



**PATIENT**

Reggie Pawlak

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

10 y

**WEIGHT**

6.37 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Reid VH

**REFERRING VET**

Dr. Heider

**INVOICE**

15385

**DATE**

11/4/22

**PRESENTING CLINICAL SIGNS**

occasionally vomits, about 1x per week- food mainly -appetite has been down, drinking wnl -gets diarrhea without fortiflora Primary Question/Differential to Be Answered in This Exam R/O Primary GI dz (IBD vs Lymphoma) vs Metabolic dz

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, nondependent, particulate sediment, which may indicate cellular debris / protein, crystalline debris, lipid, or mucus, was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were 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 was maintained. Both kidneys exhibited subjective mild increased cortex 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 3.9 cm in length. The right kidney measured 4.0 cm in length.

**Adrenal Glands**

Pinpoint areas of mineralization were present in the bilateral adrenal glands without capsular distortion or overt tumors. This is an age-related finding and not pathological. The left adrenal gland was normal in size and measured 0.43 width. The right adrenal gland, which was mildly prominent in size without overt evidence of neoplastic criteria, measured 0.58 width.

**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**

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 0.26 cm.

The small intestine presented generalized intact wall layering exhibiting generalized propensity for mild to variably prominent muscularis layer, as well as mildly prominent to echogenic submucosa layer. No evidence of loss of intestinal wall layering or significant small intestinal mural hypertrophy. The jejunum wall measured 0.25 cm width. The ileocolic wall measured 0.40 cm width.

Normal visible colon wall layers were present with semi-formed to possible soft fecal matter.

**Pancreas**

The pancreas was normal in size and contour with mild nonhomogeneous to hypoechoic parenchyma compared to adjacent omentum.

**Free Abdomen**

Intermittent mesenteric 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 1.4 cm width. Intermittent, scant pocket of primarily peri intestinal free fluid was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Enteropathy exhibiting intact yet mildly prominent wall layering
- Associated subjective benign / reactive mesenteric lymphadenopathy
- Possible low-grade pancreatitis
- Bilateral mild nonspecific chronic renal changes
- Mild urinary bladder sediment

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although potential for patient variant, the small intestine exhibited subtle to mild mural changes which are suggestive of inflammatory enteropathy / IBD. Dietary intolerance / food hypersensitivity, occult parasitism, and low-grade to chronic pancreatitis in addition to suspected IBD are all potentials. Neoplastic infiltrative enteropathy with round cells such as lymphoma, which may present in a similar sonographic manner, cannot be definitively excluded yet is considered less likely.

Full-thickness intestinal biopsies are likely required for a definitive diagnosis. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Empirically, a hydrolyzed diet trial, continued high colony count probiotic, empirical cobalamin supplementation pending assessment of cobalamin levels, and assessment of clinical response are recommended.



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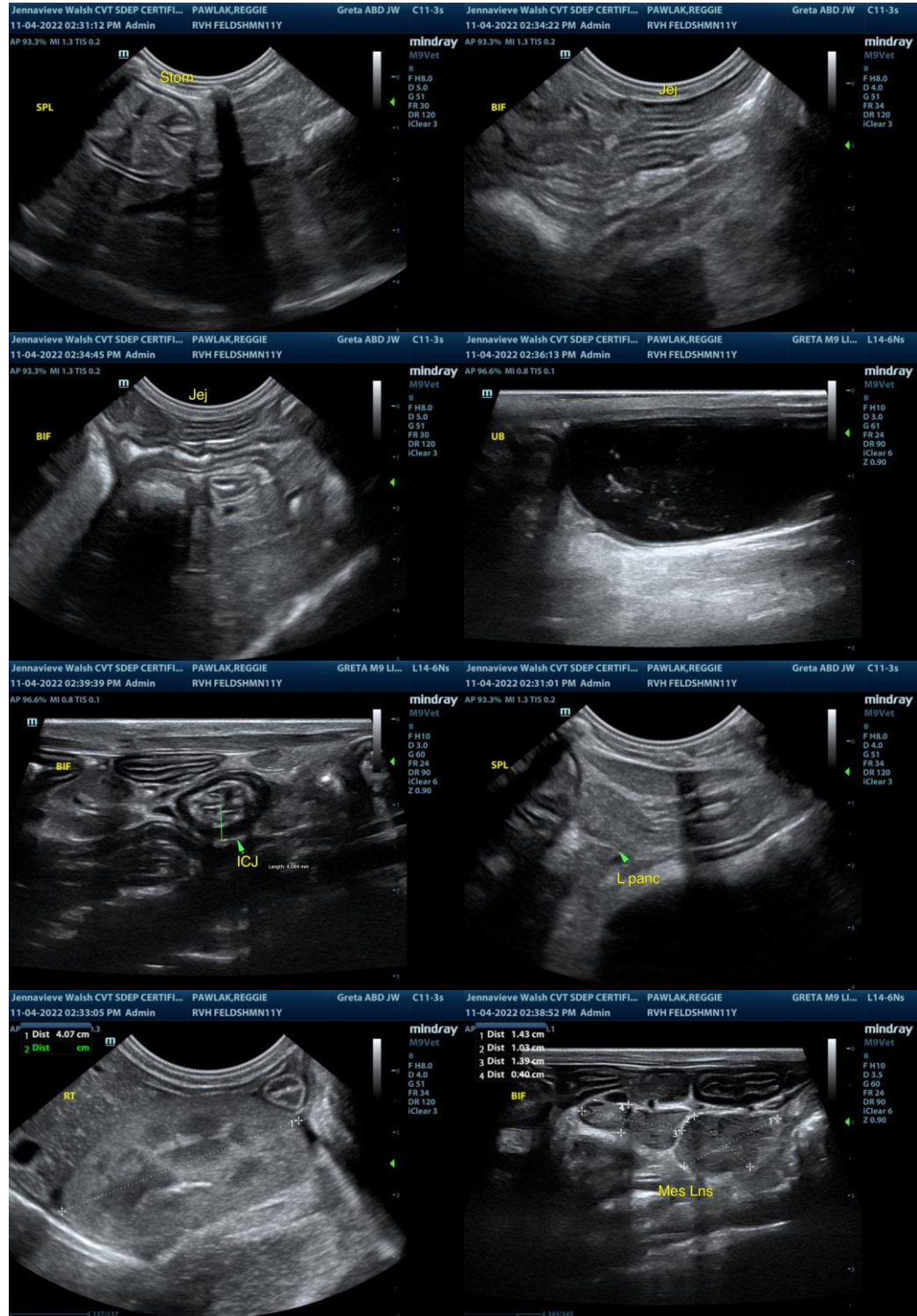
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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