



**PATIENT PRESENTING CLINICAL SIGNS**

Gracie Fisher History: Vomiting, muscle wasting, well managed diabetic  
 Eosinophilia, hyperglycemia, mild hyperkalemia, glucosuria

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Feline **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 were noted.

**SEX**

FS

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The right kidney measured 4.4 cm. The left kidney measured 3.9 cm.

**AGE**

10 years

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

**WEIGHT**

5.54 kgs

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 cm in width. The left adrenal gland measured 0.29 cm.

**Spleen**

**INTERPRETED BY**

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

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The spleen measured 0.83 cm in width. 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**

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non distended in size with mild, echogenic, nonmineralized biliary sludge. The proximal common bile duct was mildly dilated and tortuous without overt post hepatic obstruction.

**HOSPITAL NAME**

Abby Road AH

**Gastrointestinal**

**REFERRING VET**

Dr. Gerenser

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained anechoic pyloric fluid present. Pylorus wall measured 0.21 cm. Gastric body wall measured 0.25 cm.

The small intestine presented intact wall layering with generalized propensity for mildly prominent muscularis layer. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Jejunum wall measured 0.27 cm.

**INVOICE**

33309

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

**DATE**

12.7.2021

**Pancreas**



**PATIENT** Gracie Fisher  
The pancreas exhibited generalized prominent size with asymmetrical contour and non-homogeneous, diffusely nodular parenchyma. The nodules were primarily hypoechoic in appearance.

**Free Abdomen**

**SPECIES** Feline  
Intermittent, mildly prominent to enlarged mesenteric 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). These lymph nodes were not consistent with inflammatory or neoplastic criteria

**BREED** Domestic Shorthair

**ULTRASONOGRAPHIC FINDINGS**

- Mild age related kidneys
- Diffusely non-homogeneous to nodular pancreas
- Mild gallbladder debris with mild non-obstructive proximal common bile duct dilation
- Mild retained pyloric fluid – potential for low-grade gastritis or gastric stasis.
- Enteropathy with generalized, mildly prominent muscularis layer

**AGE**

10 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The gallbladder debris may be secondary to fasting or indicate nonclinical cholestasis. The proximal common bile duct dilation may suggest age related changes or secondary to underlying cholangitis / cholangiohepatitis especially if previous or current liver enzymes elevations have been noted.

**WEIGHT**

5.54 kgs

The appearance of the small intestine is suggestive of mild infiltrative enteropathy with considerations include probable inflammatory infiltrative enteropathy/IBD, eosinophilic enteritis, while the possibility of early neoplastic infiltrative enteropathy with round cells such as low-grade lymphoma cannot be excluded. Chronic to chronic active pancreatitis with nodular changes such as diffuse nodular hyperplasia is suspected. Minor potential for early pancreatic neoplastic criteria, yet thought less likely.

**INTERPRETED BY**

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

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Intestinal and pancreatic biopsies would be required for definitive diagnosis. If persistent gastrointestinal signs or muscle wasting, empirical therapy for IBD and chronic pancreatitis may be considered.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

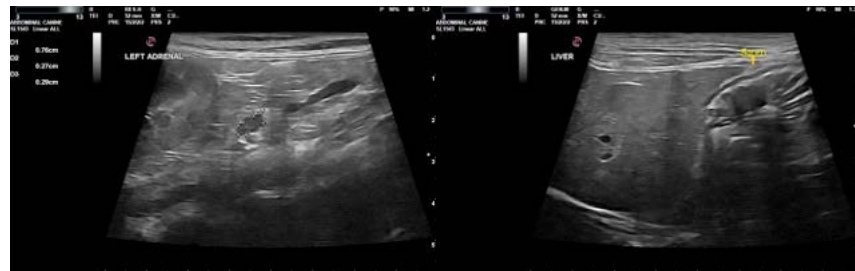
**HOSPITAL NAME**

Abby Road AH

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

**REFERRING VET**

Dr. Gerenser



**INVOICE**

33309

**DATE**

12.7.2021



**PATIENT**

Gracie Fisher

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

FS

**AGE**

10 years

**WEIGHT**

5.54 kgs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

**HOSPITAL NAME**

Abby Road AH

**REFERRING VET**

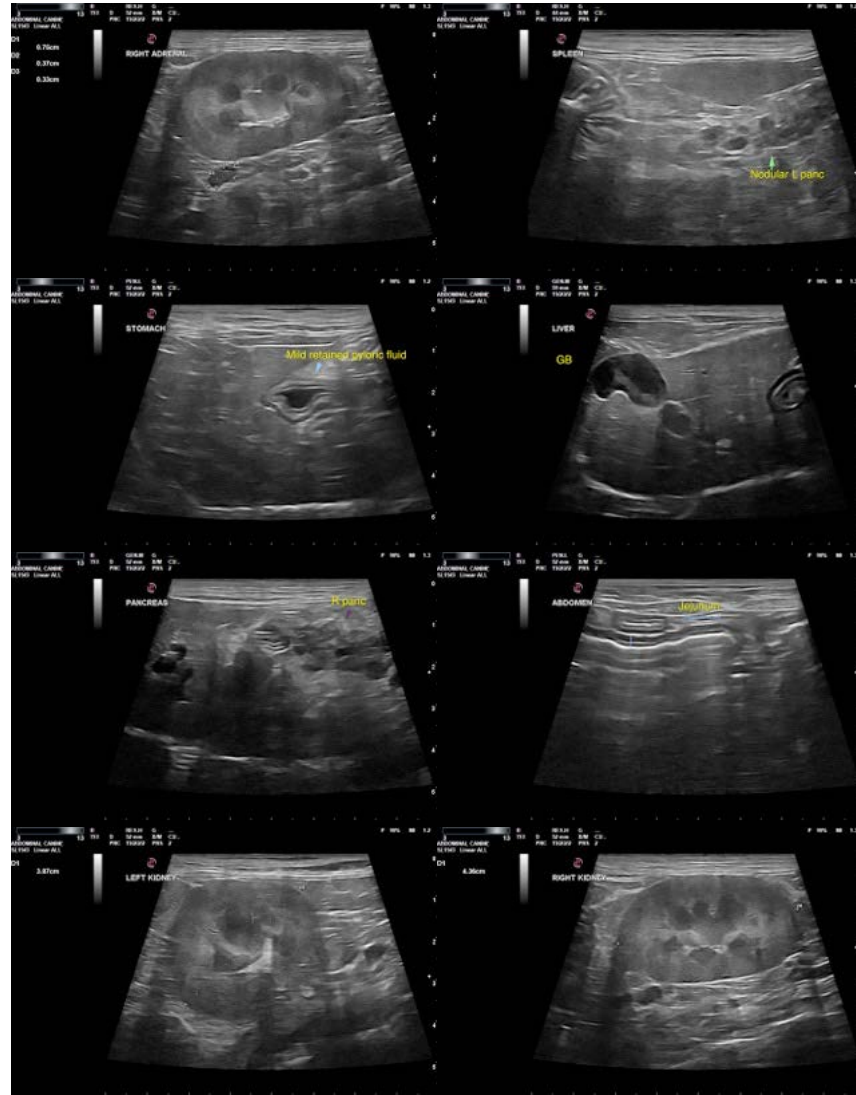
Dr. Gerenser

**INVOICE**

33309

**DATE**

12.7.2021



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](mailto:mac.daniel@sonopath.com)