



PATIENT

Tchalla Allen

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

11.5yr

WEIGHT

7.2lb

PRESENTING CLINICAL SIGNS

72 hour history of decreased appetite, significant lethargy, vomiting. Pet was examined yesterday and found to have moderate dehydration but otherwise unremarkable exam. blood work normal. treated with sq fluids, cerenia. Pet improved slightly overnight that vomiting stopped but still lethargic and decreased appetite today. Pet has weight loss of 3/4 pound since weighed last 4 months ago. Exam today showed mild dehydration and temp slightly elevated at 103.1

Abnormal PE/Chem/CBC/UA Results: cbc/chem/t4- mild decreased chloride and sodium, otherwise unremarkable

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 minor non-dependent to congealed sediment which may indicate cellular debris/protein/crystalline debris or mucus. 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 was 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 3.6 cm in length. The right kidney measured 3.6 cm in length.

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

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

Adrenal Glands

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 right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 cm width.

IMAGING PERFORMED BY

Dr. Myers

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.

HOSPITAL NAME

Hershire Animal
Hospital

The spleen measured 0.87 cm in width at the level of the hilus.

REFERRING VET

Dr. Myers

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.

INVOICE

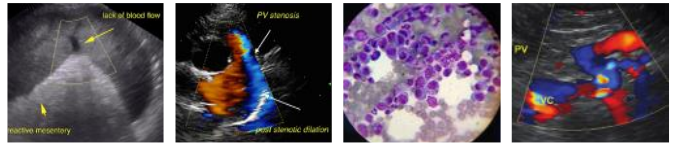
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The gallbladder was non-distended in size yet partially divided into two compartments with primarily anechoic luminal content and very mild echogenic luminal debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

DATE

10/04/2022

Gastrointestinal



PATIENT	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild ingesta/chyme exhibiting subtle progressive distal acoustic shadowing with no signs of ileus, obstruction or foreign material.
Tchalla Allen	
SPECIES	The ventral gastric body wall measured 0.26 cm in width.
Feline	The small intestine presented intact wall layering with segmental 1:3 muscularis/mucosa ratio with concurrent mildly prominent muscularis layer. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.
BREED	The jejunum wall measured 0.28-0.29 cm in width. The duodenum wall measured 0.23 cm in width.
DSH	Normal visible colon wall layers were present with apparent formed feces in lumen.
SEX	Pancreas
FS	The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.
AGE	Free Abdomen
11.5yr	No omental masses or peritoneal effusion was present.
WEIGHT	Focal, mildly prominent to enlarged 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). An example of a lymph node measured 1.5 cm.
7.2lb	
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> Intact yet subjective mild prominent small bowel walls-inflammatory bowel episode, potential for IBD Mild gastric ingesta/chyme
IMAGING PERFORMED BY	Secondary
Dr. Myers	<ul style="list-style-type: none"> Partial bilobed gallbladder-normal variant in a cat Mild age-related renal changes Minor urinary bladder sediment
HOSPITAL NAME	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Hershire Animal Hospital	The small intestine exhibited segmental to potential generalized mural changes which may suggest an acute inflammatory bowel episode if no previous history of GI signs or weight loss. Potential for IBD may be a consideration if recurrent or progressive GI signs or evidence of weight loss going forward.
REFERRING VET	A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. IBD is suspected given low grade yet chronic weight loss. Full thickness intestinal biopsies would be required for a definitive diagnosis. Infectious disease serology may be considered given the fever or if clinically indicated.
Dr. Myers	Empirically a hydrolyzed diet trial, cobalamin supplementation, prednisolone trial at lowest effective dose to control clinical signs +/- azithromycin trial given the patient's fever or if clinical suspicion for infectious etiology and assessment of clinical response would be reasonable.
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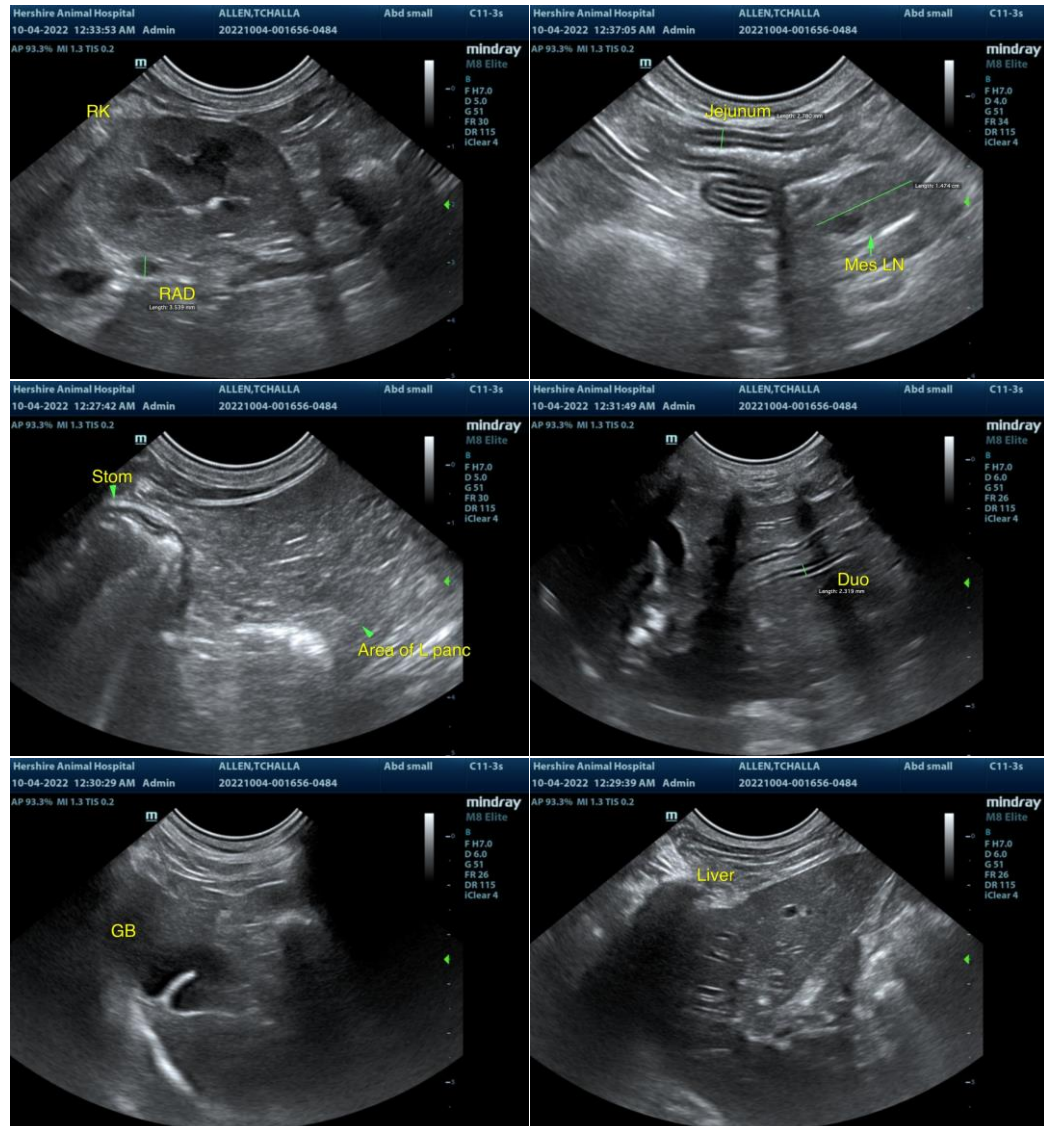
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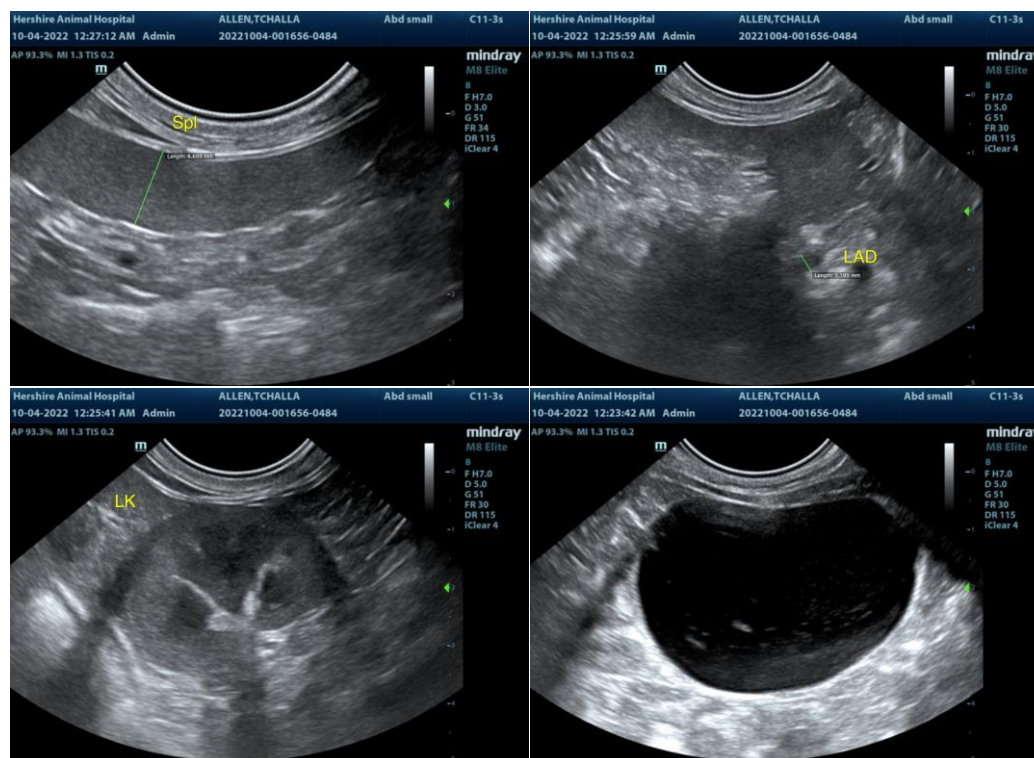
Dr. Myers

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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