



PATIENT

Desdemona Rosa

PRESENTING CLINICAL SIGNS

History: Weight loss, increased thirst and appetite, decreased urination, occasional vomiting

Unremarkable CBC/ Chemistry panel

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Domestic Shorthair

The bladder was subnormal in size owing to lack of urine distention which prohibited full evaluation of the urinary bladder walls. However, the urinary bladder walls appeared to be uniformly mildly thickened with normal echogenicity. The ventral urinary bladder wall measured 0.37 cm width. Hyperechoic focal echogenicity with distal acoustic shadowing was present in the dependent lumen. The calculus measured approximately 0.43 cm width. No evidence of neoplastic criteria was noted. The urethra was normal to a depth of 2.0 cm.

SEX

FS

The area of the aortic trifurcation was free of pathology.

AGE

7 years

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 pyelectasia. The left kidney measured 3.5 cm in length. The right kidney measured 3.8 cm in length.

WEIGHT

6.2 Pounds

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.31 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.38 cm width.

Spleen

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

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 0.74 cm in width.

HOSPITAL NAME

Pocono Peak VC

Liver/ Gallbladder

REFERRING VET

Dr. Coyle

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 mild gallbladder debris. The cystic and common bile ducts were normal.

INVOICE

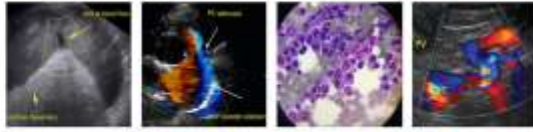
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Gastrointestinal

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.

DATE

12.3.2021



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The small intestine presented intact wall layering and primarily maintained a 1:3 muscularis/mucosa ratio with segmental propensity for subjective mild prominent muscularis layer. The jejunum wall width measured 0.25 cm. No evidence of loss of intestinal wall layering, significant mural hypertrophy, or intestinal masses. The ileocolic junction measured 0.30 cm.

SPECIES

Feline

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

Pancreas

BREED

Domestic Shorthair

The left limb of the pancreas was subtly prominent in size with subtle hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

SEX

FS

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

AGE

7 years

Primary Findings

- Solitary small cystic calculus with possible concurrent cystitis
- Probable low-grade to chronic active pancreatitis
- Suspect IBD

WEIGHT

6.2 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Subjectively, the small intestine exhibited subtle mural changes which are suggestive of Inflammatory enteropathy in light of the patient's clinical signs and weight loss. Concurrent low-grade pancreatitis is suspected which is often seen along with underlying intestinal disease in cats. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate and three view chest radiographs to rule out occult thoracic pathology which may cause weight loss. Urine C/S on a sterile urine sample is recommended. Full-thickness intestinal biopsies would be required for a definitive diagnosis. Empirical IBD / pancreatitis therapeutic trial may be considered with an assessment of clinical response.

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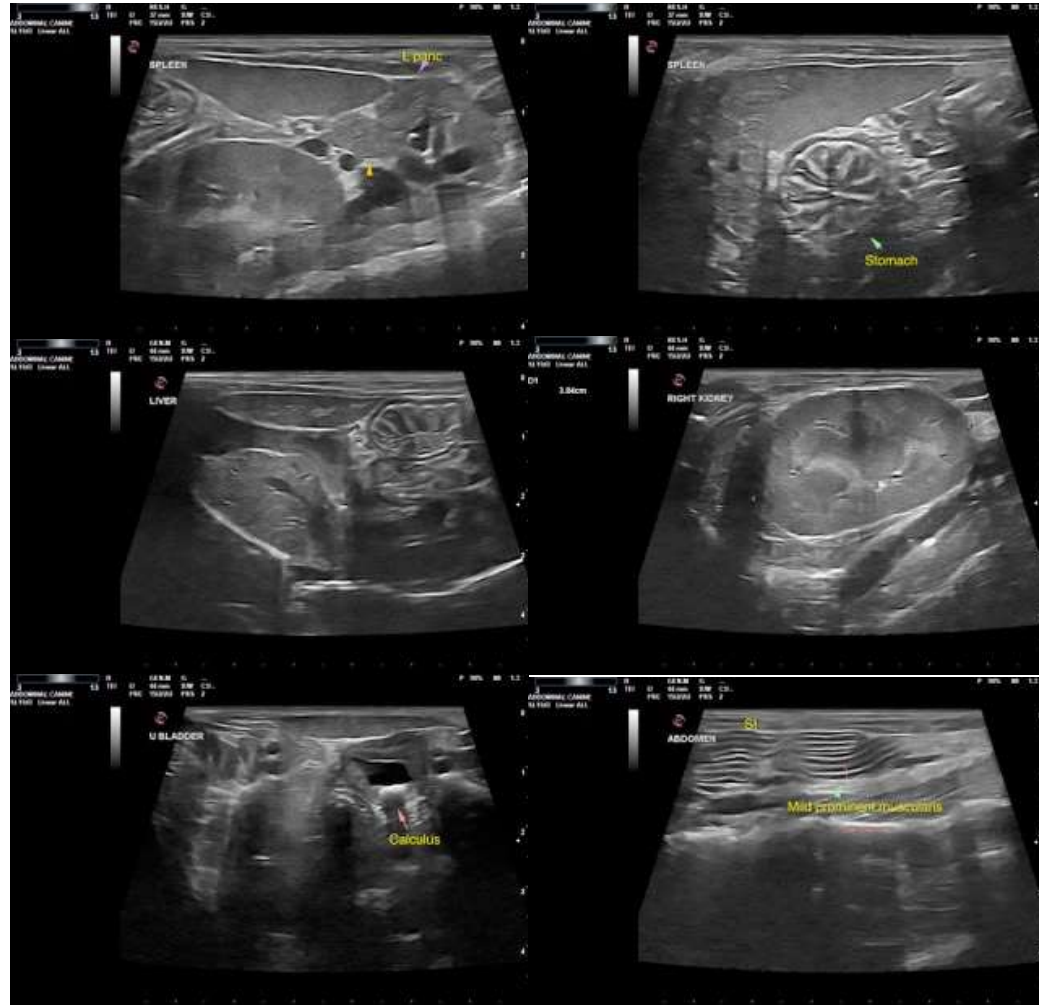
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com



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