



**PATIENT**

Rusty Locke

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

8 years

**WEIGHT**

11.15 lbs.

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING  
PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Dog and Cat Clinic of  
Niagara

**REFERRING VET**

Dr. Snieder

**INVOICE**

12843

**DATE**

12/17/21

**PRESENTING CLINICAL SIGNS**

Recurrent vomiting and diarrhea. Currently on high fibre diet. Suspicious of IBD vs lymphagectasia vs lymphoma. Owner wants to make sure he is clear before pursuing any treatment. No meds.

Abnormal PE/Chem/CBC/UA Results: n/a

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**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 was noted.

The area of the aortic trifurcation was free of pathology.

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 3.2 cm in length. The right kidney measured 3.8 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 cm width.

**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.

**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.

**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 0.24 cm.



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The small intestine presented intact wall layering with generalized maintained 1:3 muscularis/mucosa ratio. Minor subjective propensity for prominent submucosa and muscularis layer is noted, although no evidence of Intestinal mural hypertrophy, loss of intestinal wall layering, or masses.

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

***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.

***Free Abdomen***

**SEX**

MN

No omental masses, lymphadenopathy or peritoneal effusion were present. Subjective increased amount of falciform fat was present.

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

8 years

***Primary Findings***

- Overtly normal gastrointestinal tract and colon

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

No overt sonographic evidence of gastrointestinal or colon mural pathology was noted. However, potential for structurally insignificant inflammatory bowel disease is of high suspicion. Dietary indiscretion / food intolerance, or occult parasitism if the patient is indoor / outdoor is also possible. Fresh fecal analysis to assess for parasitic ova / Giardia, as well as a GI panel to include PLI/TLI/Cobalamin/Folate is recommended. No evidence of gastrointestinal neoplastic criteria was present, which is considered unlikely. Full-thickness intestinal biopsies would be required for a definitive diagnosis.

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Empirically, hydrolyzed diet, cobalamin supplementation, high colony count probiotic +/- prednisolone trial at the lowest effective dose to control clinical signs or if evidence of weight loss, may be considered. However, intestinal biopsies would be considered Gold Standard for further clarification, especially if gastrointestinal signs are persistent or recurrent.

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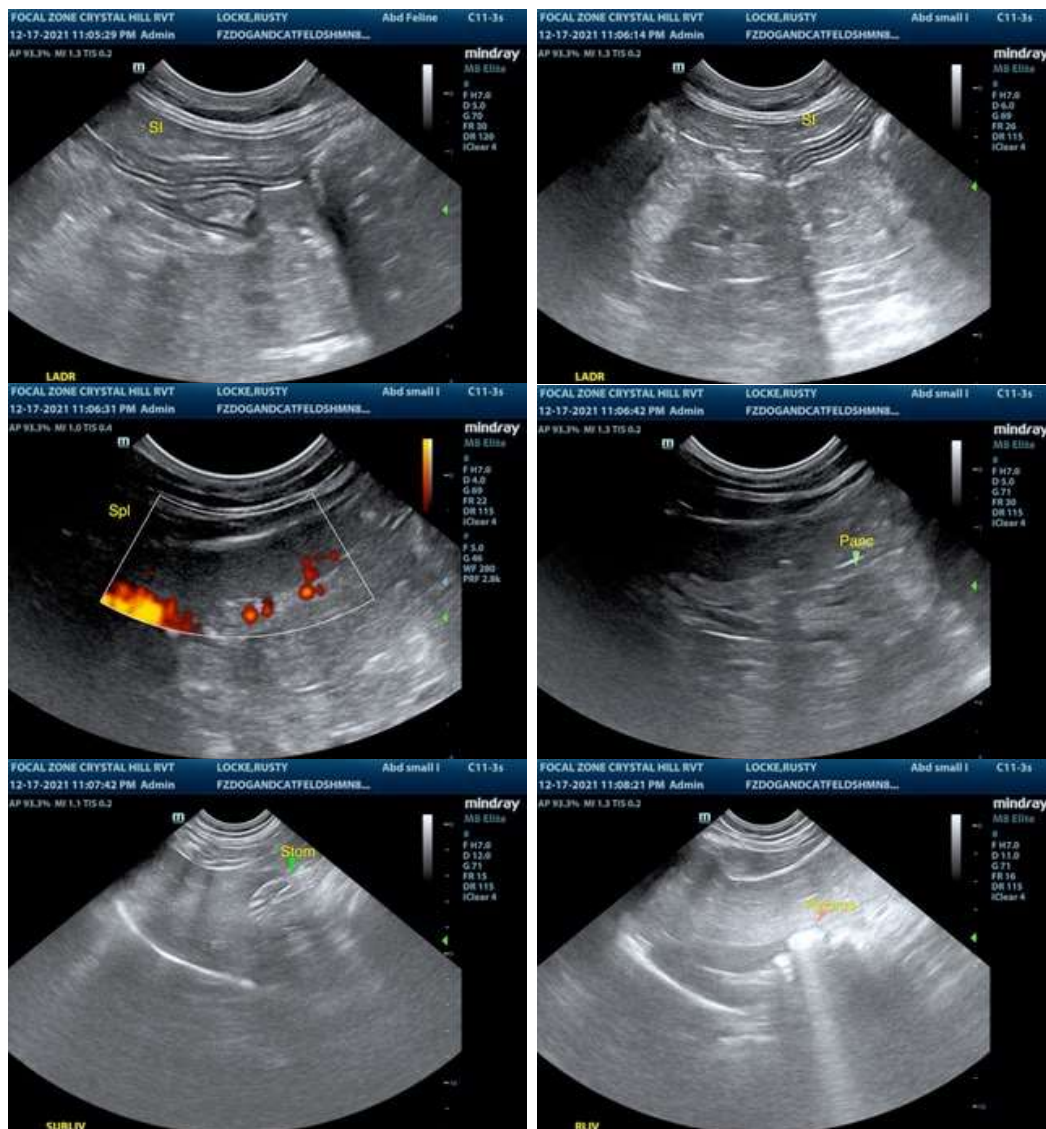
Dr. Snieder

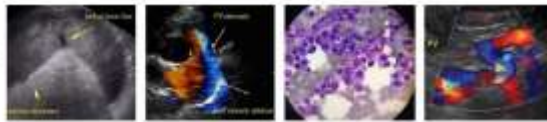
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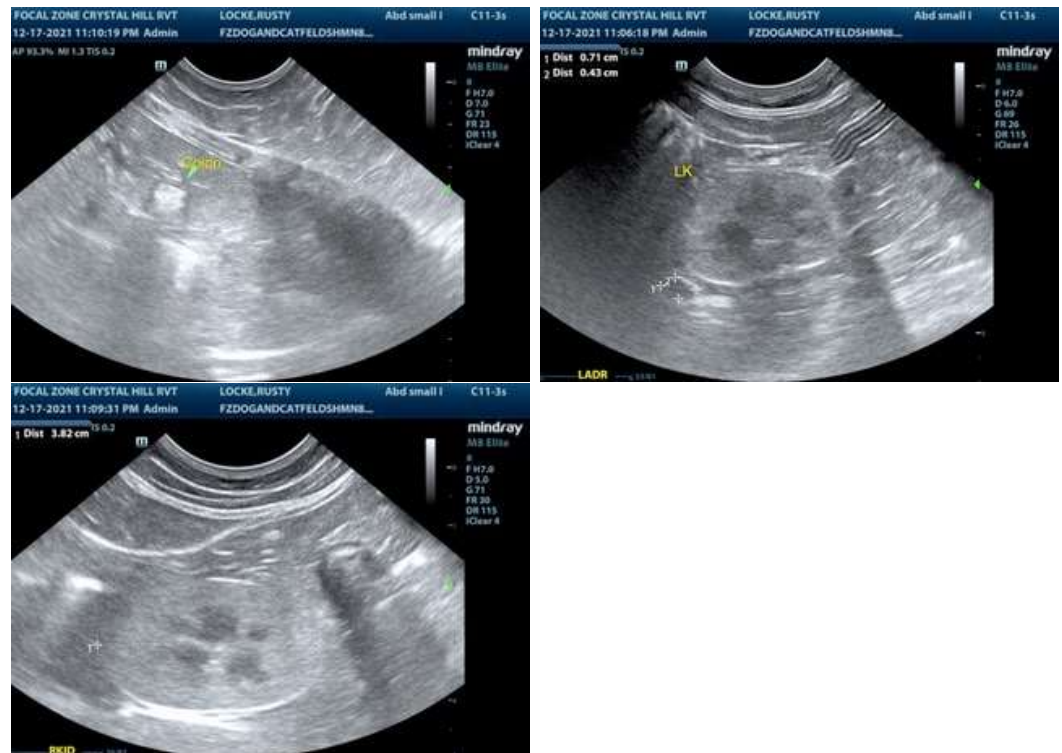
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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