



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Karma Ewing	New heart murmur on Sept 22/22. Recurrent GI changes and concerns. Lip smacking, decreased appetite, intermittent diarrhea, weight loss. Previous scan 11/24/21 was suggestive of chronic enteropathy with chronic pancreatitis but is worsening recently. On Cerenia, Gabapentin, Prednisolone.
<b>SPECIES</b>	
Feline	Abnormal PE/Chem/CBC/UA Results: Sp grav - 1.010, pH 6.5, blood 4+. MCV high, SDMA high 17, Phosphorous low 0.88, T4 normal, Previous elevation in Spec fPL 10.5 in Januray this year.
<b>BREED</b>	
DSH	
<b>SEX</b>	
FS	
<b>AGE</b>	
15 Yrs	
<b>WEIGHT</b>	
4.28 kg	
<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
R. McKenzie Daniel, DVM, DABVP	<b>Urinary System</b>
<b>IMAGING PERFORMED BY</b>	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.
Crystal Hill	The area of the aortic trifurcation was free of pathology.
<b>HOSPITAL NAME</b>	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 3.4 cm in length.
East Credit VH	<b>Adrenal Glands</b>
<b>REFERRING VET</b>	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.32 cm width. The area of the right adrenal gland was free of overt pathology.
Dr. Webster	<b>Spleen</b>
<b>INVOICE</b>	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. The spleen measured 0.6 cm width at the level of the hilus.
15058	<b>Liver/ Gallbladder</b>
<b>DATE</b>	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.
10/4/22	



**PATIENT**

***Gastrointestinal***

Karma Ewing

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no evidence of retained ingesta, fluid, or foreign material. The gastric body wall width measured 0.27 cm.

**SPECIES**

Feline

The small intestine presented intact wall layering with segmental to generalized propensity for mildly prominent muscularis layer yet without evidence of mural thickening or loss of intestinal wall layering. The small intestinal wall width measured 0.23-0.25 cm. No overt pathology was noted in the area of the ileocolic junction. The ileocolic junction measured 0.29 cm wall width.

**BREED**

DSH

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

**SEX**

FS

***Pancreas***

The pancreas was normal in size and contour with heterogeneous isoechoic parenchyma compared to adjacent nonreactive peripancreatic omentum. Subjective minor pancreatic duct dilation was present. No signs of active inflammation or neoplasia.

**AGE**

15 Yrs

***Free Abdomen***

No omental masses, lymphadenopathy, or peritoneal effusion were noted.

**WEIGHT**

4.28 kg

**ULTRASONOGRAPHIC FINDINGS**

- Chronic enteropathy pattern - suspect chronic IBD
- Mildly heterogeneous pancreas
- Bilateral chronic renal changes

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**IMAGING**

**PERFORMED BY**

Crystal Hill

The small intestine exhibited subtle mural changes specifically mildly prominent muscularis layer, which is suggestive of underlying chronic inflammatory enteropathy even with current Prednisolone therapy. Potentially, the Prednisolone may be masking intestinal mural changes. The potential for low-grade chronic pancreatitis as a contributing factor is possible. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

**HOSPITAL NAME**

East Credit VH

In addition to current therapy and pending GI panel if elected, empirical cobalamin supplementation, hydrolyzed diet +/- gastroprotectant protocol may prove beneficial.

**REFERRING VET**

Dr. Webster

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

**INVOICE**

15058

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**IMAGING PERFORMED BY**  
Crystal Hill

**HOSPITAL NAME**  
East Credit VH

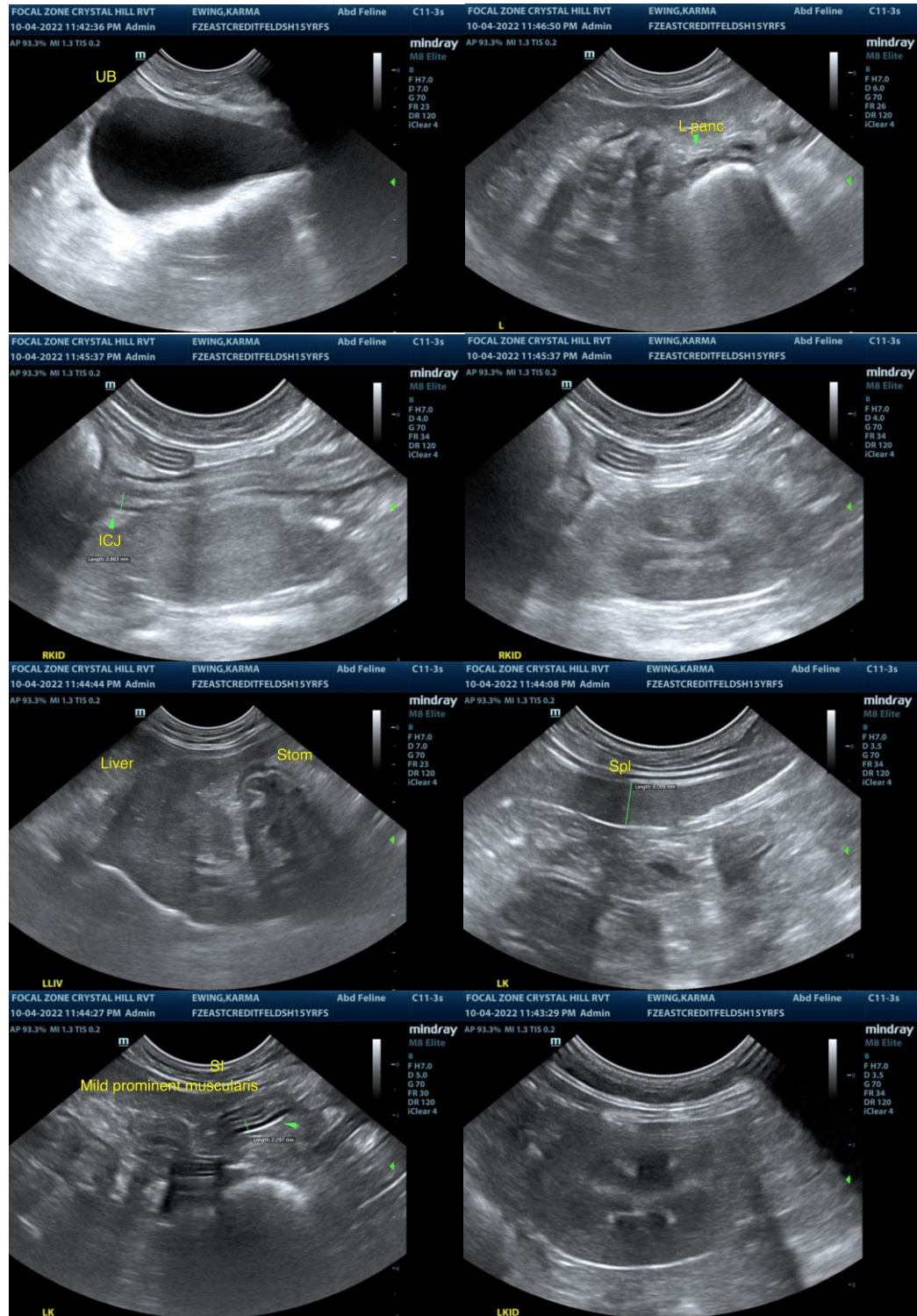
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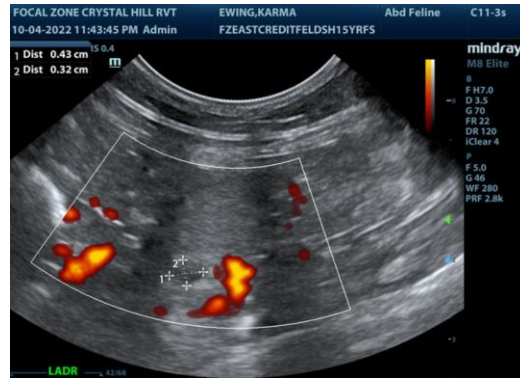
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**INVOICE**

15058

**DATE**

10/4/22



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)**  
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