



**PATIENT**

Princeton Scanlon

**PRESENTING CLINICAL SIGNS**

History: History of inappropriate urination, cystitis, current inappropriate stool out of litter box, vocalizing during BM and diarrhea

**SPECIES**

Feline

Medication: Hill's GI Biome

Previous blood work 7/21- unremarkable, recent negative fecal

**BREED**

Domestic Shorthair

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**SEX**

Neutered Male

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 urinary bladder mural criteria was noted.

**AGE**

13 years

The area of the aortic trifurcation was free of pathology.

**WEIGHT**

7.8 Pounds

Normal size and mild asymmetrical margination were present in the kidneys. Both kidneys exhibited mild cortical hypertrophy exhibiting mild nonuniform increased cortical echogenicity and subtle cortical hyperechoic striations. Moderate loss of corticomedullary border demarcation was noted. Cortical infarctions were present both kidneys. The left kidney measured 4.4 cm in length. The right kidney measured 3.9 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 0.45 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 cm width.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

**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.

**HOSPITAL NAME**

Pottstown AWS

**REFERRING VET**

Dr. DiBuono

**Liver/ Gallbladder**

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. Small intraparenchymal cyst was noted in the midventral liver. 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.

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***Gastrointestinal***

Princeton Scanlon

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 0.26 cm.

**SPECIES**

Feline

The small intestine presented intact wall layering and primarily maintained a 1:3 muscularis/mucosa ratio with subjective propensity for segmental, mildly prominent submucosa and muscularis layer. Intact wall layering was maintained without loss of Intestinal wall layering or intestinal masses. The duodenum wall width measured 0.29 cm. The jejunum wall width measured 0.29 cm.

**BREED**

Domestic Shorthair

The visualized colon exhibited sonographically unremarkable and Intact wall layering. The distal colon to colorectal wall adjacent to the urinary bladder measured 0.23 cm width. Formed feces was present in the colon.

**SEX**

Neutered Male

***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.

**AGE**

13 years

***Free Abdomen***

No omental masses, lymphadenopathy or peritoneal effusion were present.

**WEIGHT**

7.8 Pounds

**ULTRASONOGRAPHIC FINDINGS**

***Primary Findings***

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DVM, DABVP  
(Canine and Feline)

- Sonographically unremarkable urinary bladder with mild particulate sediment
- Overtly normal colon, suspect mild colitis
- Heterogeneous pancreas - patient / age-related variant, potential for low-grade to chronic pancreatitis is possible
- Bilateral chronic interstitial nephrosis renal pattern with cortical infarctions
- Possible low-grade inflammatory enteropathy

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**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.

**REFERRING VET**

Dr. DiBuono

Potentially, the small intestine exhibited subtle mural changes which may suggest low-grade inflammatory enteropathy given the patient's weight loss. However, without gastrointestinal signs such as vomiting, this finding is nonspecific. Further assessment may include a GI panel to include TLI/PLI/Cobalamin/Folate. Cobalamin supplementation, hydrolyzed diet, +/- Prednisolone at the lowest effective dose to control clinical signs i.e., weight loss and suspect mild colitis, may be beneficial.

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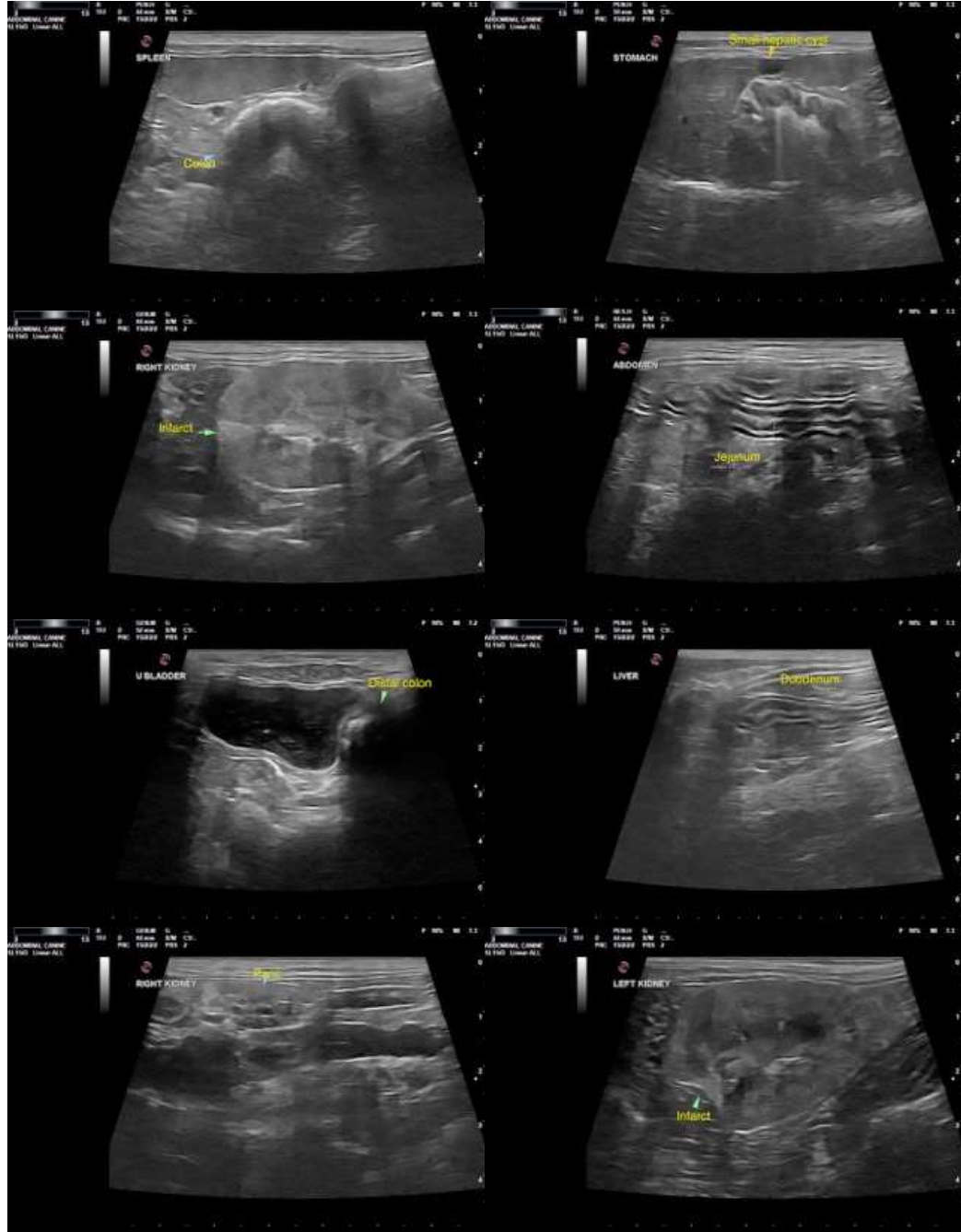
Dr. DiBuono

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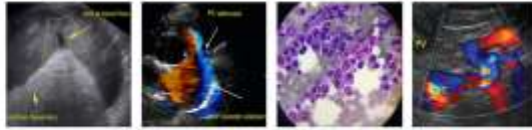
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance please contact me.

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