

<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Simon Spencer	10/26/21: 8y MN vaccinated indoor cat (2 other cats in the home) . Owner reports; 1.5 months ago straining to defecate (outside of the box), only producing small droplets of stool with blood & vomiting undigested food-----> brought him to the vet : abdominal rads, bloodwork,
<b>SPECIES</b>	RX:Famotidine,Cerenia, Laxatone, Lactulose (2 weeks later) When finished meds has diarrhea , returned to the vet; RX: Laxatone , W/D dry & probiotic. "stools are improving" Now the stool is formed and consistent. Owner notes some pink color mucus on stool , believes the mucus is at the end of the BM. She explored the stool and discovered "it's mostly hair" Simon has ALWAYS vomited hairballs ~ 1-2 x monthly for life !
Feline	Abnormal PE/Chem/CBC/UA Results: 10/26/21: CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, normal bronchovesicular sounds. EENT: Clear OU and AU. No nasal discharge. Oral cavity: Mild to moderate dental tartar Musculoskeletal: BCS = 8.5-9/9.
<b>BREED</b>	Ambulatory x 4 Uro/Perineum: No significant lesions Abd/GI: Soft, non-painful. No masses or fluid wave palpated Lymph Nodes: No peripheral lymphadenopathy Neurological: Alert and appropriate. No significant abnormalities Skin: Pea-sized, firm, attached SQ mass on lower L mandible (no change). Flaky skin. Good hair coat. No ectoparasites seen Mentation: BAR Hydration: N Fecal: no parasites seen
Siamese	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>SEX</b>	<i>Urinary System</i>
MN	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.
<b>AGE</b>	The area of the residual prostate appeared normal and free of pathology.
8 Years, 4 Months	No evidence of pathology in the area of the aortic trifurcation.
<b>WEIGHT</b>	Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.2 cm in length. The right kidney measured 4.7 cm in length.
18.5 lbs	<i>Adrenal Glands</i>
<b>INTERPRETED BY</b>	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm width.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	No overt pathology in the area of the right adrenal gland.
<b>IMAGING PERFORMED BY</b>	<i>Spleen</i>
Dr. Rivera	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.
<b>HOSPITAL NAME</b>	<i>Liver / Gallbladder</i>
DPC Veterinary Hospital	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
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**PATIENT**

Simon Spencer

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.

***Gastrointestinal***

**SPECIES**

Feline

The stomach presented intact wall layering with a normal wall layer ratio. The stomach was empty without evidence of retained ingesta, fluid, foreign material, or hairball density.

**BREED**

Siamese

The small intestine exhibited intact wall layering with subjective generalized propensity for mildly prominent muscularis layer. No evidence of loss of intestinal wall layering or intestinal masses. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The jejunum wall width measured 0.29-0.30 cm.

The visualized colon exhibited sonographically unremarkable walls containing subjective formed feces.

**SEX**

MN

***Pancreas***

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**

8 Years, 4 Months

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**WEIGHT**

18.5 lbs

**ULTRASONOGRAPHIC FINDINGS**

- Sonographically unremarkable visualized colon.
- Possible low grade inflammatory enteropathy.

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although not definitive, the small intestine exhibited potential for subtle mural changes which may suggest underlying inflammatory enteropathy or IBD. However, given the lack of reported additional gastrointestinal signs, i.e., weight loss, this finding is nonspecific. Potential for low grade to resolving colitis is possible given the tenesmus and hematochezia. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate.

Dr. Rivera

Empirically, continued medical therapy for potential low grade colitis, as needed gastrointestinal support, and hairball therapy, if clinically indicated, would be appropriate.

**HOSPITAL NAME**

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Sonographic monitoring of the small intestine for evidence of progressive mural changes may be considered if continued or persistent gastrointestinal signs or evidence of weight loss.

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Simon Spencer

## SPECIES

Feline

## BREED

Siamese

## SEX

MN

## AGE

8 Years, 4 Months

## WEIGHT

18.5 lbs

## INTERPRETED BY

R. McKenzie Daniel,  
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## IMAGING PERFORMED BY

Dr. Rivera

## HOSPITAL NAME

DPC Veterinary  
Hospital

## REFERRING VET

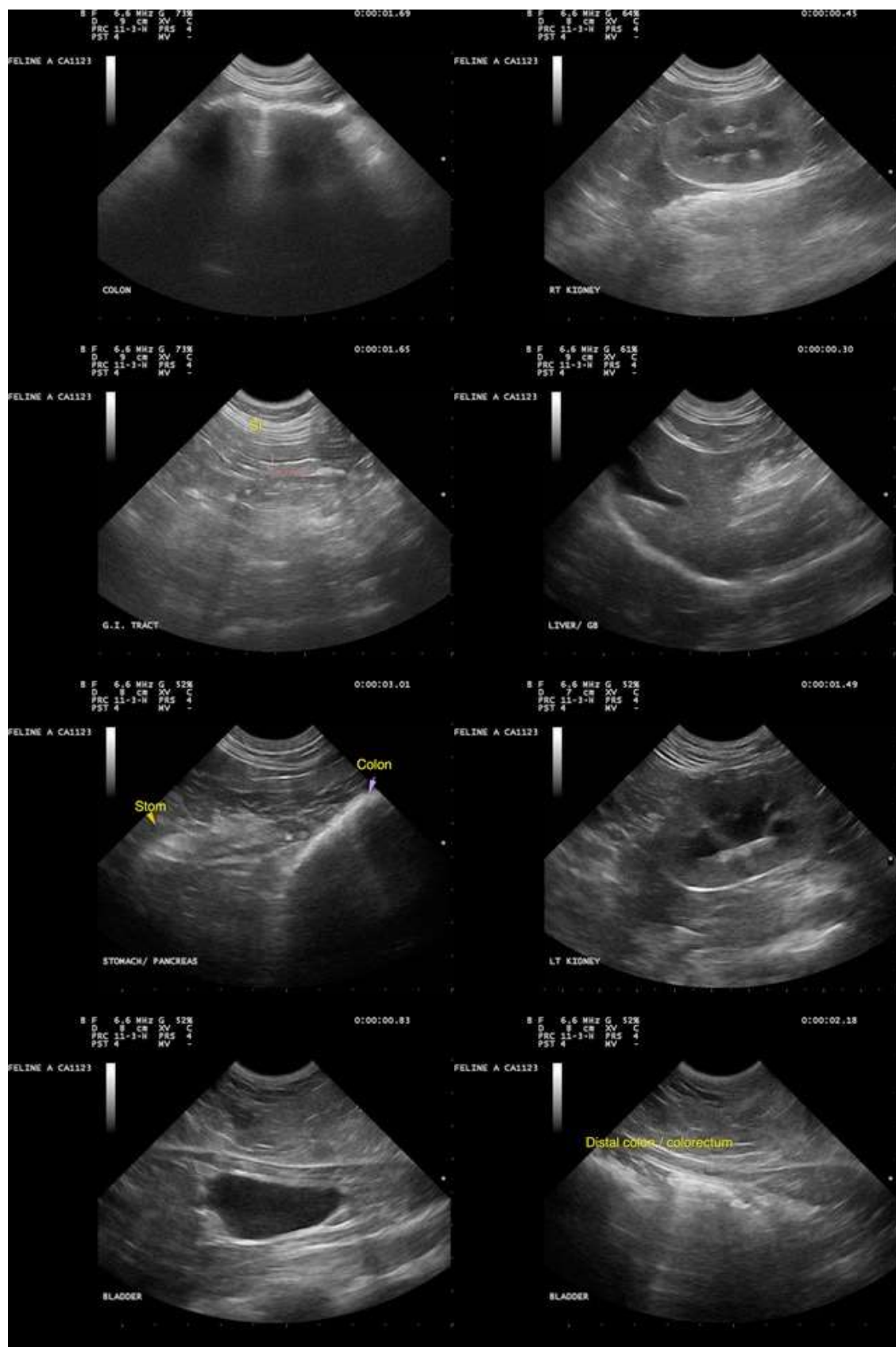
Dr. Rivera

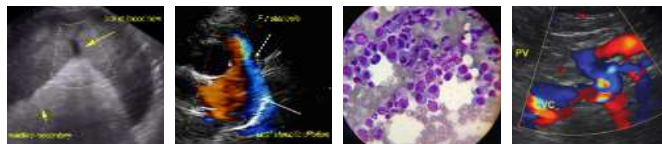
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**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**

Siamese

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)  
info@SonoPath.com

**SEX**

MN

**AGE**

8 Years, 4 Months

**WEIGHT**

18.5 lbs

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