



PATIENT PRESENTING CLINICAL SIGNS

Finn Rescue Chronic diarrhea, mild response to medical management. Medication: Metronidazole, Carafate

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. 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 were noted.

BREED

DSH

The area of the aortic trifurcation was free of pathology.

SEX

Neutered Male

The left kidney was normal in size (3.7 cm) The right kidney was subnormal in size with likely cortical infarcts. The right kidney measured 2.7 cm. Variable cortex hypertrophy noted, exhibiting uniform cortex echogenicity. Mild reduced medullary volume. Concurrent pinpoint medullary mineral noted. No evidence of pelvic dilation. A mild hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding.

AGE

2015

Adrenal Glands

WEIGHT

10 Pounds

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.41 cm. The right adrenal gland measured 0.35 cm.

Spleen

INTERPRETED BY

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

The spleen was mildly enlarged, measuring 1.1-1.2 cm in width at the level of the hilus. Maintained symmetrical capsule contour and finely textured homogeneous parenchyma. The splenomegaly is likely secondary to sedation, without evidence of neoplastic criteria.

Liver

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

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.

HOSPITAL NAME

Orefield VC

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. Gastric body wall measured 0.25 cm.

REFERRING VET

Dr. Schlofer

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 0.29 cm. Jejunum wall measured 0.22 cm. Ileocolic wall measured 0.35 cm.

INVOICE

43204

The colon walls presented intact yet generally mildly prominent wall layering with mild thickened to echogenic submucosa. The colon was non-distended, containing semiformal to soft fecal matter, consistent with patient history. Descending colon wall measured 0.30 cm.

DATE

12/5/22



PATIENT *Pancreas*

Finn Rescue The pancreas was normal in size and overall contour. Subtle non-homogeneous to hypochoic parenchyma compared to adjacent non-inflamed omentum.

SPECIES *Free Abdomen*

Feline Intermittent, variably size yet generally mildly prominent jejunocolic lymph nodes were present, exhibiting uniform hypochoic parenchyma. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. Example of lymph node measured 1.8 cm x 0.58 cm.

BREED

DSH No effusion. No omental masses.

ULTRASONOGRAPHIC FINDINGS

SEX

Neutered Male

- Colitis – suspect mild yet likely chronic.
- Sonographically unremarkable gastrointestinal tract – potential concurrent mild ileitis or generalized mild inflammatory enteropathy possible.
- Associated mild subjectively benign/reactive jejunocolic lymphadenopathy – hyperplasia or reactive lymphadenitis owing to inflammatory enterocolonopathy likely.
- Non-specific chronic renal changes exhibiting cortical hypertrophy and non-specific medullary rim sign.
- Suspect low-grade pancreatitis

AGE

2015

WEIGHT

10 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

GI panel to include PLI, TLI, cobalamin and folate as well as diarrhea PCR panel warranted, given the patient history. Empirically, and pending additional diagnostics, cobalamin supplementation, high colony count probiotic, empirical deworming (even with negative fecal testing), long-term dietary therapy with potential diet rotation depending on clinical response i.e., hydrolyzed diet +/- fiber supplementation, higher fiber diet such as w/d, or potentially low carb diet may prove beneficial. Assessment of clinical response and potential recheck sonogram indicated. Recheck retroviral status may be considered if not recently done.

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Orefield VC

REFERRING VET

Dr. Schlofer

INVOICE

43204

DATE

12/5/22





PATIENT

Finn Rescue

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

2015

WEIGHT

10 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Orefield VC

REFERRING VET

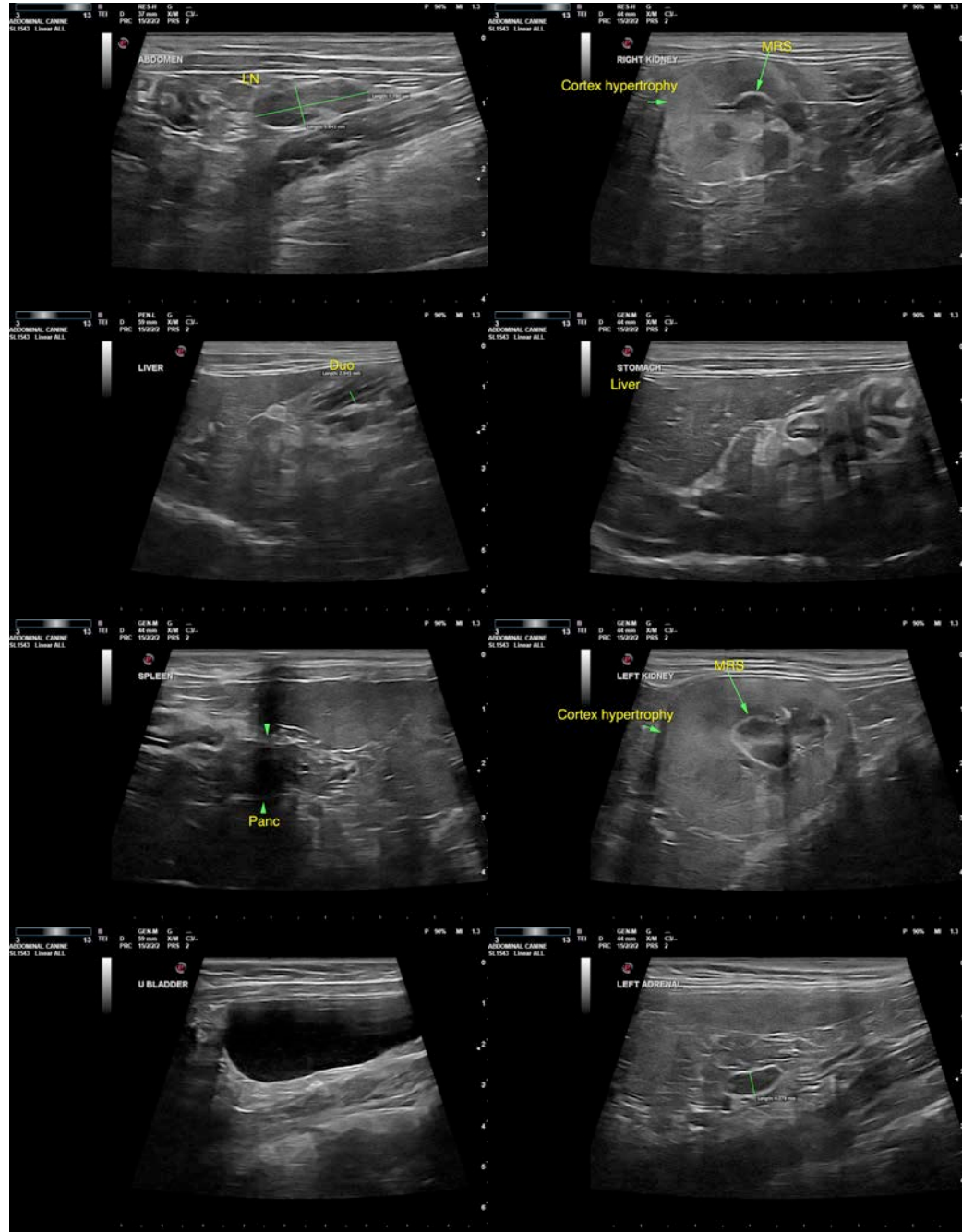
Dr. Schlofer

INVOICE

43204

DATE

12/5/22



The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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