



PATIENT

Tucker Cichonski

PRESENTING CLINICAL SIGNS

History: Chronic diarrhea for ~6 months

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Domestic Shorthair

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 was noted.

SEX

Neutered Male

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 pelvic dilation. The left kidney measured 3.5 cm in length. The right kidney measured 4.3 cm in length.

WEIGHT

7.2 Pounds

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 width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 cm width.

INTERPRETED BY

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

Spleen

The spleen was subnormal in size, potentially owing to volume contraction, exhibiting 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 0.44 cm in width.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

Liver/ Gallbladder

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 normal in size yet divided into two compartments. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction.

HOSPITAL NAME

Stanglein VC

REFERRING VET

Dr. Green

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.

INVOICE

12745

DATE

12.6.2021



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Tucker Cichonski

The small intestine presented intact wall layering with focal area of likely jejunal mucosal hypertrophy, as well as segmental propensity for mildly prominent muscularis layer. The jejunum wall width measured 0.28 cm width, and up to 0.36 cm width in the focal area of likely mucosal hypertrophy. The ileum potentially exhibited intact yet prominent wall layering approaching the ileocolic junction. The ileum wall potentially measured 0.32 cm width.

SPECIES

Feline

The colon walls presented intact yet mild to moderate prominent wall layering with mild to moderate thickened to echogenic submucosa. Nonformed fecal matter was present in the colon lumen with lumen dilation. The descending colon wall width measured 0.25 cm.

BREED

Domestic Shorthair

Pancreas

SEX

Neutered Male

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia. Mild generalized pancreatic duct dilation was present.

AGE

7 years

Free Abdomen

WEIGHT

7.2 Pounds

Intermittent jejunocolic lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 1.3 cm x 0.5 cm. Regional peripancreatic, peri intestinal, and perilymphatic reactive mesentery were present.

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

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

Primary Findings

- Chronic colitis
- Probable segmental to generalized concurrent enteropathy exhibiting focal likely jejunal mucosal hypertrophy and suspect ileitis
- Associated jejunocolic lymphadenopathy - hyperplasia, suspected reactive lymphadenitis likely, minor potential for emerging neoplastic lymphadenopathy
- Mild active to chronic active pancreatitis

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Stanglein VC

Secondary Findings

- Bilobed gallbladder - normal variant in a cat

REFERRING VET

Dr. Green

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A GI panel to include PLI/TLI/Cobalamin/Folate and diarrhea PCR panel are recommended. Small intestinal and colonic biopsies are required for a definitive diagnosis. Empirically, cobalamin supplementation, broad-spectrum deworming (Panacur 50 mg/kg PO BID for 5 consecutive days with potential repeat protocol in 3 weeks), dietary therapy (hydrolyzed vs. higher fiber diet), may prove beneficial. If the response to previous Prednisolone therapy was positive, re-initiation of Prednisolone at the lowest effective dose to control clinical signs may be considered if biopsies are not possible. A compounded Prednisolone, Metronidazole, and Sulfasalazine at appropriate doses may also prove beneficial and may be considered if persistent signs of colitis despite recommended therapy.

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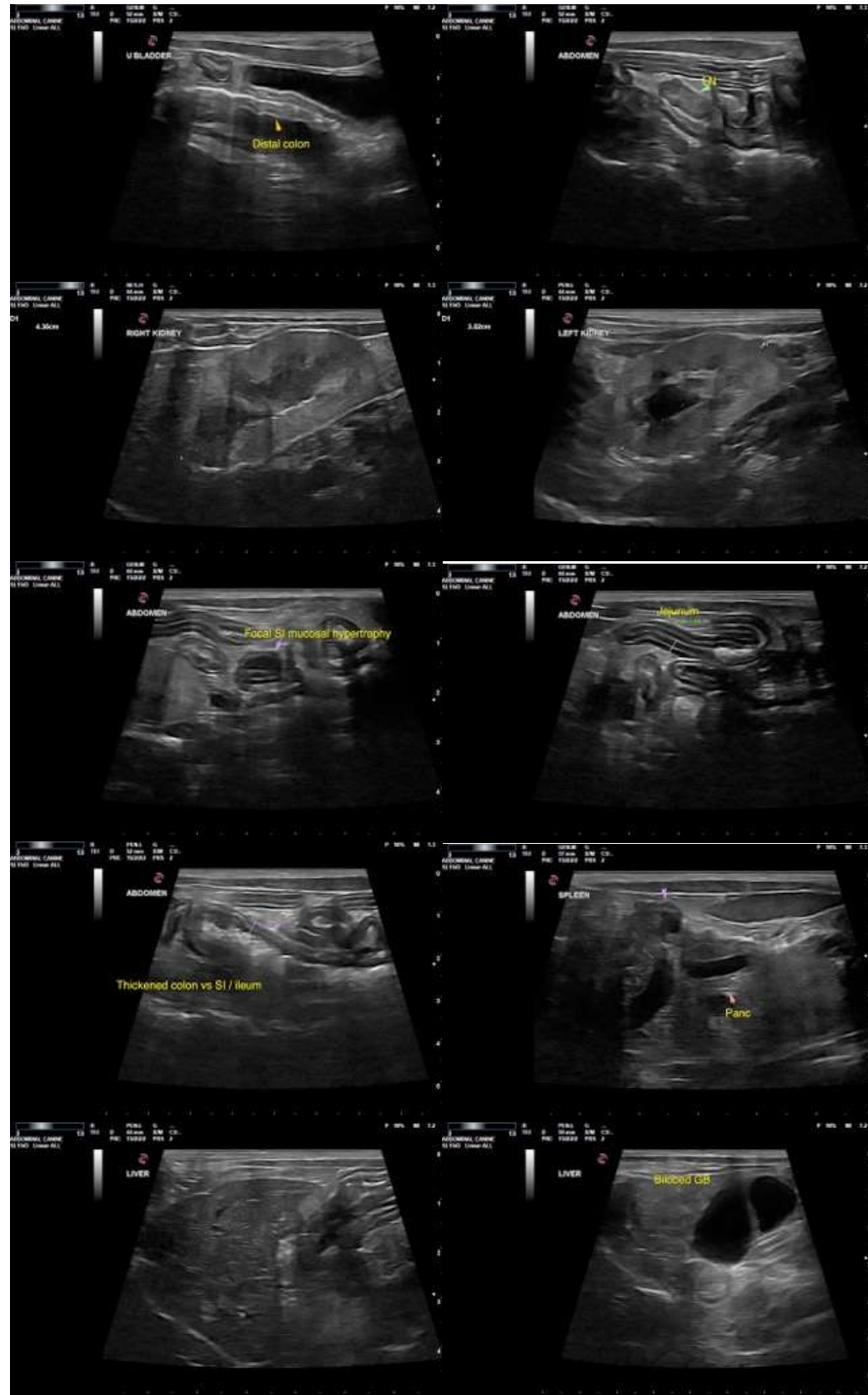
Dr. Green

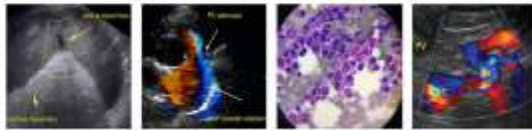
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

BREED

Domestic Shorthair

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.

SEX

Neutered Male

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com

AGE

7 years

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