



**PATIENT**

Belle Kuzmick

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

13 years

**WEIGHT**

14 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Alex Emerson DVM

**HOSPITAL NAME**

Animal Clinic of  
Casselberry

**REFERRING VET**

Alex Emerson DVM

**INVOICE**

12774

**DATE**

12/8/21

**PRESENTING CLINICAL SIGNS**

Seen at ER yesterday for ADR/Inappetent. 104 Fever and gallop rhythm. Otherwise normal exam  
Thoracic Rads- no sig abnormality per ER vet and in my opinion Fel Pro BNP- normal  
Abnormal PE/Chem/CBC/UA Results: Abnormal fPL. Otherwise normal BW yesterday. UA pending

**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 was noted.

The area of the aortic trifurcation was free of pathology.

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

**Adrenal Glands**

No overt pathology was noted in the area of the left or right adrenal glands.

**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 0.71 cm width.

**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 non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**Gastrointestinal**

The visualized gastric walls were sonographically unremarkable. The lumen of the stomach contained mild, retained, echogenic, subtly shadowing ingesta / chyme most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. The ventral gastric body wall width measured 0.26 cm.

The small intestine exhibited generalized intact yet prominent wall layering owing to a generalized propensity for mildly prominent muscularis layer. The jejunum wall width measured up to 0.37 cm.



**PATIENT**

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

Belle Kuzmick

***Pancreas***

**SPECIES**

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.

Feline

**BREED**

***Free Abdomen***

DSH

Evidence of peri intestinal reactive mesentery, as well as reactive mesentery in right cranial abdomen in the area of the right pancreas, was noted. No overt evidence of free fluid was present.

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Several visualized jejunal lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of the lymph node measured 0.40 cm width.

**AGE**

13 years

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

***Primary Findings***

14 lbs.

- Mildly hypoechoic pancreas
- Enteropathy with suspect associated mild jejunal lymphadenitis
- Peri intestinal to peripancreatic reactive mesentery

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Acute inflammatory bowel episode with potential for infectious enteritis is suspected, given the presence of fever and gastrointestinal signs. Secondary likely focal to intermittent jejunal lymphadenitis is suspected. Potential for occult infiltrative enteropathy with emerging neoplastic jejunal lymphadenopathy cannot be definitively excluded yet thought less likely.

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Hospitalization with supportive care for probable pancreatitis and acute inflammatory bowel episode with as-needed gastrointestinal support is recommended. Zithromax / Metronidazole combination, in light of the fever and suspected lymphadenitis, is suggested. Potential chronic enteropathy may be considered If previous or recurrent gastrointestinal signs, or evidence of weight loss are noted. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. Recheck sonogram is recommended to assess for progressive inflammatory gastrointestinal or pancreatic changes If continued clinical signs despite empirical therapy.

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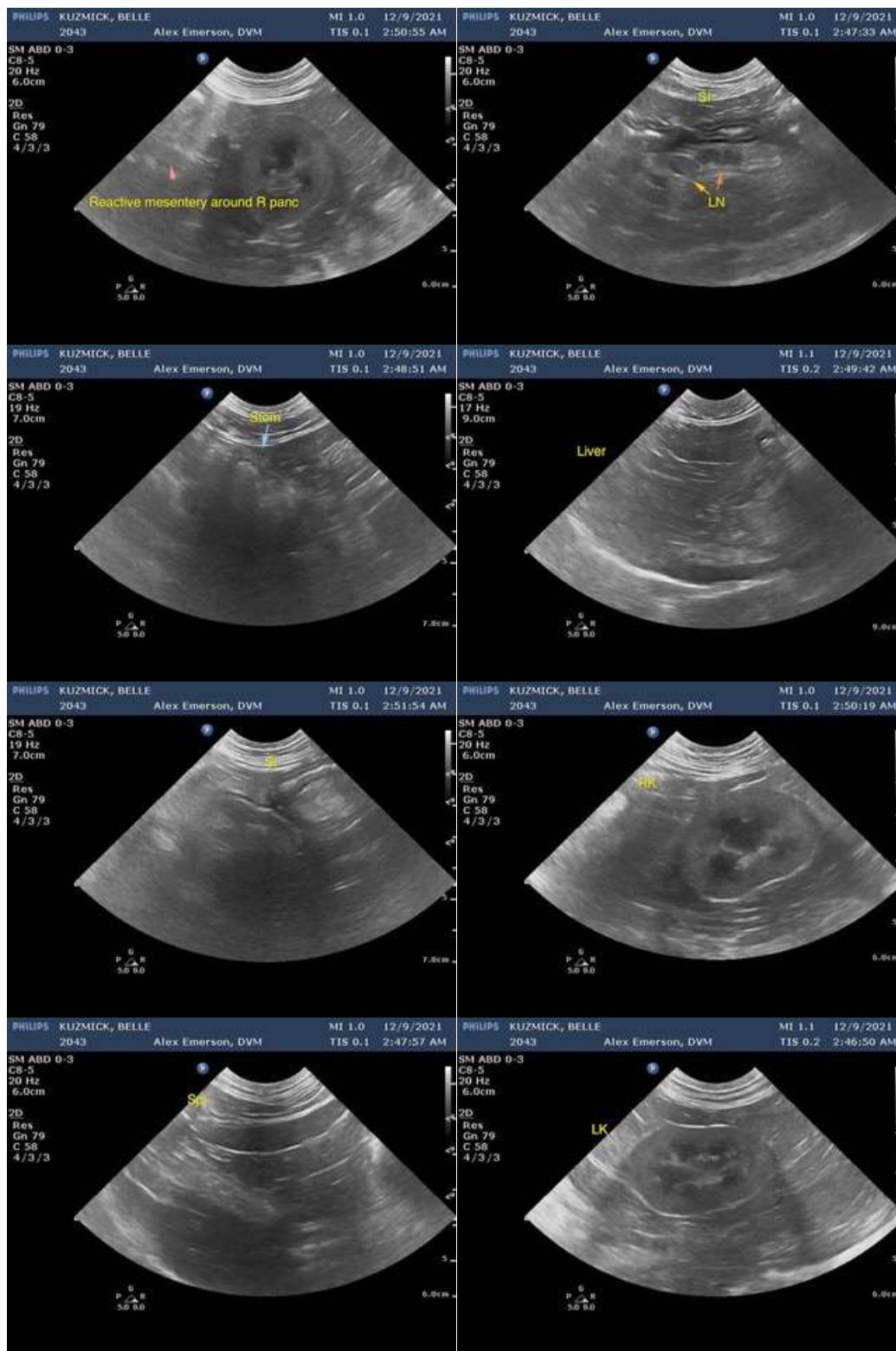
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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