



PATIENT PRESENTING CLINICAL SIGNS

Nazia Benedict Sept 20th - blood in stool and soft stool on and off for a year Oct 12th - small fecal pieces outside of litterbox. "wet" bum. Sometimes see's blood and mucous in the stool. Nov 6 - Still experiencing symptoms. Have tried probiotics, felipay, and have tested for parasites. Quite obese and very stressed during the scan.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

DSH 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.

SEX

FS

The area of the aortic trifurcation was free of pathology.

AGE

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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 4.4 cm in length. The right kidney measured 4.5 cm in length.

WEIGHT

8 kg

Adrenal Glands

No overt pathology noted in the area of the left adrenal gland.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 cm width.

IMAGING

PERFORMED BY

Crystal Hill

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.

HOSPITAL NAME

Beatties PH Stoney
Creek

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.

REFERRING VET

Dr. Salib

INVOICE

14212

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 measured 0.24 cm.

DATE

11/8/21



PATIENT

Nazia Benedict

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 duodenum wall measured 0.22 cm. The jejunum wall measured 0.21 cm.

SPECIES

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Normal visible colon wall layers were present with formed feces in lumen. The colon wall measured 0.15 cm.

Pancreas

BREED

DSH

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.

SEX

FS

Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion. A subjective increased amount of intraabdominal fat was present.

AGE

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Sonographically unremarkable abdomen.

WEIGHT

8 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of visceral, specifically enterocolic pathology. Potential for low-grade colitis suspected given the patient's clinical signs as well as presence of intermittent blood and mucus in the stool. A limited antigen or hydrolyzed diet, continued high colony count probiotic +/- antibiotic trial such as metronidazole is recommended. If the patient is indoor/outdoor, prophylactic deworming is recommended. Alternatively, a higher fiber diet, such as WD may prove beneficial.

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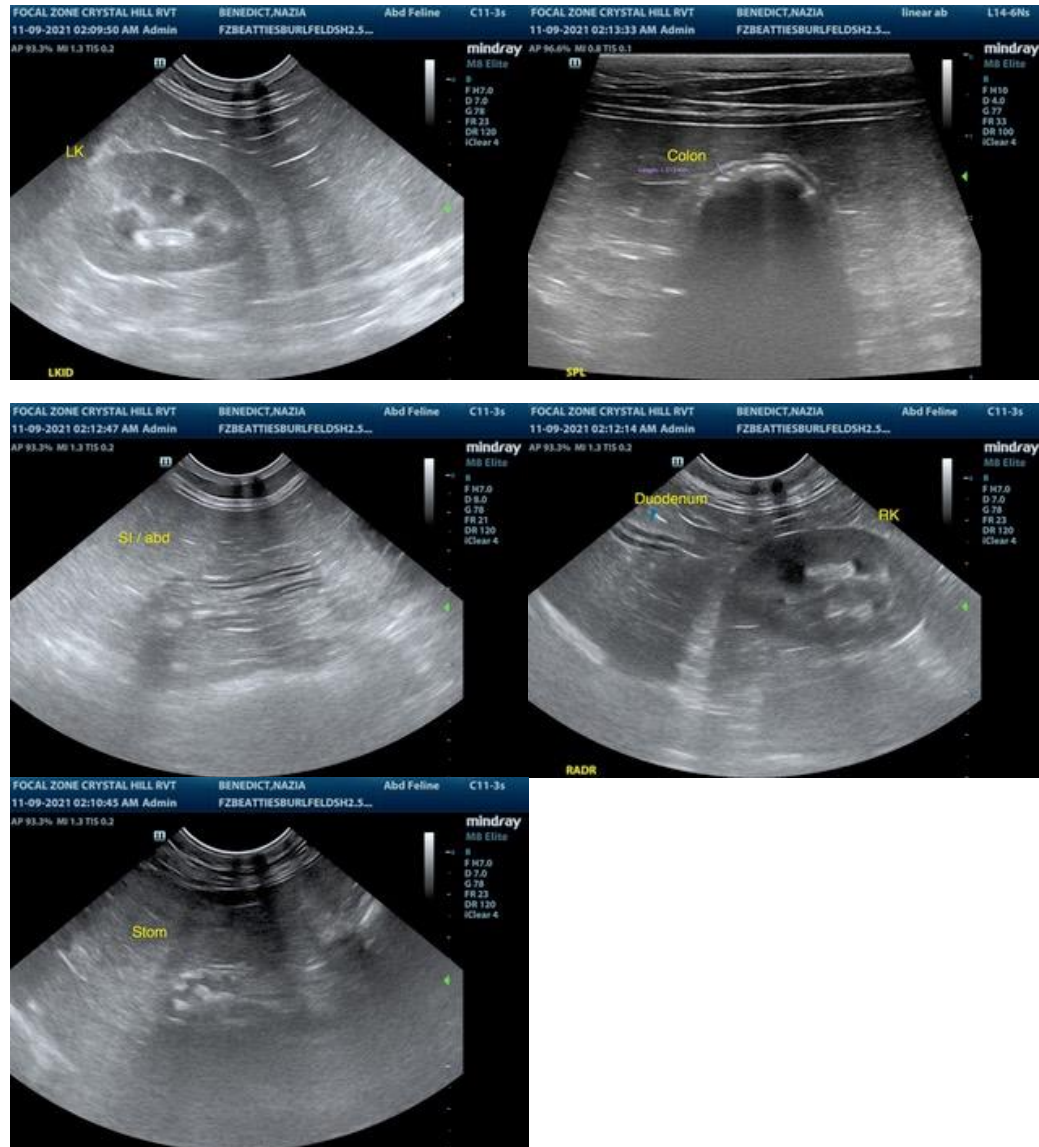
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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