



**PATIENT PRESENTING CLINICAL SIGNS**

Tory Anthony History: Decreased appetite, uncomfortable abdomen  
 Medication: Prednisolone

**SPECIES** CBC/Chem – unremarkable. Spec fPL 9.3

Feline

**BREED**

Domestic Shorthair

**SEX**

FS

**AGE**

15 years

**WEIGHT**

12.1 Pounds

**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 were noted.

Normal size and margination were present in the right kidney. 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 right kidney measured 3.4 cm.

The left kidney was subnormal in size. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate to marked loss of corticomedullary symmetry and definition as well as reduced medullary volume. No evidence of pelvic dilation was present. The left kidney measured 2.2 cm. The right kidney measured 3.4 cm.

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.33 cm in width. The right adrenal gland measured 0.29 cm in width.

**Spleen**

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease. The spleen measured 0.72 cm in width.

**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 non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**INVOICE Gastrointestinal**

26697 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. Gastric body wall measured 0.25 cm.

**DATE**

10.27.2021

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

**HOSPITAL NAME**

Alburtis

**REFERRING VET**

Dr. Smith



**PATIENT** measured 0.26-0.33 cm. Ileocolic wall measured 0.4 cm. Regional minor reactive mesentery noted around the ileocolic junction.

Tory Anthony

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

**SPECIES** *Pancreas*

Feline

The pancreas was normal in size and overall contour with subtle hypoechoic to heterogeneous parenchyma compared to adjacent omentum.

**BREED** *Free Abdomen*

Domestic Shorthair

Intermittent enlarged jejunocolic lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident.

**SEX**

No effusion.

FS

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

15 years

- Chronic IBD pattern
- Associated mild jejunocolic lymphadenopathy – lymphoid hyperplasia or minor reactive lymphadenitis suspected.
- Subtly hypoechoic pancreas – suspect low-grade to chronic pancreatitis.
- Bilateral chronic renal changes, more prominent in the left kidney with subnormal left kidney size

**WEIGHT**

12.1 Pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Low-grade to chronic pancreatitis would be suspected if abdominal discomfort, primarily in the area of the cranial abdomen or subxiphoid area. Mild potential for neoplastic infiltrative enteropathy with round cells (i.e., lymphoma) which may present in similar sonographic manner is possible, yet thought less likely. Continued empirical IBD therapy with as needed gastrointestinal support is suggested. If persistent inappetence or weight loss, GI panel to include PLI, TLI, cobalamin and folate and/or empirical cobalamin supplementation +/- recheck sonogram to assess for progressive inflammatory pancreatic or intestinal changes may be considered.

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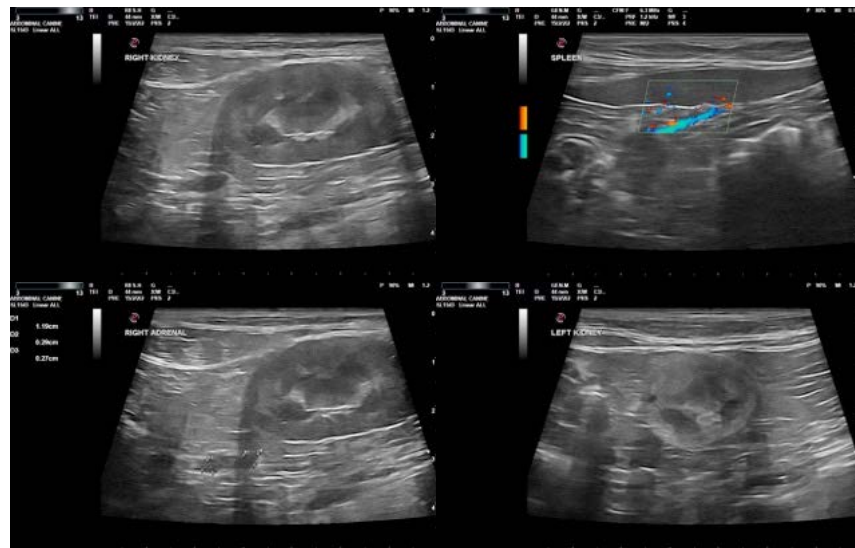
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**PATIENT**

Tory Anthony

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

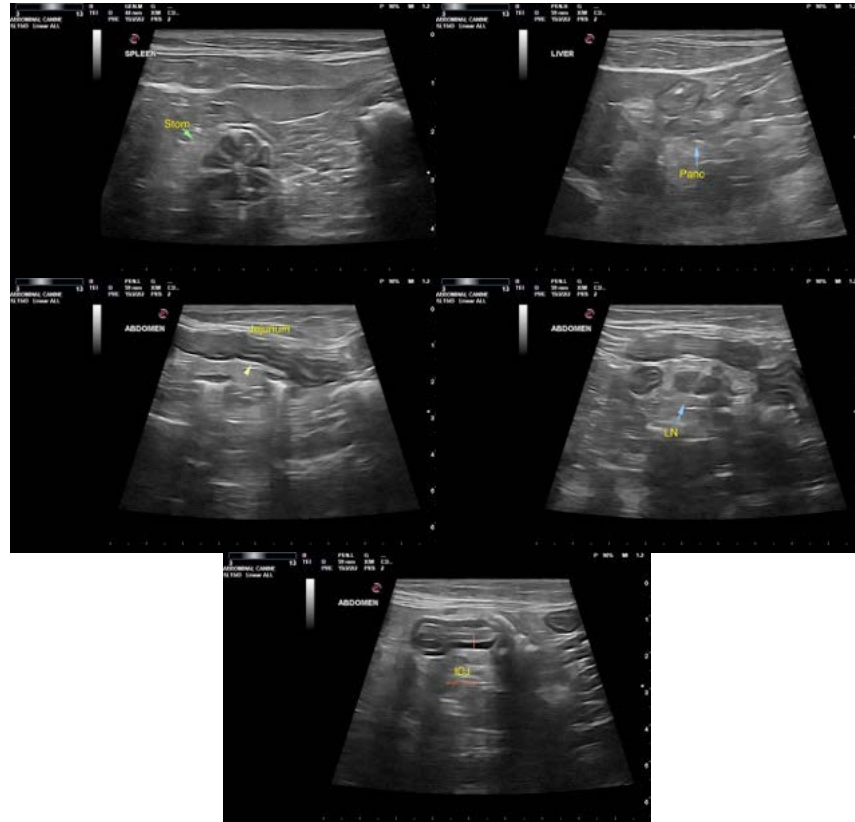
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

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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