



|  |  |
|--|--|
| <b>PATIENT</b>   | <b>PRESENTING CLINICAL SIGNS</b>   |
| Timbit MacDonald   | History of chronic intermittent vomition of both food and bile   |
| <b>SPECIES</b>   | Abnormal PE/Chem/CBC/UA Results: No abnormalities on chemistry and CBC taken in July   |
| Feline   | <b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>   |
| <b>BREED</b>   | <b>Urinary System</b>  |
| DSH  | 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 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>SEX</b>   | Normal size and margination were 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 4.1 cm in length. The right kidney measured 4.2 cm in length. |
| MN   |  |
| <b>AGE</b>   | The area of the aortic trifurcation was free of pathology.   |
| 6  | <b>Adrenal Glands</b>  |
| <b>WEIGHT</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. No overt pathology in the area of the right adrenal gland.   |
| 5.9  | <b>Spleen</b>  |
| <b>INTERPRETED BY</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.  |
| R. McKenzie Daniel,<br>DVM, DABVP<br>(Canine and Feline) | <b>Liver</b>   |
| <b>IMAGING PERFORMED BY</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.   |
| Dr. Belan  | The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The common bile duct was mildly dilated and tortuous without overt post hepatic obstruction.   |
| <b>HOSPITAL NAME</b>                                     | <b>Gastrointestinal</b>  |
| Strathmore Vet Clinic                                    | The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained pyloric fluid with no signs of ileus, obstruction or foreign material.  |
| <b>REFERRING VET</b>                                     | The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered to segmentally inverted muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. No evidence of loss of wall layering or overt intestinal masses was noted. The duodenum wall measured 0.32 cm width. The jejunum wall measured 0.3-0.38 cm width.  |
| Dr. Uribarren  | Normal visible colon wall layers were present with apparent formed feces in lumen.   |
| <b>INVOICE</b>   |  |
| 12321ag  |  |
| <b>DATE</b>  |  |
| 11/29/2022   |  |



**PATIENT**

**Pancreas**

Timbit MacDonald

The pancreas exhibited asymmetrical contour and mild mixed echogenic parenchyma with non-homogeneous hypoechoic to hyperechoic parenchyma which may indicate mixed pattern inflammation and potential fibrosis.

**SPECIES**

Feline

**Free Abdomen**

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

**BREED**

DSH

**ULTRASONOGRAPHIC FINDINGS**

- Infiltrative enteropathy pattern exhibiting altered to segmentally inverted wall layer ratio
- Possible concurrent mixed pattern pancreatitis
- Minor non-obstructive proximal CBD dilation-possible patient variant vs cholangitis

**SEX**

MN

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

6

The appearance of the small intestine is consistent with infiltrative enteropathy. Considerations may include inflammatory (IBD/eosinophilic enteritis) vs neoplastic infiltrative enteropathy both of which may present sonographically similar. Dry form FIP is considered less likely. IBD/eosinophilic enteritis is suspected given lack of concurrent significant lymphadenopathy. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Full thickness intestinal biopsies required for a definitive diagnosis. The minor non-obstructive proximal CBD dilation is likely incidental given the lack of current hepatic enzyme elevations. The potential for triad disease may be considered if hepatic enzyme elevations or elevated spec fPL. Empirically IBD protocol to include hydrolyzed diet trial, cobalamin supplementation +/- prednisolone trial at lowest effective dose with assessment of clinical response and sonographic monitoring of the GI tract would be reasonable.

**WEIGHT**

5.9

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Belan

**HOSPITAL NAME**

Strathmore Vet Clinic

**REFERRING VET**

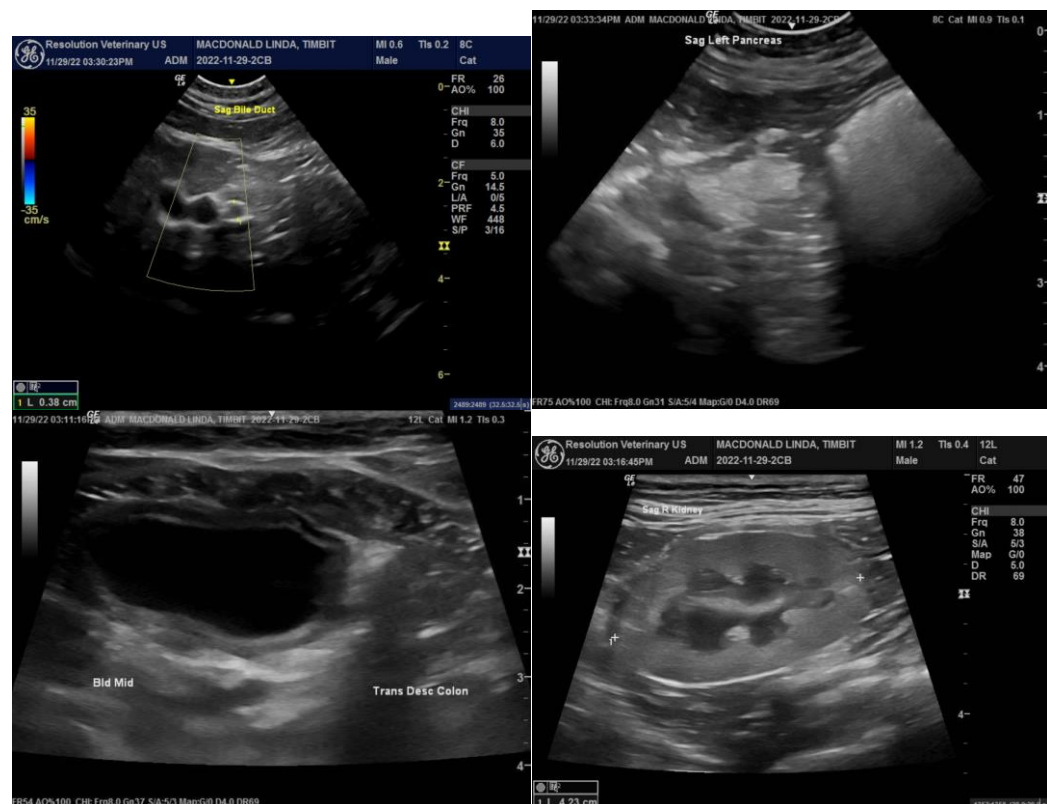
Dr. Uribarren

**INVOICE**

12321ag

**DATE**

11/29/2022





**PATIENT**

Timbit MacDonald

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

6

**WEIGHT**

5.9

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Belan

**HOSPITAL NAME**

Strathmore Vet Clinic

**REFERRING VET**

Dr. Uribarren

**INVOICE**

12321ag

**DATE**

11/29/2022



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)  
[mac.daniel@sonopath.com](mailto:mac.daniel@sonopath.com)