



**PATIENT**

Frosty Brandt

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

4 years

**WEIGHT**

7.3 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Rachel Runnells, RVT

**HOSPITAL NAME**

SVS Imaging KC

**REFERRING VET**

Dr. Elizabeth Oetting

**INVOICE**

12454

**DATE**

10/26/21

**PRESENTING CLINICAL SIGNS**

-Frosty continuously loses weight. Was originally a 11-12 lb cat, was 7.3 lbs today. Frosty is constantly hungry and thirsty. Originally was not polydipsic or vomiting. Today's hx: Vomits frequently and has soft stools everyday. Hasn't had a normal formed bowel movement in 1/2 a year. Can go a few days without vomiting, but they will find small piles of vomitus regularly.

Abnormal PE/Chem/CBC/UA Results: Stress hyperglycemia, stress leukogram, but no evidence of diabetes (no glucosuria), no evidence of hyperthyroidism, no evidence of pancreatitis

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**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 was noted.

The area of the aortic trifurcation was free of pathology.

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 3.5 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 cm width.

**Spleen**

The spleen exhibited generalized enlargement with potential medial folding of the cranial spleen. The spleen presented a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. 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. The spleen measured 1.1 cm in width at the level of the hilus. No splenic masses, nodules, or overt neoplastic criteria.

**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.



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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 width measured 0.26 cm.

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 width measured 0.26 cm.

The colon exhibited segmental mild mural hypertrophy with indistinct to loss of discernable colon wall layering detail. The distal descending colon wall width measured 0.36 cm. Subjective soft to nonformed feces was present in the colon lumen.

***Pancreas***

The left pancreatic limb was normal in size and contour with focal to sectorial hypoechoic parenchyma.

***Free Abdomen***

Intermittent mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). Small pockets of scant peri intestinal to pericolic free fluid were noted.

**ULTRASONOGRAPHIC FINDINGS**

***Primary Findings***

- Subjective mild splenomegaly with potential splenic folding
- Focal to sectorial hypoechoic left pancreas - suspect regional pancreatitis
- Sonographically unremarkable stomach and small bowel
- Segmental mild distal colon thickening
- Intermittent mild subjectively benign mesenteric lymphadenopathy and scant pockets of peri intestinal to pericolic free fluid

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A potential for structurally insignificant inflammatory small bowel disease malassimilation / maldigestion disorder, occult parasitism in conjunction with infiltrative colonopathy and concurrent pancreatitis are possible. A GI panel to include PLI/TLI/Cobalamin/Folate and diarrhea PCR could be considered for further assessment. Ideally, upper and lower endoscopic biopsies would be required for a definitive diagnosis. Pending GI panel and diarrhea PCR results, empirical therapy which may include Cobalamin supplementation, broad-spectrum deworming even if fecal testing is negative, dietary therapy (hydrolyzed vs. higher fiber diet), +/- Prednisolone / Metronidazole combination with assessment of clinical response may be considered.



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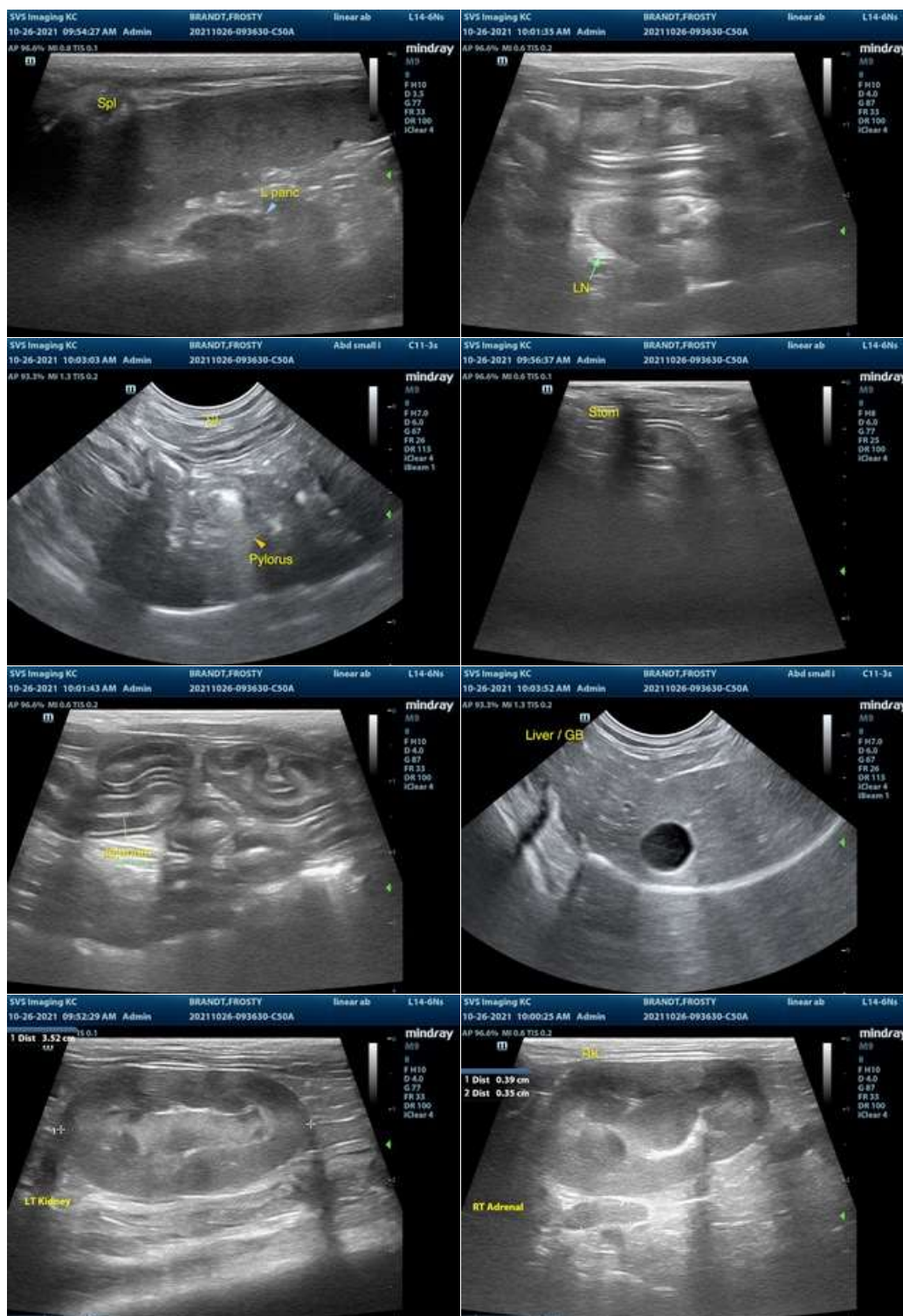
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**  
info@SonoPath.com