



PATIENT	PRESENTING CLINICAL SIGNS
Artemis Briggs	Chronic vomiting which has become more frequent as of late, sometimes as often as 3 times per day.
SPECIES	Abnormal PE/Chem/CBC/UA Results: Superchem all normal except PSL 95. Amylase 1065. CBC Normal T4 2.1
Feline	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
DMH	Urinary System
SEX	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild non-dependent particulate sediment 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.
MN	
AGE	The area of the aortic trifurcation was free of pathology.
12 years	
WEIGHT	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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.8 cm in length. The right kidney measured 3.9 cm in length.
11 lbs.	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.32 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.28 cm width.
IMAGING PERFORMED BY	Spleen
Jenna Walsh, CVT	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. The spleen measured 0.97 cm width at the level of the hilus.
HOSPITAL NAME	Liver/ Gallbladder
Q Street AH	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.
REFERRING VET	Gastrointestinal
Dr. Hoerauf	
INVOICE	
14214	
DATE	
11/8/21	



PATIENT

Artemis Briggs

SPECIES

Feline

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INTERPRETED BY

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DVM, DABVP
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IMAGING PERFORMED BY

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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 small intestine presented intact wall layering with generalized propensity for mild to moderately prominent muscularis layer. No evidence of loss of small intestinal wall layering or intestinal masses. The jejunum wall measured 0.26 cm.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild age-related kidneys
- IBD small intestinal pattern
- Mild heterogeneous pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine exhibited subjective mild to moderate mural changes, specifically mild to moderate prominent muscularis layer consistent with underlying inflammatory infiltrative enteropathy/IBD. Minor potential for neoplastic infiltrative enteropathy, which may present in similar sonographic manor (i.e., lymphoma), possible yet considered unlikely given the lack of concurrent lymphadenopathy.

Full thickness intestinal biopsies would be required for a definitive diagnosis. Potential for low-grade chronic pancreatitis may be present yet essentially sonographically normal. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Empirically, medical therapy for inflammatory bowel disease with as needed gastrointestinal support and assessment of clinical response would be appropriate, if biopsies are not possible.



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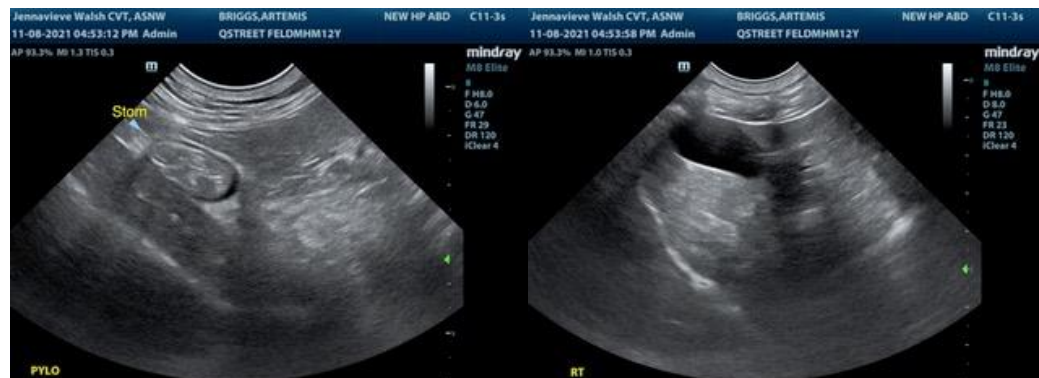
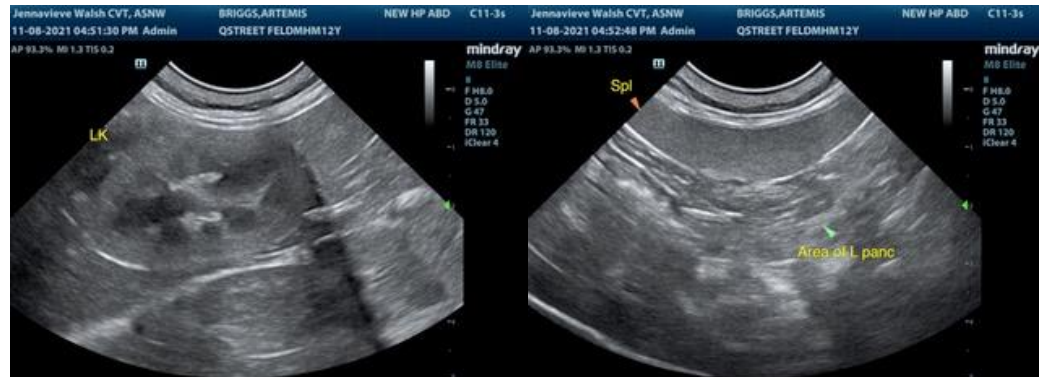
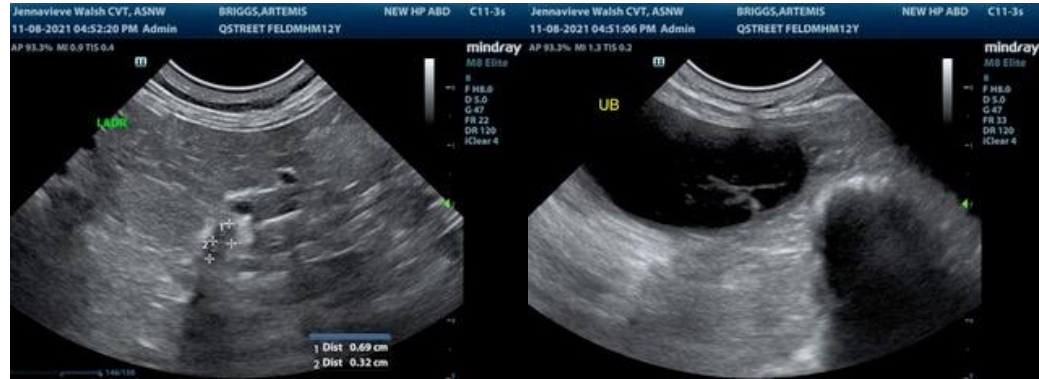
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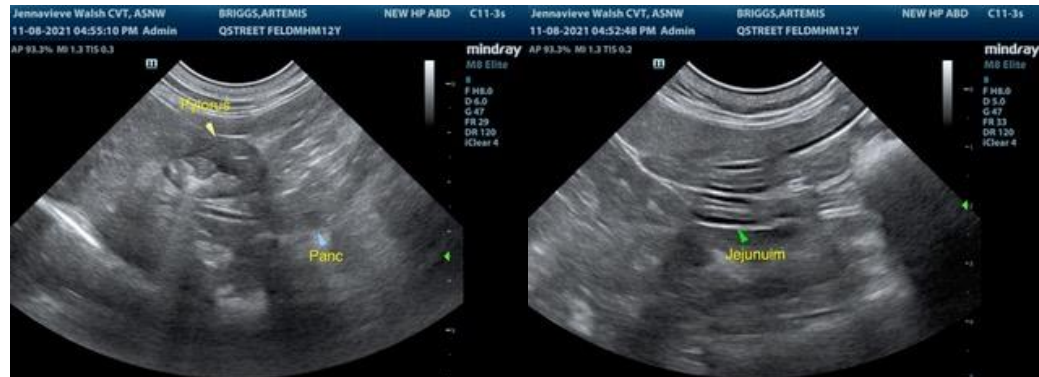
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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