



**PATIENT**

Tobie Straw

**SPECIES**

Feline

**BREED**

DMH

**SEX**

MN

**AGE**

17 years

**WEIGHT**

6.43 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Santa Clara AH

**REFERRING VET**

Dr. Barbara Brasted-  
Maki

**INVOICE**

12492

**DATE**

10/29/21

**PRESENTING CLINICAL SIGNS**

Patient presents with a 1 month history of small bowel diarrhea. Exam shows him to be mildly dehydrated with an unkempt coat. He is markedly underweight with generalized loss of muscle condition, but owner does not think he has lost weight.

Abnormal PE/Chem/CBC/UA Results: Senior Screen: CBC: No significant abnormalities Chemistries: SDMA (16) and BUN (57) are mildly elevated, while creatinine (1.6) is WNL. T4: 4.3 Urine is near isosthenuric (SG 1.015) with inactive sediment. At this time, owner has declined Free T4

**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 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 3.0 cm in length. The right kidney measured 3.1 cm in length.

**Adrenal Glands**

The left adrenal gland was mildly prominent in size, measuring 0.59 cm width. The left adrenal gland maintained symmetrical contour and homogeneous parenchyma. This is a nonspecific finding and may be a normal patient variant or mild benign hyperplasia, without overt evidence of neoplastic criteria. No overt pathology was noted in the area of the right adrenal gland.

**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.

**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 exhibited intact wall layering with segmental to generalized propensity for increased muscularis layer, as well as segmental areas of prominent mucosa. The jejunum wall width measured 0.3 cm -0.39 cm. No evidence of loss of intestinal wall layering or intestinal masses were noted.

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

***Pancreas***

The pancreas was mildly prominent in size with mild asymmetrical contour and subtle hypoechoic to heterogeneous parenchyma compared to adjacent nonreactive or inflamed omentum.

***Free Abdomen***

No evidence of significant omental lymphadenopathy was noted.

**ULTRASONOGRAPHIC FINDINGS**

***Primary Findings***

- Enteropathy - suspect probable IBD
- Probable low-grade pancreatitis
- Bilateral mild chronic renal changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The small intestine exhibited mural changes suggestive of inflammatory enteropathy, given the intact wall layering and lack of significant lymphadenopathy. The potential for neoplastic infiltrative enteropathy with round cells, i.e., lymphoma or other, which may present in a similar sonographic manner, cannot be definitively excluded. Definitive diagnosis would require full-thickness intestinal biopsies. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

Empirical IBD protocol which may include cobalamin supplementation, hydrolyzed diet, and Prednisolone trial at lowest effective dose to control clinical signs with an assessment of clinical response may be considered if biopsies or additional diagnostics are not elected.



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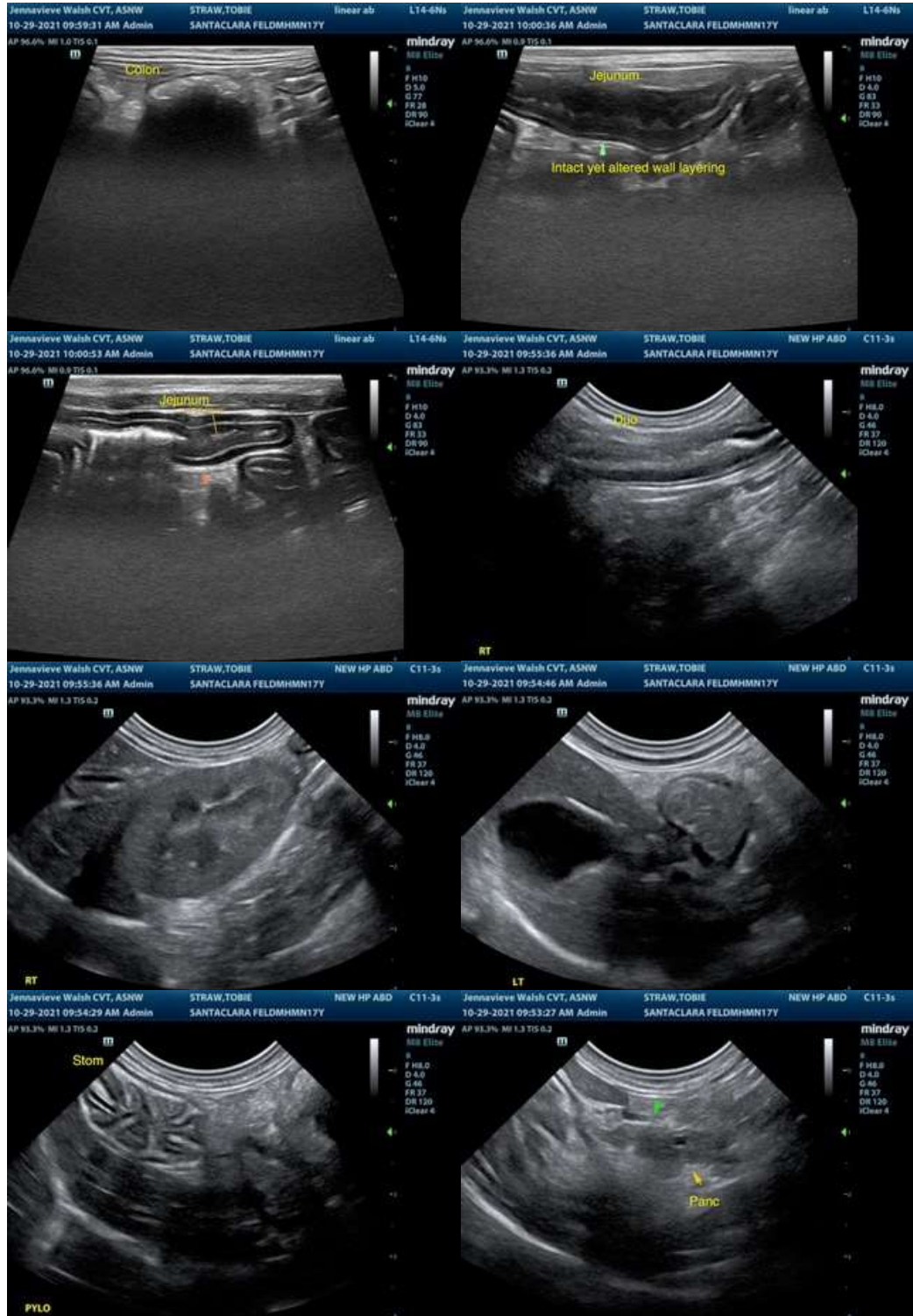
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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