



**PATIENT PRESENTING CLINICAL SIGNS**

Whiskers Gould History: Chronic weight loss, intermittent anorexia, palpable abdominal nodule  
 CBC – Monocytosis. Unremarkable Chem. T4 3.9.

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Feline **Urinary System**

**BREED**

Domestic Shorthair

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild non-dependent, 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**

FS

Normal size and margination were 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.5 cm. The right kidney measured 3.5 cm.

**AGE**

14 years

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

**WEIGHT**

11.3 Pounds

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 cm in width. The left adrenal gland measured 0.36 cm in width.

**Spleen**

**INTERPRETED BY**

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

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The spleen measured 0.8 cm. 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

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

**Liver**

**HOSPITAL NAME**

Lehigh Valley AH  
 (Allen)

The liver was subjectively normal in size, 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. The gallbladder was normal in size with anechoic content. The cystic biliary duct was mildly dilated, extending into mild non-obstructive proximal common bile duct dilation. Potential for slight to partially divided gallbladder possible, which, if present, is not indicative of pathology and a normal variant in a cat.

**REFERRING VET**

Dr.

**Gastrointestinal**

The stomach presented intact yet mildly thickened walls. Ventral gastric body wall measured 0.54 cm. The stomach was empty with mild luminal gas.

**INVOICE**

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The small intestine exhibited primarily intact wall layering, yet altered muscularis/mucosa ratio owing to propensity for generalized prominent muscularis layer. A segment of mid abdominal jejunum exhibited mild hypoechoic mural hypertrophy with loss of distinct wall layering detail. This segment of intestinal measured potentially 3.0 cm in length with wall width measuring 0.34 cm. Duodenum wall measured 0.28 cm. Ileocolic wall measured 0.31 cm. Subtle evidence of peri intestinal reactive mesentery.

**DATE**

12.2.2021



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

Whiskers Gould **Pancreas**

The pancreas was normal in size and contour with mild hypoechoic parenchyma compared to adjacent omentum. A focal, mildly prominent, subjectively benign pancreaticoduodenal lymph node was present.

**SPECIES**

Feline **Free Abdomen**

No effusion.

**BREED**

Domestic Shorthair

**PRIMARY FINDINGS**

- Enteropathy with segmental mild hypoechoic mural hypertrophy exhibiting loss of distinct wall layer detail
- Suspect mild chronic active pancreatitis
- Mildly thickened stomach

**SEX**

FS

**SECONDARY FINDINGS**

- Mild chronic renal changes
- Non-obstructive cystic and common bile duct dilation

**AGE**

14 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

11.3 Pounds

The CBD dilation may suggest age related changes or secondary to underlying cholangitis / cholangiohepatitis especially if previous or current liver enzymes elevations have been noted. No overt signs of post hepatic obstruction.

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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. Potential for emerging jejunal mural mass. Diagnosis would require full thickness intestinal biopsies for histology. A GI Panel to include PLI/TLI/Cobalamin/Folate is recommended. If additional diagnostics are not elected, 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 (1-2 mg/kg/day) at lowest effect dose to control clinical signs would be warranted.

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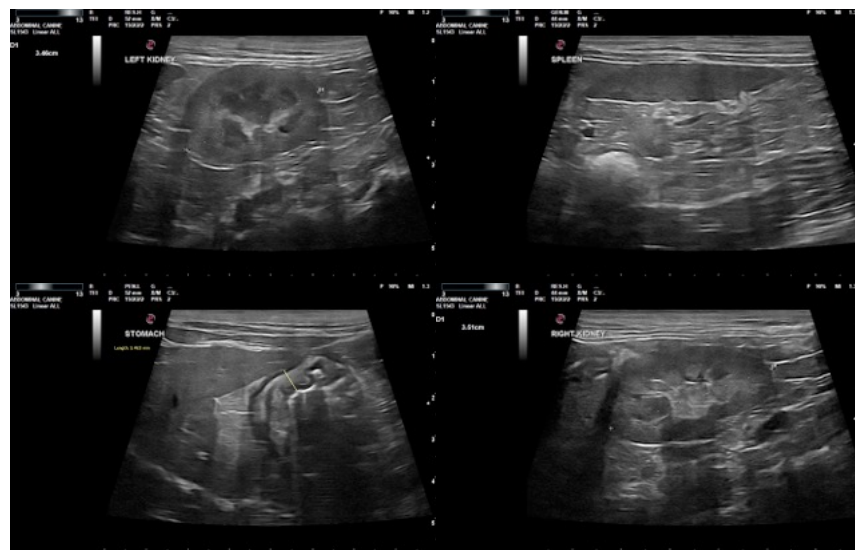
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**PATIENT**

Whiskers Gould

**SPECIES**

Feline

**BREED**

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**AGE**

14 years

**WEIGHT**

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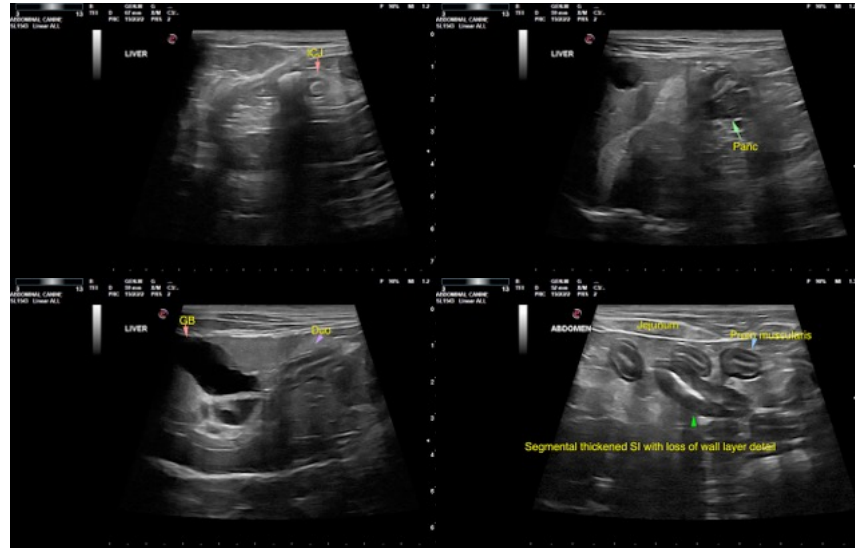
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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