



**PATIENT**

Nala Mercedes

**SPECIES**

Feline

**BREED**

DSH

**SEX**

SF

**AGE**

8 years

**WEIGHT**

15.22 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

The Ark VC

**REFERRING VET**

Dr. Cordes

**INVOICE**

15375

**DATE**

11/4/22

**PRESENTING CLINICAL SIGNS**

Diarrhea x 12 weeks. Started after dental and administration of clindamycin. Has not resolved with metronidazole, probiotics R/O dysbiosis, IBD, GI lymphoma, Dietary intolerance, open

Abnormal PE/Chem/CBC/UA Results: Current Medications Prednisolone 5 mg - 1/2 tablet every 24 hours.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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.

The area of the aortic trifurcation was free of pathology.

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 4.2 cm in length. The right kidney measured 4.2 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm width at the. The area of the right adrenal gland was free of overt pathology.

**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.

**Liver/ Gallbladder**

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.



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***Gastrointestinal***

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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. The gastric body wall width measured 0.24 cm.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The small intestinal wall measured 0.16-0.20 cm width.

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Normal visible colon wall layers were present with subjective semi-formed fecal matter.

**SEX**

***Pancreas***

SF

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 were evident.

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***Free Abdomen***

**WEIGHT**

No omental masses, lymphadenopathy, or evidence of peritoneal free fluid were noted.

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**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

- Sonographically unremarkable abdomen

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DVM, DABVP  
(Canine and Feline)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of visceral pathology, specifically gastroenterocolic mural pathology. At times, the sonographic gastroenterocolic presentation may always correlate with current or chronic gastrointestinal signs present. Potentially, Prednisolone may be masking enterocolic mural changes. Considerations in this patient may include; dietary intolerance / food allergy, occult parasitism, dysbiosis potentially secondary to antibiotic therapy, structurally insignificant inflammatory enterocolonopathy, and low-grade to chronic pancreatitis, both of which may present as sonographically normal, or unlikely infiltrative neoplasia.

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Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate and a diarrhea PCR panel. A hydrolyzed diet trial, continued high colony count probiotic (Provia), empirical deworming if clinically indicated, empirical cobalamin supplementation pending assessment of cobalamin levels, +/- prophylactic fiber supplementation, and assessment of clinical response would be reasonable.

**REFERRING VET**

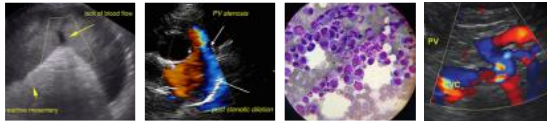
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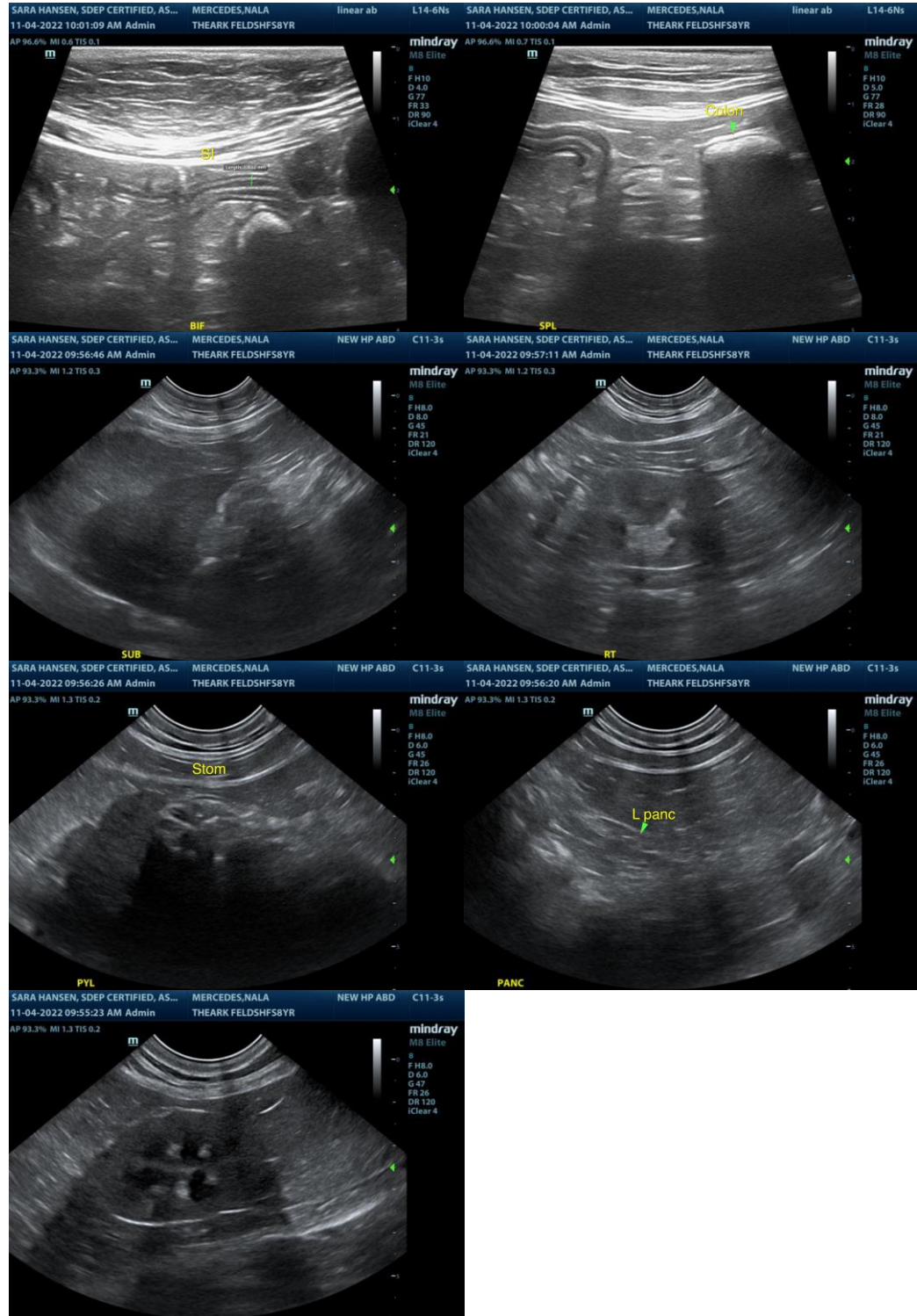
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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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.

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**info@SonoPath.com**

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