



**PATIENT**

Jasper Jewell

**PRESENTING CLINICAL SIGNS**

Inappetance and lethargy. Hx of pancreatitis dx last week on labs. Hx of hyperthyroidism (currently controlled with methimazole).

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: Creat elevated at 201. Spec fpl elevated at 4.7. Last T4 was 11.1

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

DLH

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

**SEX**

MN

**AGE**

12yr

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.0 cm in length. The right kidney measured 4.0 cm in length.

**WEIGHT**

3.6kg

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.30 cm width. The area of the right adrenal gland was free of overt pathology.

**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**

Dr. Barthelemy

**HOSPITAL NAME**

Bowmont Animal  
Hospital

**Liver**

The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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**

Dr. Asemadahun

**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.

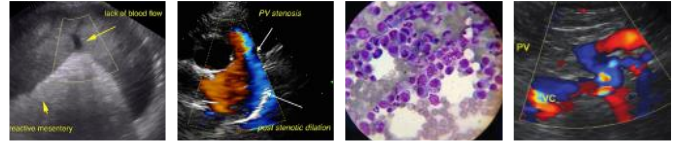
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The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. The duodenum wall measured 0.31 cm width. The jejunum wall measured 0.30 cm width. The ileocolic wall measured 0.45 cm width. The colon wall measured 0.29 cm width.

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10/28/2022



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Intact mildly prominent colon wall layering was present with apparent semi formed feces in lumen.

Jasper Jewell

**Pancreas**

**SPECIES**

The pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia. Minor pancreatic duct dilation was present.

Feline

**BREED**

**Free Abdomen**

DLH

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

- IBD intestinal pattern
- Concurrent low grade to chronic active pancreatitis pattern
- Mild chronic renal changes
- Mild urinary bladder sediment

MN

**AGE**

12yr

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

Minor potential for low grade to mild neoplastic infiltrative enteropathy with round cells such as lymphoma which may present in a similar sonographic manner cannot be definitively excluded. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Full thickness intestinal biopsies are required for a definitive diagnosis.

3.6kg

Empirically IBD/mild pancreatitis protocol with as needed GI support and assessment of clinical response would be reasonable.

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Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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**SPECIES**

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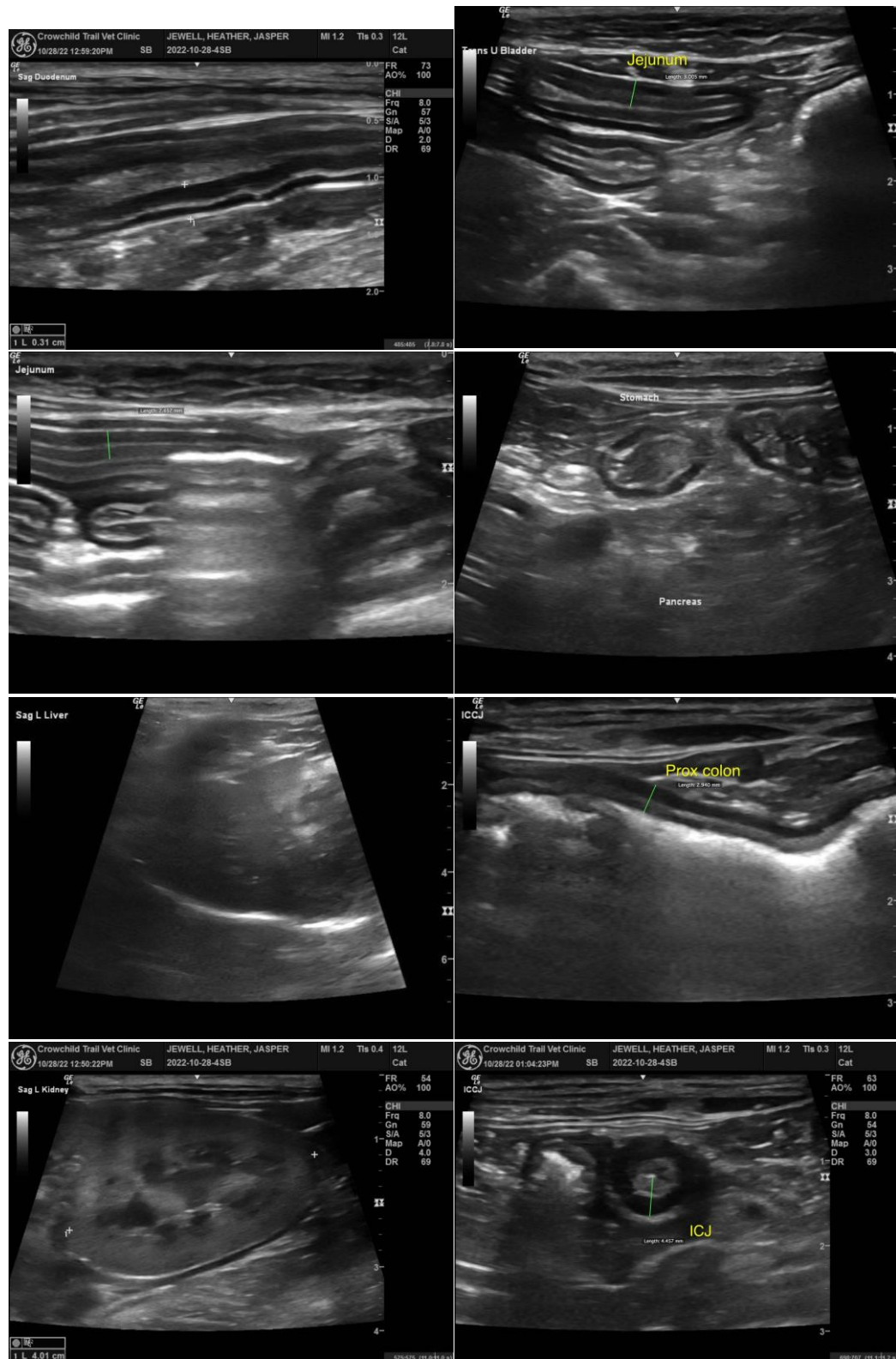
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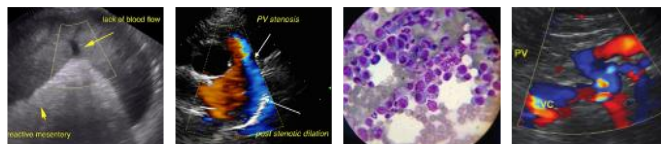
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## SPECIES

Feline

## BREED

DLH

## SEX

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## AGE

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## WEIGHT

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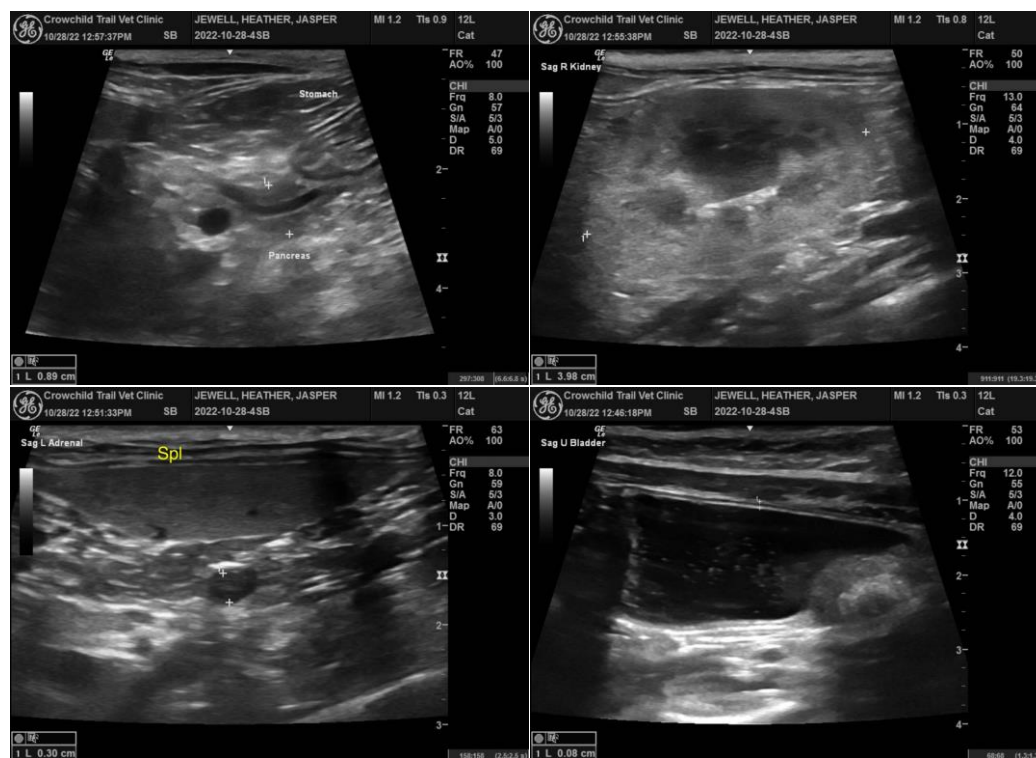
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com