

**PATIENT PRESENTING CLINICAL SIGNS**

Murray Hansen -weight loss over > 1 year; eating very well. Thin body condition now. -Vomiting occasionally; unknown BM since defecates outside - recent labs NSF/controlled hyperthyroidism on Methimazole 2.5mg BID - activity normal Current Medications methimazole

**SPECIES**  
Feline  
Abnormal PE/Chem/CBC/UA Results: Normal Rechecking labs today, but all recent labs, including during this weight loss period were normal

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**DSH *Urinary System***

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 were noted.

**AGE**  
12.5 Years  
The area of the residual prostate appeared normal and free of pathology.

No evidence of pathology in the area of the aortic trifurcation.

**WEIGHT**  
7.1 lbs  
Normal size and margination was 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Subtle subjective mildly echogenic cortical hypertrophy present in both kidneys. The left kidney measured 3.9 cm in length. The right kidney measured 4.3 cm in length.

**INTERPRETED BY**

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

***Adrenal Glands***

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.32 cm width.

No overt pathology in the area of the right adrenal gland.

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

***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. The spleen measured 0.7 cm width.

**HOSPITAL NAME**

VCA Delta Oaks  
Animal Hospital

***Liver***

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. Schulke

**INVOICE**

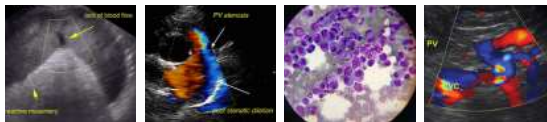
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***Gastrointestinal***

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 0.25 cm width.

**DATE**

12-10-21



**PATIENT**

Murray Hansen

The small intestine presented intact wall layering with primarily maintained 1:3 muscularis/mucosa ratio with subjective propensity for segmental mural hypertrophy. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The jejunum wall measured 0.27 cm up to 0.30 cm width. No evidence of loss of intestinal wall layering or intestinal masses noted.

**SPECIES**

Feline

Normal visible colon wall layers were present with subjective semi-formed feces present in the descending colon.

**BREED**

DSH

**Pancreas**

The left limb of the pancreas presented normal in size and contour with a mild hypoechoic parenchyma compared to adjacent omentum. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

**SEX**

MN

**Free Abdomen**

Intermittent mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 0.7 cm diameter.

**AGE**

12.5 Years

Subtle evidence of peri-intestinal reactive mesentery along with small pockets of intermittent scant peri-intestinal free fluid.

**WEIGHT**

7.1 lbs

**ULTRASONOGRAPHIC FINDINGS**

- Enteropathy - suspect IBD.
- Intermittent subjectively benign mesenteric lymph nodes - hyperplasia or minor reactive lymphadenitis likely.
- Possible low grade active to chronic active pancreatitis.
- Scant peri-intestinal free fluid and minor peri-intestinal reactive mesentery.
- Bilateral mild chronic renal changes.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Without evidence of additional significant visceral pathology, the small intestine exhibited subtle mural changes and subjective segmental mural hypertrophy which may suggest underlying potentially chronic inflammatory enteropathy. A minor potential for neoplastic infiltrative enteropathy with round cell such as lymphoma which may present in a similar sonographic manner cannot be excluded yet thought less likely.

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

Further assessment as well as correlation with the pancreatic presentation may include a GI panel to include PLI/TLI/Cobalamin/Folate. Three view chest radiographs suggested to rule out occult thoracic pathology which may account for weight loss in older cats. Intestinal biopsies would be required for a definitive diagnosis. Broad spectrum deworming would be appropriate given the patient's indoor/outdoor lifestyle.

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Empirically, conservative IBD protocol which may include cobalamin supplementation, hydrolyzed diet, +/- prednisolone at lowest effective dose to control clinical signs with as needed gastrointestinal support could be considered with assessment of clinical response and continued monitoring of body weight.

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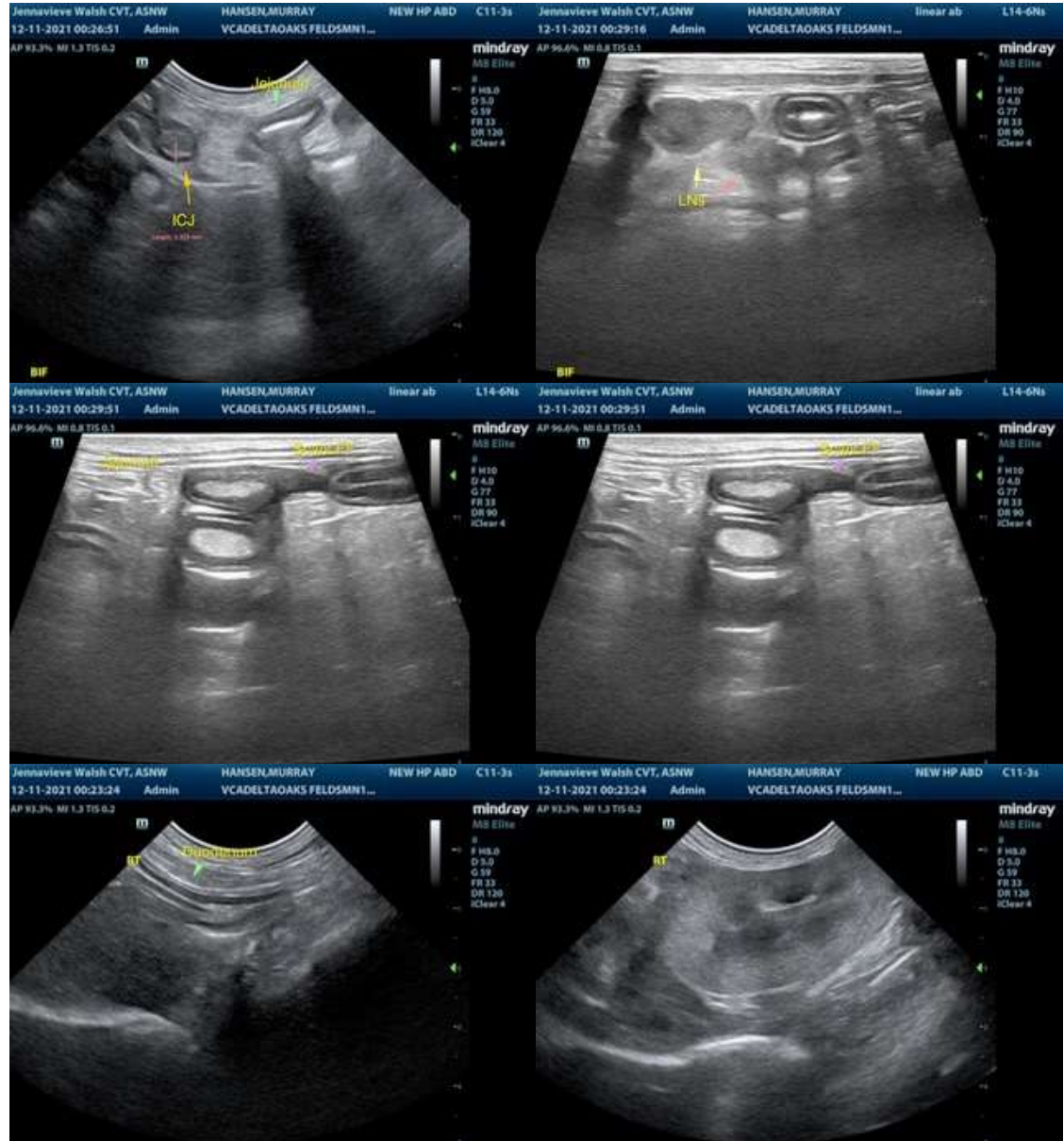
Dr. Schulke

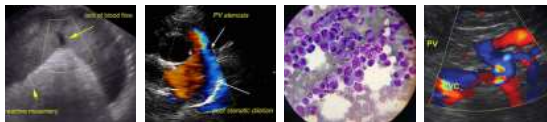
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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