



**PATIENT PRESENTING CLINICAL SIGNS**

Getty Lester Weight loss Intermittent diarrhea, vomiting Gallop heart rhythm  
Abnormal PE/Chem/CBC/UA Results: CBC - leukocytosis - neutrophilia, eosinophilia, basophilia  
Chemistry - WNL TT4 - 3.8 Current Medications N/A Radiographic Findings N/A

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

**Urinary System**

DSH

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.

**SEX**

Spayed Female

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.4 cm. The right kidney measured 4.0 cm.

**AGE**

10 Years

**Adrenal Glands**

**WEIGHT**

6.53 Pounds

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.46 cm. The right adrenal gland measured 0.33 cm.

**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**

Sara Hansen

**Liver**

The liver presented subjective borderline to possible mild generalized enlargement with maintained symmetrical capsule contour. Normal hepatic parenchyma echogenicity exhibiting mild to moderate coarse echotexture. The gallbladder was non distended in size with primarily anechoic content with mild echogenic, non-organized luminal debris without evidence of gallbladder or peripheral gallbladder inflammation. The common bile duct was normal.

**HOSPITAL NAME**

Albany AH

**Gastrointestinal**

**REFERRING VET**

Dr. Spangler

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 0.26 cm.

**INVOICE**

42953

The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered to inverted muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. Duodenum wall measured 0.47 cm. Jejunum wall measured up to 0.50 cm. Ileocolic wall measured 0.60 cm.

**DATE**

11/24/22

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



**PATIENT** *Pancreas*

Getty Lester

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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Feline

**Free Abdomen**

A mid abdominal enlarged, non-homogeneous mesenteric lymph node was noted measuring 5.4 cm x 2.3 cm, exhibiting borderline abnormal width to length ratio of approximately 0.5. Intermittent small pockets of scant peritoneal free fluid noted. Perilymphatic and peri intestinal mild hyperechoic mesentery noted.

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

6.53 Pounds

**ULTRASONOGRAPHIC FINDINGS**

- Diffuse enteropathy exhibiting altered to inverted muscularis to mucosa ratio
- Associated non-homogeneous enlarged mesenteric lymphadenopathy
- Possible concurrent low-grade pancreatitis
- Mild hepatic parenchymal remodeling
- Minor gallbladder debris – likely incidental given lack of cholestasis, potentially secondary to fasting.
- Intermittent scant peritoneal free fluid

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, appearance of the small intestine is consistent with infiltrative enteropathy with inflammatory versus neoplastic infiltrative enteropathy i.e., IBD/eosinophilic enteritis or infiltrative round cell intestinal neoplasia such as lymphoma, mast cell neoplasia, or other, both of which may present in similar sonographic manner. Associated lymphadenopathy may indicate hyperplasia, lymphadenitis, or early neoplastic lymphadenopathy. Dry form FIP is considered a less likely differential diagnose.

**IMAGING PERFORMED BY**

Sara Hansen

Further assessment may include lymph node FNA cytology using 25-gauge needle. However, full thickness intestinal +/- lymphatic biopsies are likely required for definitive diagnosis. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Empirically, IBD protocol with assessment of clinical response and monitoring of body weight would be reasonable if sampling is not elected. 3-view chest radiographs suggested to rule out concurrent thoracic pathology as a contributing factor.

**HOSPITAL NAME**

Albany AH

**REFERRING VET**

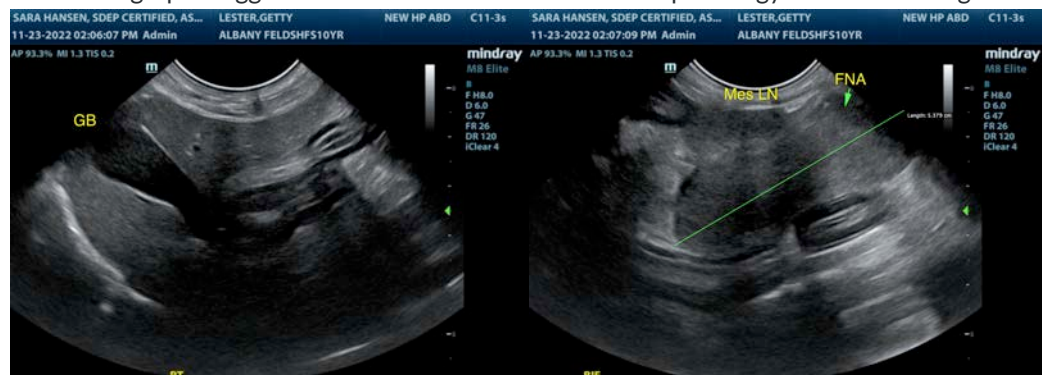
Dr. Spangler

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**DATE**

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**PATIENT**

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**SPECIES**

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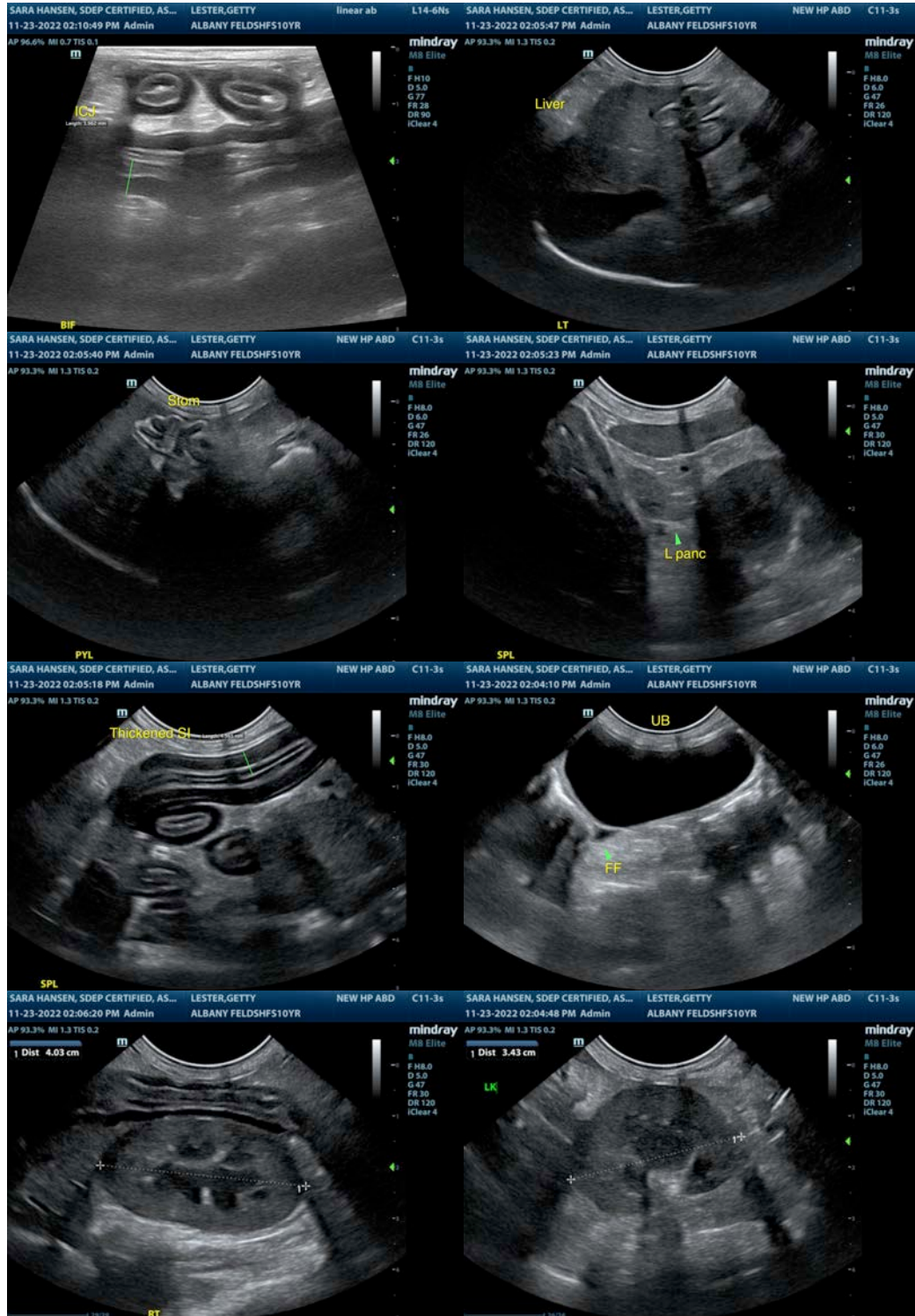
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**PATIENT**

Getty Lester

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.

**SPECIES**

Feline

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.

**BREED**

DSH

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

[info@SonoPath.com](mailto:info@SonoPath.com)

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