



PATIENT PRESENTING CLINICAL SIGNS

Angel Bihler
Chronic GI issues.
Medication: Provable, Cobalequin

SPECIES
Abnormal PE/Chem/CBC/UA Results:

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

DSH
SEX
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 minor 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.

MN
AGE
12019
WEIGHT
12.48
Normal size was present in the kidneys. Mild asymmetrical margination was present in the right and left kidney. 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. A hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated with interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 3.8 cm in length. The right kidney measured 3.7 cm in length.

The area of the aortic trifurcation was free of pathology.

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 0.5 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.4 cm width.

IMAGING PERFORMED BY *Spleen*
Rebekah Jakum, CVT
ARDMS/RVT
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 1.0 cm in width at the level of the hilus.

HOSPITAL NAME

Pocono Peak VC

Liver

REFERRING VET
Dr. Coyle
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 minor primarily dorsal wall edema was present. Primarily anechoic luminal content was noted with no evidence of peripheral inflammation. The cystic and common bile ducts were normal.

INVOICE

12339ag

Gastrointestinal

DATE
12/01/2022

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 in width.



PATIENT Angel Bihler
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 0.25 cm width. The jejunum wall measured 0.21 cm width.

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

BREED *Pancreas*

Feline
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 was evident.

DSH *Free Abdomen*

SEX No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- MN**
- Minor urinary bladder sediment
 - Bilateral renal medullary rim sign
- AGE**
- Unremarkable GI tract/pancreas
 - Mild non-specific gallbladder wall edema
- 2019**

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT 12.48
Overall, no overt evidence of significant abdominal visceral pathology as a definitive cause of the patient's clinical signs. The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells or proteinuria is recommended. The gallbladder wall edema is non-specific and may be secondary to sedation if applicable, potential for mild cholecystitis is possible. Dietary intolerance / food hypersensitivity, occult parasitism, low-grade inflammatory enteropathy/IBD or chronic pancreatitis both of which may appear sonographically normal are all potentials. A GI panel to include PLI/TLI/Cobalamin/Folate could be considered. In addition to current supportive care, a limited antigen or hydrolyzed diet trial and prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative) if indicated may prove beneficial.

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

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Rebekah Jakum, CVT
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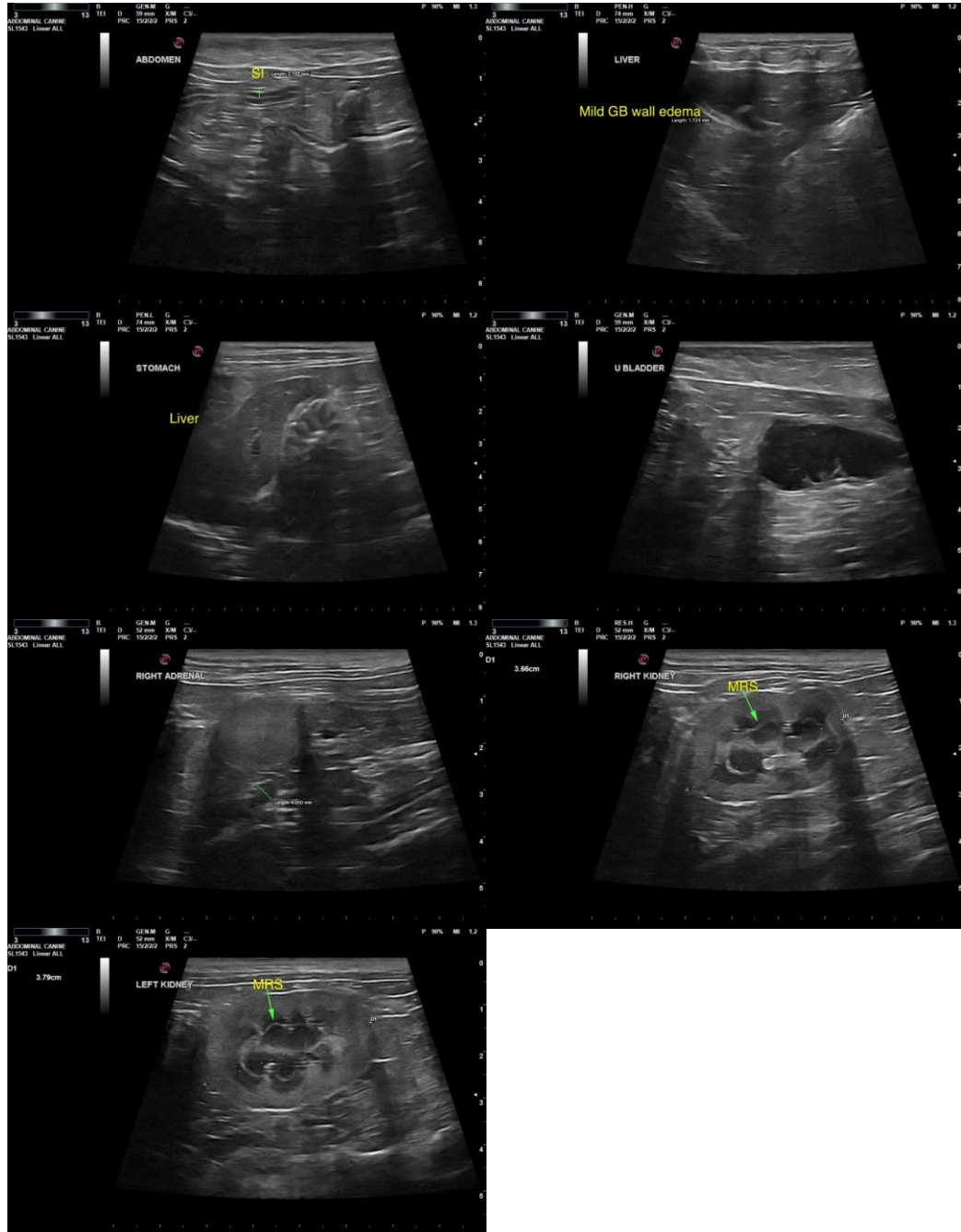
Dr. Coyle

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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)
mac.daniel@sonopath.com



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