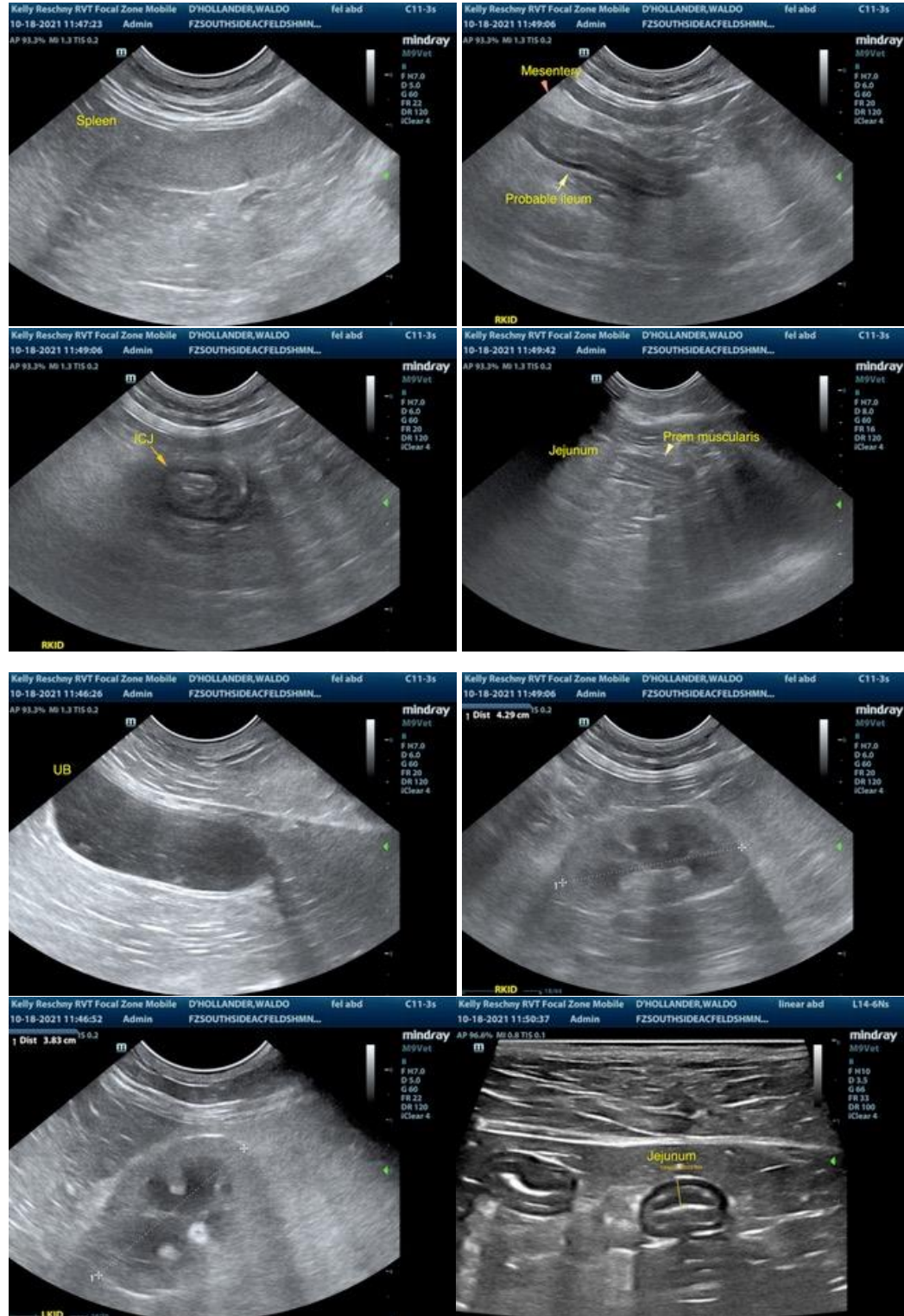
REFERRING VET

Grams

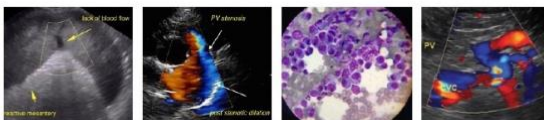
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



PATIENT

Waldo D'Hollander

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.

SPECIES

Feline

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