

**PATIENT PRESENTING CLINICAL SIGNS**

Wickett Brill History: 4 month duration chronic loose stool, 2# weight loss in 7 months, poor response to medical management

**SPECIES** Unremarkable CBC and Chemistry panel

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

*Urinary System*

**BREED**

DLH

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 nondependent 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.

**SEX**

Neutered Male

The area of the residual prostate appeared normal and free of pathology.

**AGE**

14 years

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

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 4.2 cm in length. The right kidney measured 4.3 cm in length.

**WEIGHT**

12.3 Pounds

*Adrenal Glands*

No overt pathology in the area of the left and right adrenal glands.

**INTERPRETED BY**

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

*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 0.88 cm width.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

*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.

**HOSPITAL NAME**

Good Hope AH

The gallbladder was non distended in size with minor echogenic gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

**REFERRING VET**

Dr. Kaylor

*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 width measured 0.25 cm.

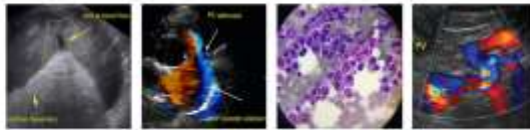
**INVOICE**

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The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. The jejunum wall measured 0.33 cm width. The ileocolic wall measured 0.30 cm width.

**DATE**

12.10.2021



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

Wickett Brill ***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.

**SPECIES**

Feline ***Free Abdomen***

Multiple mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 1.0 cm width.

**BREED**

DLH  
No evidence of peritoneal effusion was noted.

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

Neutered Male

- Enteropathy exhibiting generalized prominent muscularis layer.
- Associated mesenteric lymphadenopathy.
- Bilateral mild interstitial nephrosis renal pattern.
- Mild urinary bladder sediment.
- Heterogeneous pancreas.

**AGE**

14 years

**WEIGHT**

12.3 Pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

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DVM, DABVP  
(Canine and Feline)

The appearance of the small intestine is compatible with infiltrative enteropathy. Primary considerations may include inflammatory infiltrative enteropathy such as IBD or neoplastic infiltrative enteropathy with round cells such as lymphoma or mast cell disease among potential etiologies. Dry form FIP may also present in this manner yet considered less likely. Diagnosis would require full thickness intestinal biopsies via laparotomy. A GI Panel to include PLI/TLI/Cobalamin/Folate is recommended. If additional diagnostics are not elected, empirical medical therapy for IBD, which may include a canned limited antigen or hydrolyzed diet, cobalamin supplementation (250 mcg SQ once weekly for 4-6 weeks initially, then every 2-4 weeks), and Prednisolone at lowest effect dose to control clinical signs along with as needed gastrointestinal support would be reasonable.

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Potential for low grade to chronic pancreatitis often seen concurrently with underlying intestinal disease may be possible.

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Wickett Brill

**SPECIES**

Feline

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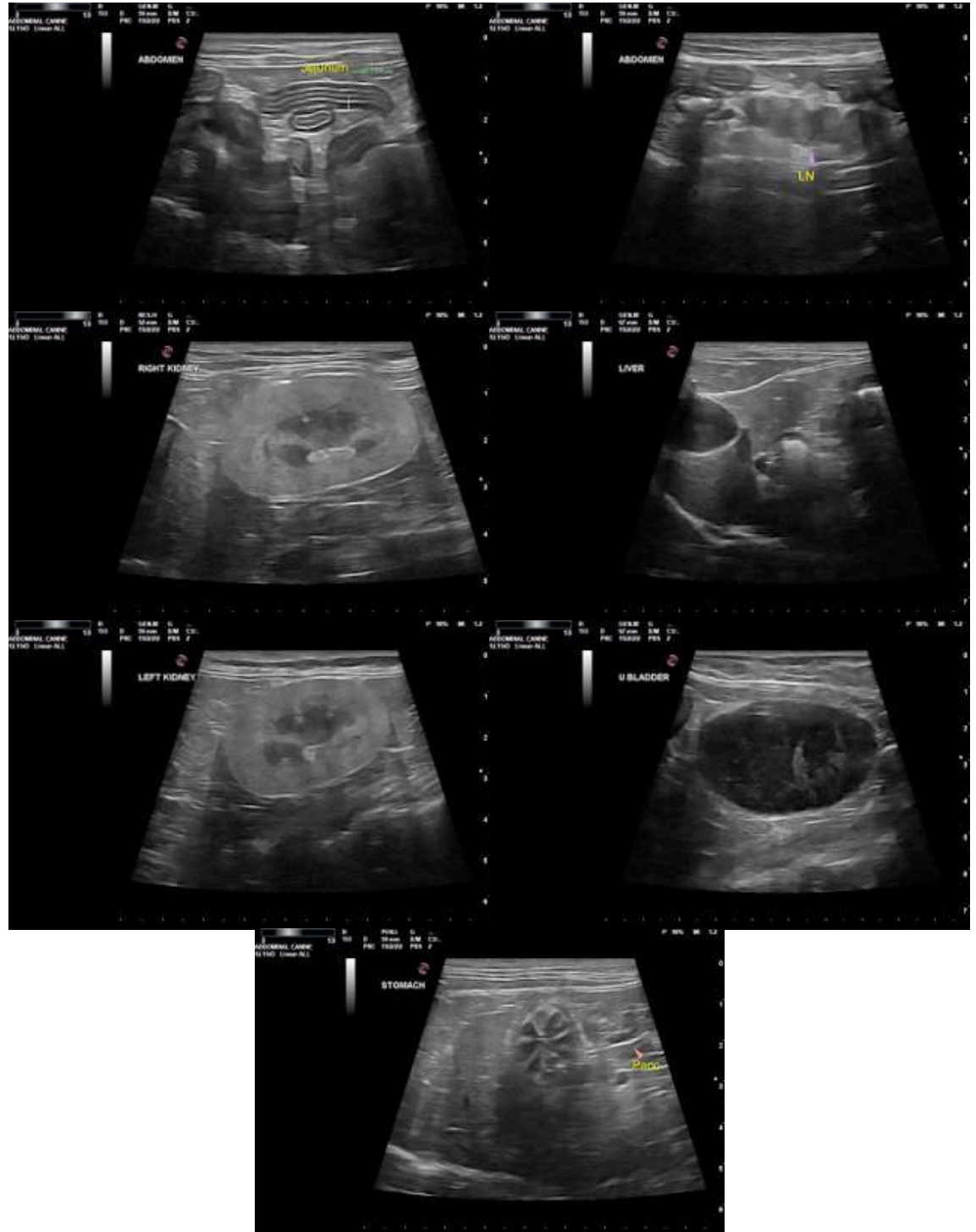
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**PATIENT**

Wickett Brill

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.

**SPECIES**

Feline

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.

**BREED**

DLH

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