



PATIENT

Charlie Coon

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8.5 Years

WEIGHT

11.9 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Jennifer Todd

HOSPITAL NAME

Lambs Gap AH

REFERRING VET

Dr. Cynthia Kinney

INVOICE

19056

DATE

19056

PRESENTING CLINICAL SIGNS

History: Charlie is an 8 year old male neutered DSH who has a history of CKD (diagnosed 4/21) and suspected IBD (diagnosed 1/22), had Texas GI panel 2-22 with elevated fasting folate Meds: Cosequin, Epakitin, Cerenia, Renacare, RC renal diet Diarrhea started 11-17-22, proviable started with no improvement, owner started metronidazole she had at home and improvement noted, owner brought in 11-22-22 for exam-more metronidazole dispensed Re-check exam was done on 11-29-22 for several episodes of vomiting, often after eating, abdominal rads showed significant intestinal thickening, 3mg cerenia was given SQ, 0.25ml B12 SQ, recommend repeat AUS

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended in size yet normal tone. Anechoic urine was present in the lumen. Mild to moderate nondependent particulate sediment was present, which may indicate cellular debris/protein, crystalline debris or mucus, without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted. The urethra was normal to a depth of 2.0 cm. Aortic trifurcation was normal.

Both kidneys were normal in size and margination. Maintained 1:3 cortex to medulla ratio noted. Mild uniform increased cortex and concurrent increased medullary echogenicity with loss of corticomedullary border demarcation. Pinpoint medullary mineral was noted, along with mild hyperechoic medullary striations. No pyelectasia was noted. The left kidney measured 3.9 cm in length. The right kidney measured 3.8 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 0.41 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.46 cm.

Spleen

The spleen (0.78 cm in width at the level of the hilus) 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.

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



PATIENT	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate ingesta, exhibiting mild progressive distal acoustic shadowing. No evidence of mechanical pyloric outflow obstruction.
Charlie Coon	
SPECIES	The intestinal walls demonstrated intact wall layers with generalized propensity for mildly prominent muscularis layer with mild altered muscularis to mucosa ratio. No evidence of loss of intestinal wall layering or intestinal masses. Segmental to generalized nonshadowing ingesta/chyme was present. Wall width measured 0.27 cm – 0.32 cm.
Feline	
BREED	Normal visible colon wall layers were present with apparent formed feces in lumen.
DSH	
SEX	Pancreas The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.
Neutered Male	
AGE	Free Abdomen No omental masses, lymphadenopathy or evidence of peritoneal free fluid was present.
8.5 Years	
WEIGHT	ULTRASONOGRAPHIC FINDINGS
11.9 Pounds	<ul style="list-style-type: none"> • IBD intestinal pattern with generalized gastrointestinal ingesta- probable postprandial presentation • Nonspecific chronic renal changes • Mild to moderate particulate urinary bladder sediment
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The small intestine and kidneys appear to be sonographically similar compared to the previous study with potential mild progressive wall thickening based on measurement, although some degree of measurement variability is possible. Considerations continue to include suspected IBD/eosinophilic enteritis, although potential for neoplastic infiltrative enteropathy with round cells, such as lymphoma, which may present in similar sonographic manner, cannot be excluded. Dietary intolerance/food allergy, occult parasitism, if the patient is indoor/outdoor, low grade to chronic pancreatitis, which may present sonographically normal, are all potential contributing factors.
IMAGING PERFORMED BY	Given the lack of current steroid administration, full thickness intestinal biopsies could be considered for a definitive diagnosis. Empirical IBD protocol and hydrolyzed diet trial with as needed gastrointestinal support would be reasonable with assessment of clinical response and potential sonographic monitoring of the intestine for progressive mural changes.
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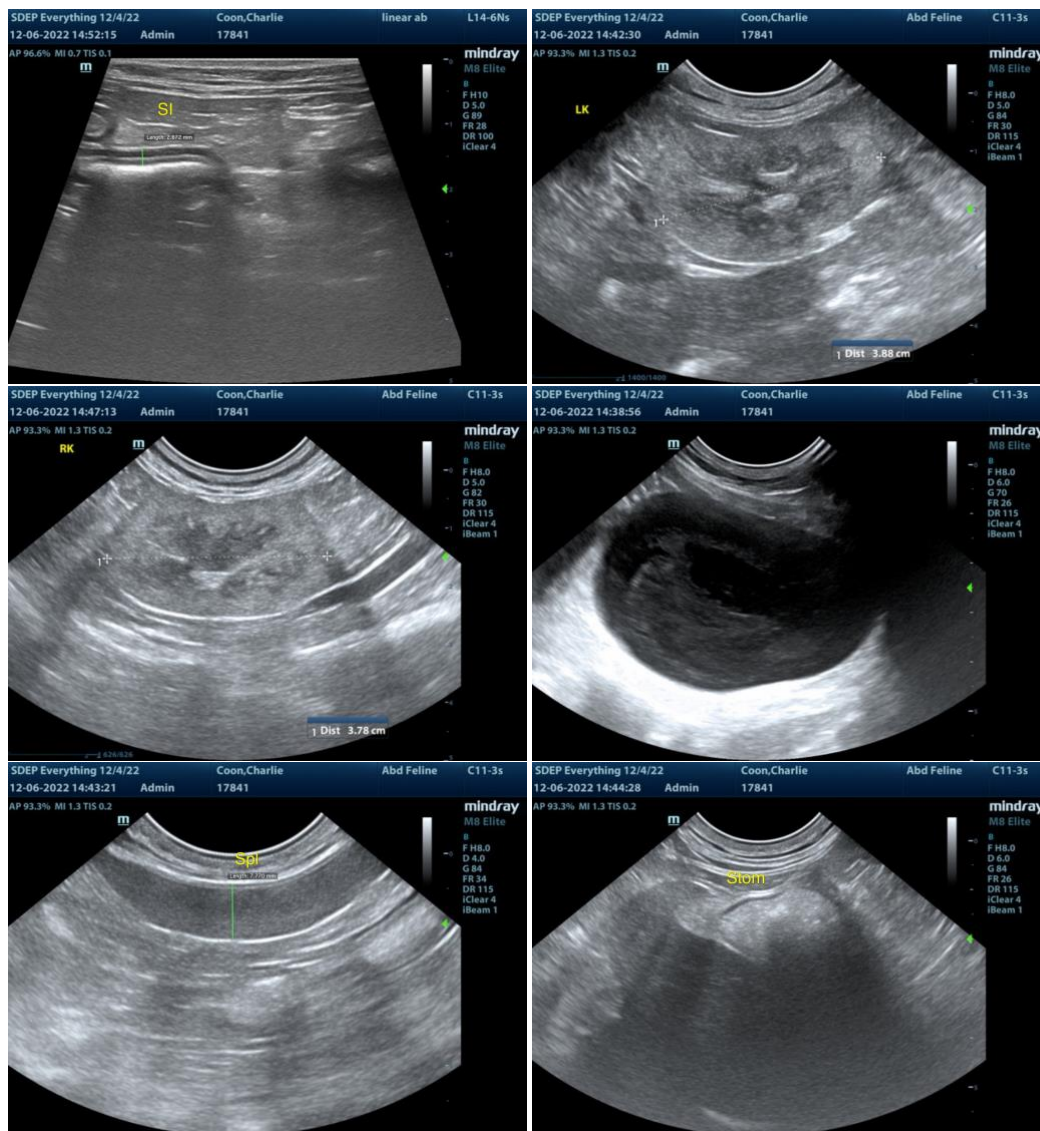
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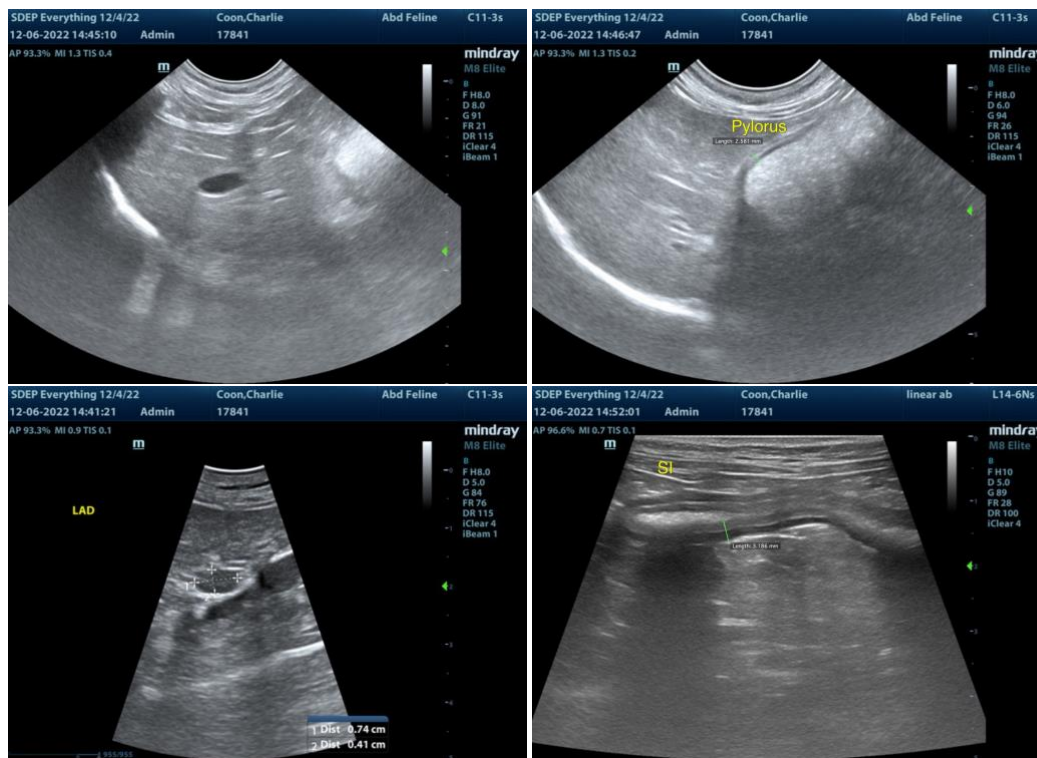
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com