



**PATIENT PRESENTING CLINICAL SIGNS**

Piper Jaslar History: Weight loss, muscle atrophy, anemic, jaundiced, neutrophilia

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SPECIES**  
*Urinary System*

Feline 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. Moderate primarily dependent to mildly non-dependent sediment was present, likely indicative of mild cellular or crystalline debris with potential for mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

**BREED**  
Domestic Shorthair

The area of the aortic trifurcation was free of pathology.

**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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The right kidney measured 3.5 cm. the left kidney measured 3.7 cm.

**AGE**  
16 years

*Adrenal Glands*

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 cm in width. No overt pathology in the area of the right adrenal gland.

**WEIGHT**  
7.3 Pounds

*Spleen*

The spleen exhibited generalized mild enlargement with mild asymmetrical medial capsule contour and generalized mild splenic parenchyma heterogeneity. No distinct masses or nodules in the spleen. The spleen measured 1.2-1.3 cm in width at the level of the hilus.

**INTERPRETED BY**

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

*Liver*

The liver was enlarged in size with rounded to regionally asymmetrical ventral and caudal hepatic contour. Evidence of hepatic parenchymal remodeling with intermittent to multifocal hyperechoic parenchymal nodules. Example of nodule measured 0.55 cm diameter. The gallbladder was mildly subnormal in size with mildly prominent echogenic to thickened walls. Mild anechoic content present in the gallbladder. The common bile duct was normal.

**IMAGING PERFORMED BY**  
Rebekah Jakum, CVT  
ARDMS/RVT

*Gastrointestinal*

**HOSPITAL NAME**

Mill Pond VC

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. Gastric body wall measured 0.25 cm.

**REFERRING VET**

Dr. Kulig

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. Duodenum wall measured 0.26 cm. Jejunum wall measured 0.23 cm.

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

**INVOICE**

33833

*Pancreas*

The pancreas was normal in size with mild asymmetrical contour. Heterogeneous parenchyma noted with mild pancreatic duct dilation.

**DATE**

12.29.2021



**PATIENT** *Free Abdomen*

Piper Jaslar No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

**SPECIES**

Feline

- Urinary bladder sediment
- Bilateral chronic renal changes
- Mild splenomegaly
- Hepatomegaly exhibiting intermittent to multifocal hyperechoic intraparenchymal nodules
- Mild chronic cholecystitis
- Probable chronic pancreatitis

**BREED**

Domestic Shorthair

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**SEX**

FS

The presentation of the liver and spleen may indicate benign or potential inflammatory changes, although the possibility of hepatic, splenic or hepatosplenic neoplasia cannot be definitively excluded. Assuming normal clotting status and using 25-gauge needle, hepatosplenic FNA is warranted for screening cytology. GI panel recommended to include PLI, TLI, cobalamin and folate as well as 3-view chest radiographs if not done to rule out occult pathology as potential cause of weight loss.

**AGE**

16 years

If no evidence of hepatosplenic neoplasia, potential for triad disease given the weight loss and muscle atrophy may be a consideration in this patient. Some or all of the following protocol could be considered empirically. Urine culture and sensitivity on sterile urine sample recommended (if evidence of inflammatory cells on urinalysis).

**WEIGHT**

7.3 Pounds

**Triaditis/Pancreatitis protocol**

Part or all of this protocol may be considered based on your clinical impression of the patient:

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

Recommend pain management when anorexic with **Buprenorphine** (0.01-0.02 mg/kg IM or SC), clinical trial of **Zithromax** (50 mg sid/cat x 10 days, 3 weeks if bartonella +), **Prednisolone** (0.5-2 mg/kg tapering over 1 week to minimal effective dose), and **B12 injections** if weight loss (Cyanobalamine 250 mcg sub-q once-weekly x six weeks, then every other week for six weeks and then once-monthly, long-term if necessary), **novel-protein or hydrolyzed diet** (*Hydrolyzed diets have been shown to be more effective in dietary intolerance case management compared to hypoallergenic diets*) or the **magical Purina DM** (changing protein source is crucial and may need rotation every 6 months if clinical signs recur) Diet trials is a whatever works phenomenon. If vomiting becomes a persistent issue then endoscopy would be warranted and/or recheck sonogram to assess more emerging disease. One diet does not work for all patients so different trials may be necessary or protein source rotation every 6 months as new sensitivities develop.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

**HOSPITAL NAME**

Mill Pond VC

**REFERRING VET**

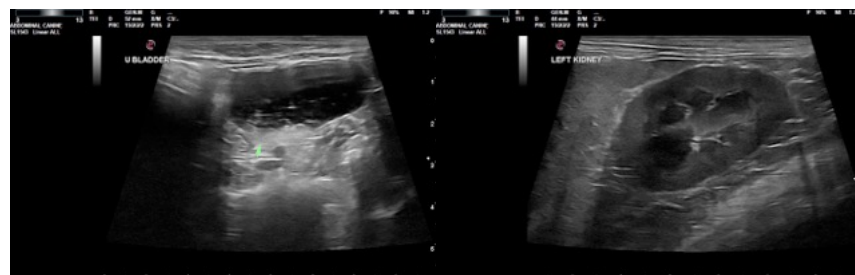
Dr. Kulig

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**PATIENT**

Piper Jaslar

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

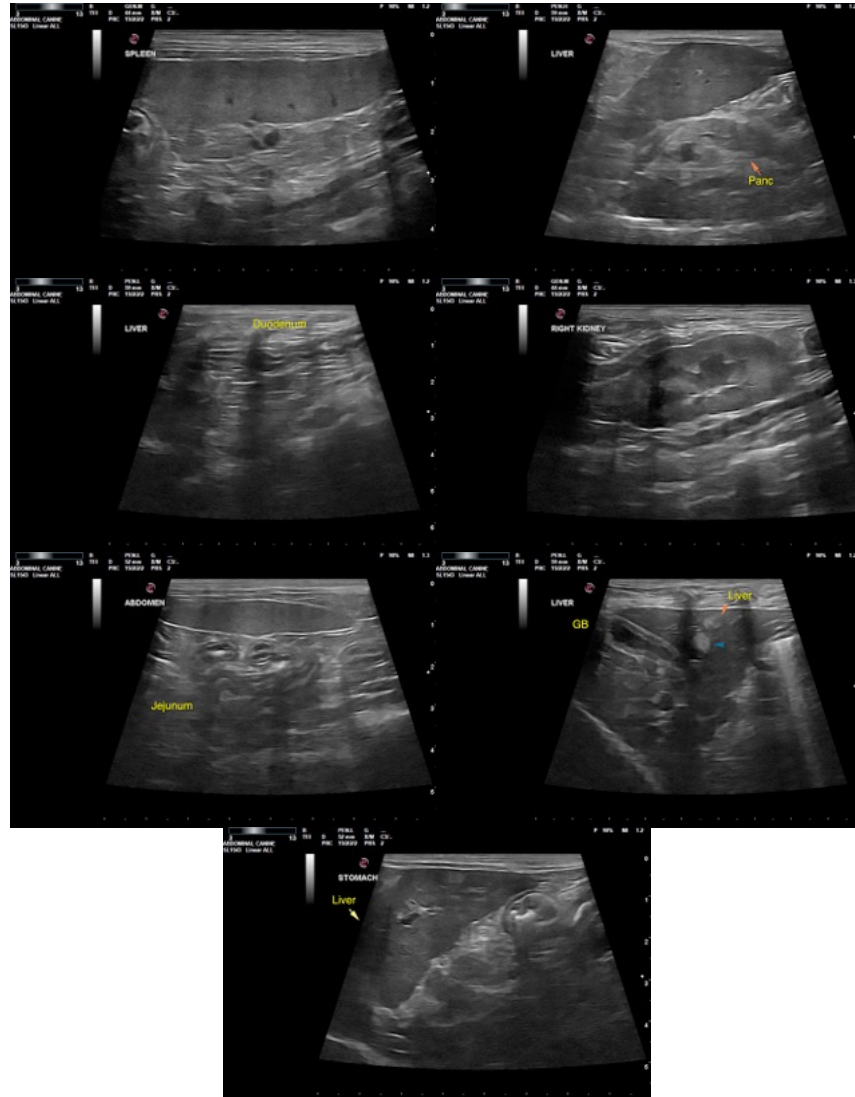
FS

**AGE**

16 years

**WEIGHT**

7.3 Pounds



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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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