



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Whitey Alexander	O put frontline plus on P After that P started V/D Not wanting to eat
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: CBC: Mon: 1.34 Eos: 0.68 Chem: Phos: 3.0
Feline	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>BREED</b>	<b>Urinary System</b>
Persian	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.
<b>SEX</b>	Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 3.9 cm in length. The right kidney measured 4.0 cm in length.
MN	The area of the aortic trifurcation was free of pathology.
<b>AGE</b>	<b>Adrenal Glands</b>
15yr	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 cm width.
<b>WEIGHT</b>	<b>Spleen</b>
4.42kg	The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Several variably sized non-disruptive hyperechoic nodules were present throughout the cranial to caudal 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas. The spleen measured 1.0 cm in width at the level of the hilus.
<b>INTERPRETED BY</b>	<b>Liver</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The liver was subjectively mildly enlarged in size with normal structure and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.
<b>IMAGING PERFORMED BY</b>	<b>Gastrointestinal</b>
Dr. Evoniuk	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 0.25 cm in width.
<b>HOSPITAL NAME</b>	<b>Gallbladder</b>
State Avenue Veterinary Clinic	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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<b>PATIENT</b>	
Whitey Alexander	The intestinal walls demonstrated intact to segmentally prominent wall layering. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material. The duodenum wall measured 0.30 cm width. The jejunum wall measured 0.30 cm width. The ileocolic wall measured 0.39 cm width.
<b>SPECIES</b>	
Feline	The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Nonformed fecal matter was present in the colon lumen with lumen dilation.
<b>BREED</b>	<b>Pancreas</b>
Persian	The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.
<b>SEX</b>	<b>Free Abdomen</b>
MN	A small pocket of scant free fluid was noted in the cranial abdomen between the duodenum and adjacent caudal liver.
<b>AGE</b>	
15yr	Several intermittent hypoechoic mesenteric root lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery. The mesenteric root lymph nodes measured 1.0 cm in diameter.
<b>WEIGHT</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
4.42kg	<ul style="list-style-type: none"> <li>• Acute/subacute gastroenterocolitis pattern with suspect associated mild mesenteric lymphadenitis</li> <li>• Mild pancreatitis pattern</li> <li>• Probable benign splenic nodules-suggestive of benign myelolipomas</li> <li>• Subjective non-specific hepatomegaly</li> </ul>
<b>INTERPRETED BY</b>	<b>Secondary</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> <li>• Mild chronic renal changes</li> <li>• Mild urinary bladder sediment</li> </ul>
<b>IMAGING PERFORMED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Dr. Evoniuk	Potential for occult infiltrative intestinal round cell neoplasia such as lymphoma is considered less likely yet may present in a similar sonographic manner as acute inflammatory bowel episode. The hepatomegaly is of unclear significance given lack of reported hepatic enzyme elevations, potential for concurrent to emerging hepatopathy given the short half life of hepatic enzymes in cats could be possible. Triad disease may be a consideration in this patient.
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Dr. Evoniuk	Continued monitoring of hepatic enzymes as well as a GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Assuming normal clotting status and using a 25g needle, a hepatosplenic FNA for screening cytology may be warranted for further assessment. Empirical GI support/pancreatitis protocol with assessment of clinical response and potential recheck sonogram for reassessment of the pancreas and small bowel if persistent/progressive clinical signs and pending additional diagnostics would be reasonable.
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**PATIENT**

Whitey Alexander

**SPECIES**

Feline

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Persian

**SEX**

MN

**AGE**

15yr

**WEIGHT**

4.42kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Evoniuk

**HOSPITAL NAME**

State Avenue  
Veterinary Clinic

**REFERRING VET**

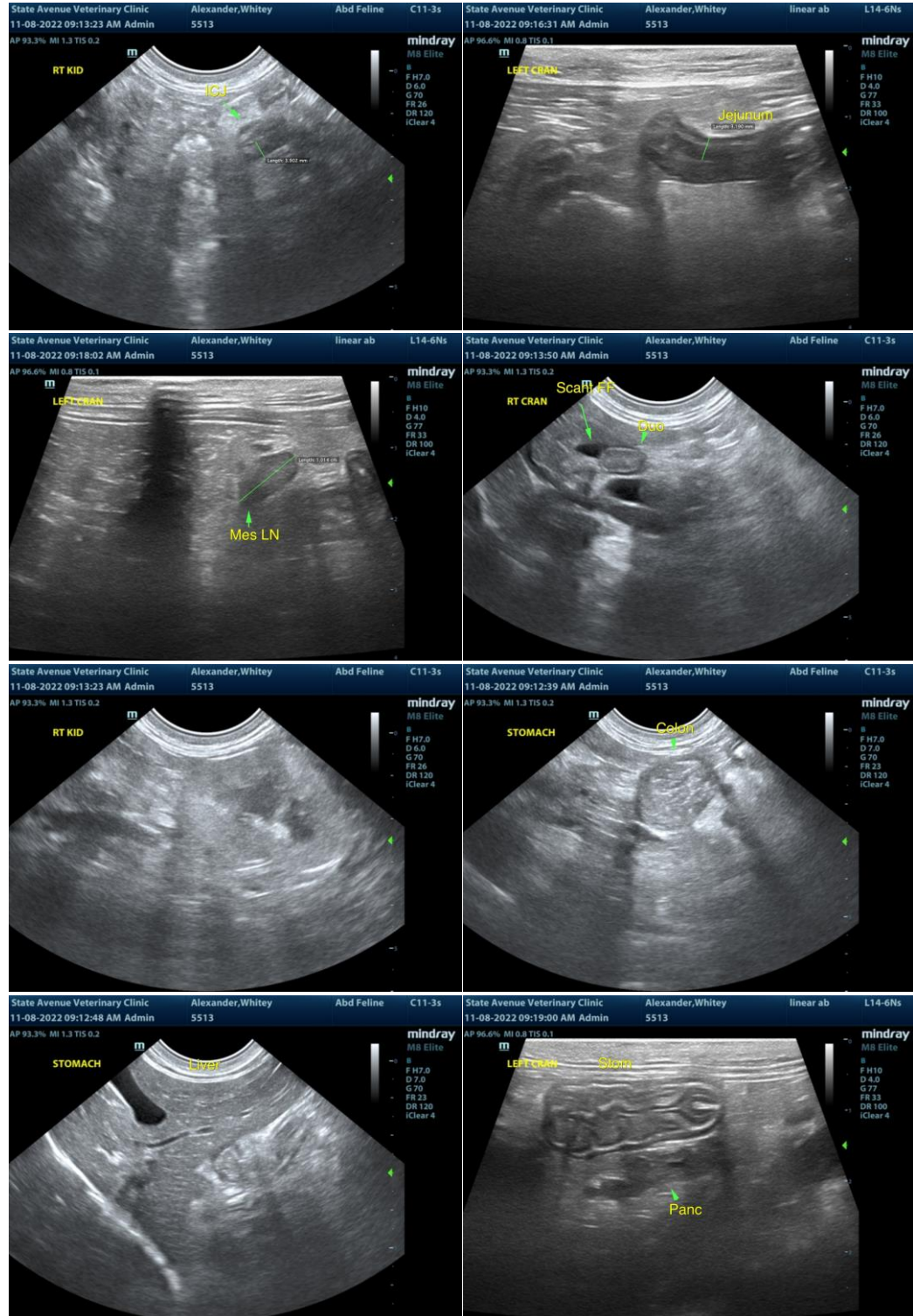
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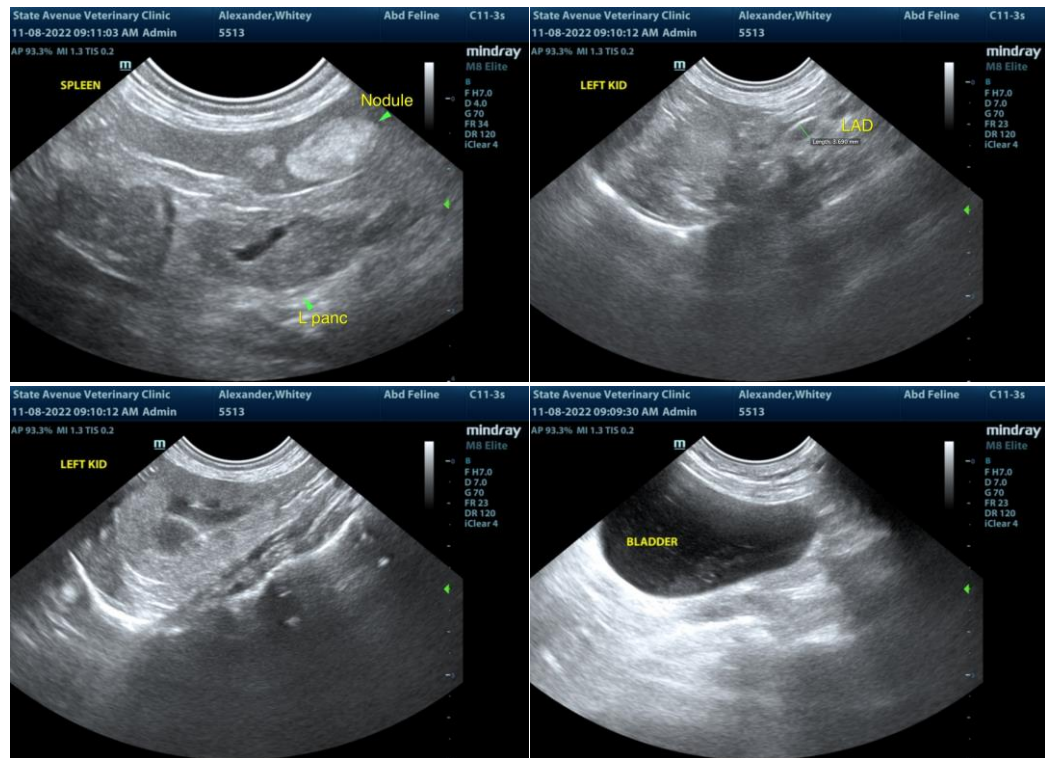
Dr. Evoniuk

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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