



**PATIENT**

Harry Darrohn

**PRESENTING CLINICAL SIGNS**

History: 2 month duration pancreatitis, constipation, reduced appetite, vomiting, weight loss  
Medication: Lactulose

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Domestic Shorthair

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, nondependent, particulate sediment, suggestive of minor cellular or crystalline debris, 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.

**SEX**

Neutered Male

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 mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.5 cm in length. The right kidney measured 3.6 cm in length.

**AGE**

14 years

**Adrenal Glands**

**WEIGHT**

9.6 Pounds

The bilateral adrenal glands were normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age-related finding and not pathological. The left adrenal gland measured 0.44 cm width. The right adrenal gland measured 0.35 cm width.

**INTERPRETED BY**

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

**Spleen**

The spleen was normal in size with minor asymmetrical medial capsule contour. The parenchyma of spleen exhibited mild heterogeneity with normal echogenicity. The spleen measured 0.67 cm width.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

**Liver/ Gallbladder**

**HOSPITAL NAME**

Dr. Sam's VHC

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 mild gallbladder debris. The gallbladder debris is likely incidental or may suggest mild incidental, nonclinical cholestasis. The cystic and common bile ducts were normal.

**REFERRING VET**

Dr. Pinola

**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.

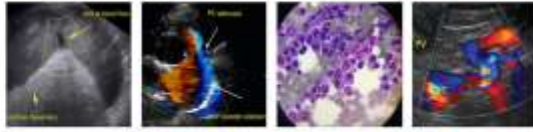
**INVOICE**

12545

The small intestine exhibited intact wall layering with segmental propensity for mildly prominent muscularis layer, yet without evidence of significant mural hypertrophy. The jejunum wall width measured 0.29 cm. The duodenum wall width measured 0.26 cm.

**DATE**

11.5.2021



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The descending colon exhibited variable mild to moderate mural hypertrophy extending into the area of the colorectum. The colorectal wall width measured up to 0.64 cm. Intact to indistinct wall layering, specifically in the area of the colorectum and distal colon, were normal. By comparison, normal-appearing transverse colon wall width measured 0.17 cm.

**SPECIES**

Feline

***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 were evident.

**BREED**

Domestic Shorthair

***Free Abdomen***

A solitary, moderately prominent medial iliac lymph node adjacent to the distal descending colon and iliac trifurcation was present. This lymph node measured 1.5 cm x 1.2 cm. No overt evidence of additional peritoneal lymphadenopathy was noted. No effusion was present.

**SEX**

Neutered Male

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

14 years

***Primary Findings***

- Variably yet moderately thickened distal colon and colorectum- variable yet moderate chronic colitis, potential for emerging distal colon to colorectal mural mass is possible
- Potential concurrent inflammatory enteropathy / IBD
- Mild chronic renal changes
- Focal, nonspecific medial iliac lymphadenopathy - hyperplasia, reactive lymphadenitis, or potential emerging neoplastic / metastatic lymphadenopathy possible

**WEIGHT**

9.6 Pounds

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DVM, DABVP  
(Canine and Feline)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Endoscopic distal colon and colorectal biopsies would be ideal for further clarification. Potential for low-grade or chronic pancreatitis may be present yet ultrasonographically normal. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Concern for potential emerging distal colon to colorectal mural neoplasia is warranted yet not definitive.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

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Empirically, continued as-needed gastrointestinal support, cobalamin supplementation, broad-spectrum deworming if clinically indicated, hydrolyzed diet trial, antibiotic therapy i.e., Metronidazole, and Prednisolone trial at the lowest effect dose to control clinical signs may be considered if biopsies are not possible.

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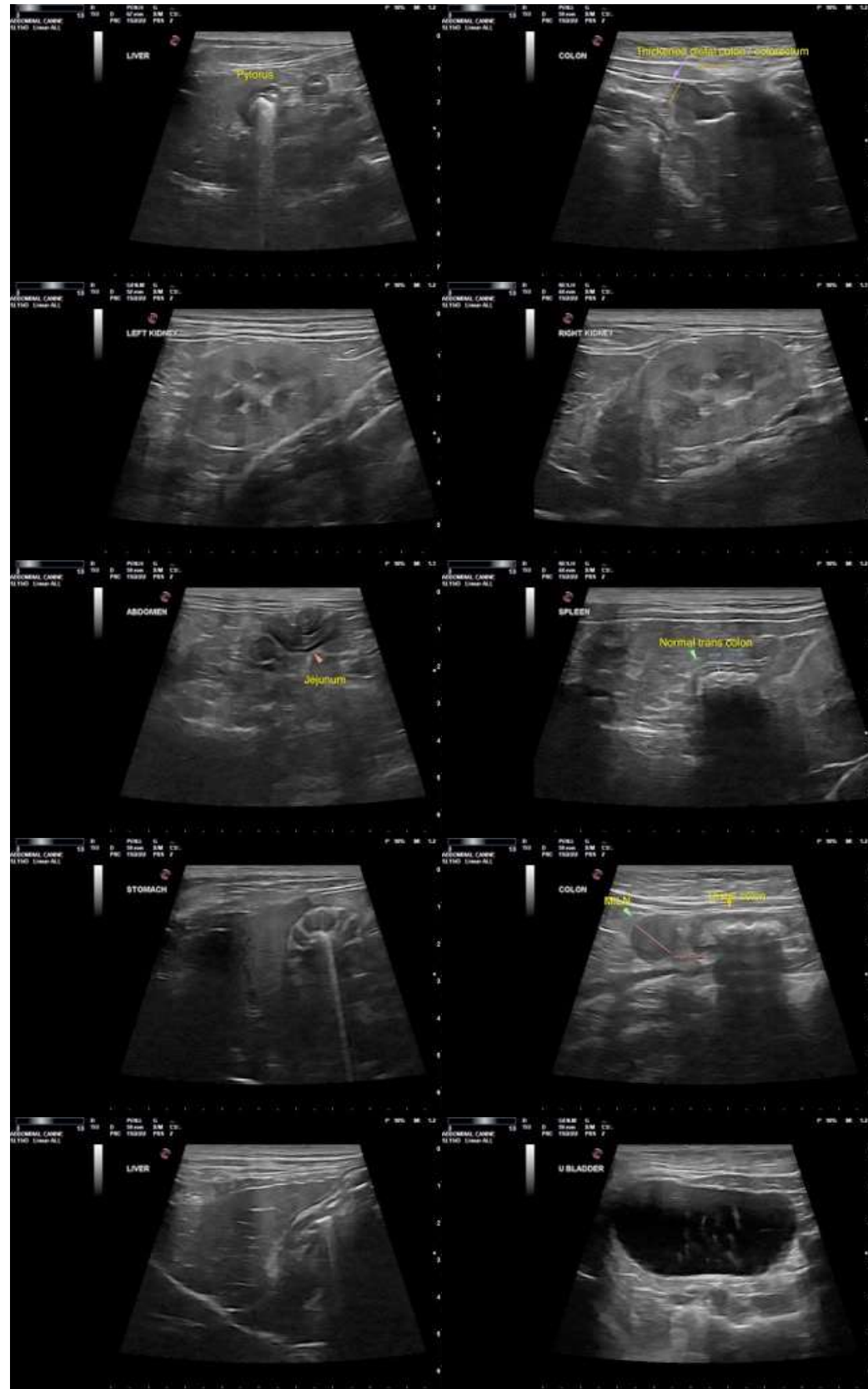
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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

**BREED**

Domestic Shorthair

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.

**SEX**

Neutered Male

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