



PATIENT

Willie Kerzner

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

11 Months

WEIGHT

5.93 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDMS

HOSPITAL NAME

New England AMC

REFERRING VET

Dr. Katherine Doyon,
DVM

INVOICE

12840

DATE

12/6/21

PRESENTING CLINICAL SIGNS

History: 3-day hospitalization for anorexia, vomiting, nausea, mucoid/clear diarrhea, tenesmus. Gallop rhythm developed after starting fluids. Medications: LRS, cerenia, pantoprazole, unasyn, metronidazole, buprenorphine, mirtazapine. Fever – r/o inflammatory vs infectious vs neoplasia vs other

Abnormal PE/Chem/CBC/UA Results:

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

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 4.0 cm in length. The right kidney measured 4.1 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.27 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.27 cm width.

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. The spleen measured 1.0 cm in width.

Liver

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.

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 measured 0.25 cm.



PATIENT

Willie Kerzner

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. The jejunum wall measured 0.20 cm. The duodenum wall measured 0.28 cm.

SPECIES

Feline

The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Non-formed feces were present in the colon lumen with lumen dilation.

Pancreas

BREED

Domestic Shorthair

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.

SEX

Neutered Male

Free Abdomen

Mild peritoneal free fluid was noted between the liver lobes adjacent to the small intestine and colon.

AGE

11 Months

Mildly prominent colic 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 0.34 cm in width.

WEIGHT

5.93 kg

Intermittent concurrent cranial mesenteric lymph nodes were present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

Generalized reactive mesentery exhibited by increased mesenteric echogenicity, primarily around the colon and colic lymph nodes was present.

INTERPRETED BY

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

ULTRASONOGRAPHIC FINDINGS

- Acute colitis
- Sonographically unremarkable stomach and small bowel- potential concurrent structurally insignificant gastroenteritis
- Associated primarily pericolic and perilymphatic reactive mesentery, mild peritoneal free fluid
- Probable mild pancreatitis

IMAGING PERFORMED BY

Pamela Harrigan, RDMS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Acute gastroenterocolic insult or generalized inflammatory bowel episode, infectious enterocolitis with unlikely potential for occult infiltrative colonic neoplasia. Likewise, given the fever, minor potential for FIP, given the age of the patient, is considered unlikely yet cannot be definitively excluded. The effusion may be secondary to gastrointestinal inflammation assuming normal albumin levels. Mild concurrent colic lymphadenitis suspected. The lymph nodes were not overtly consistent with neoplastic criteria. Diarrhea PCR panel +/- GI panel to include PLI, TLI, cobalamin and folate may be considered. If possible, peritoneal effusion analysis for further assessment is recommended. Empirically, continued gastrointestinal support and medical therapy for acute colitis would be appropriate. Recheck sonogram suggested pending clinical response to therapy to assess for progressive gastroenterocolic inflammatory changes and increasing effusion.

HOSPITAL NAME

New England AMC

REFERRING VET

Dr. Katherine Doyon,
DVM

INVOICE

12840

DATE

12/6/21



PATIENT

Willie Kerzner

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

11 Months

WEIGHT

5.93 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

New England AMC

REFERRING VET

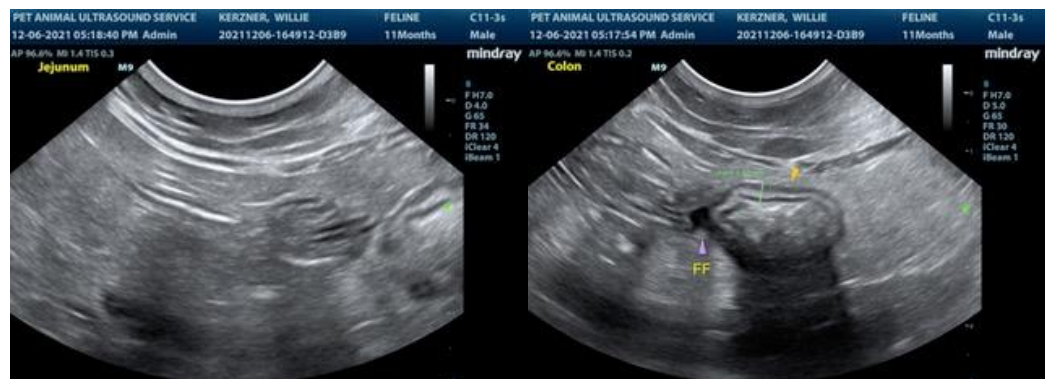
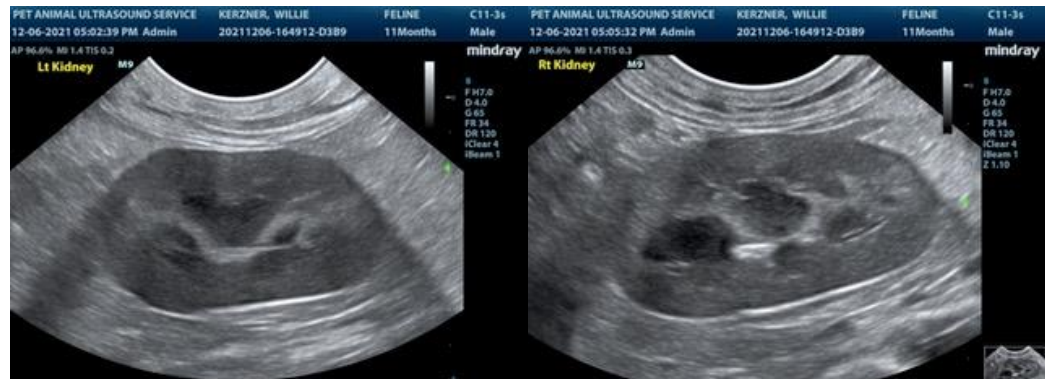
Dr. Katherine Doyon,
 DVM

INVOICE

12840

DATE

12/6/21





PATIENT

Willie Kerzner

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

11 Months

WEIGHT

5.93 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

New England AMC

REFERRING VET

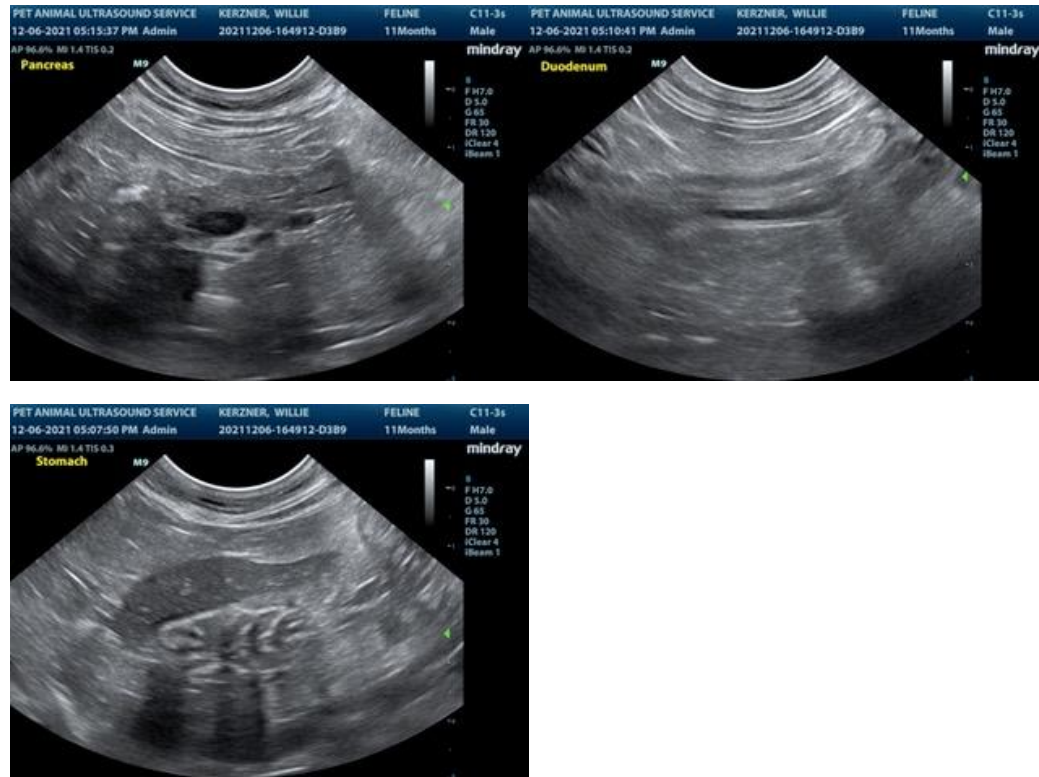
Dr. Katherine Doyon,
 DVM

INVOICE

12840

DATE

12/6/21



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)
info@SonoPath.com