



PATIENT

Chloe Greenway

PRESENTING CLINICAL SIGNS

History: Chronic diarrhea, colitis, +Coronavirus

Medication: Hill's GI Feline Biome

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Domestic Shorthair

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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

FS

The area of the aortic trifurcation was free of pathology.

AGE

9 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 3.4 cm in length. The right kidney measured 3.4 cm in length.

WEIGHT

8.6 Pounds

Adrenal Glands

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

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

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.

HOSPITAL NAME

Stanglein VC

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 mild gallbladder debris. The cystic and common bile ducts were normal.

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

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The intestinal walls demonstrated intact wall layers with diffusely thickened walls and mild generalized prominent muscularis layer. Intact wall layering was maintained without evidence of loss of wall

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12.9.2021



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layering or distinct enterocolic masses. The jejunum wall width measured 0.26 cm. The ileocolic wall width measured 0.44 cm. The duodenum wall width measured 0.25 cm.

SPECIES

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Normal visible colon wall layers were present. Mild dilation of the proximal colon with nonformed feces was present.

Pancreas

The pancreas exhibited normal size and contour with subtle hypochoic parenchyma compared to adjacent omentum.

BREED

Domestic Shorthair

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

SEX

FS

ULTRASONOGRAPHIC FINDINGS

Primary Findings

AGE

9 years

- Probable IBD
- Sonographically unremarkable colon with empty colorectum and mild proximal colon fluid dilation
- Suspect mild chronic active pancreatitis

WEIGHT

8.6 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine exhibited subtle generalized mural changes which are suggestive of inflammatory enteropathy / IBD or potential eosinophilic enteritis. Further correlation with a GI panel to include PLI/TLI/Cobalamin/Folate, given the suspected mild chronic active pancreatitis, may be considered. Full-thickness intestinal biopsies are likely required for a definitive diagnosis.

Empirically, IBD protocol which may include cobalamin supplementation, continued dietary therapy (potential higher fiber diet or hydrolyzed diet may prove beneficial), +/- Prednisolone trial at lowest effective dose to control clinical signs with continued as-needed GI support and assessment of clinical response may be considered. Blanket deworming is suggested if potential parasites or if the patient is indoor/outdoor.

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SEX

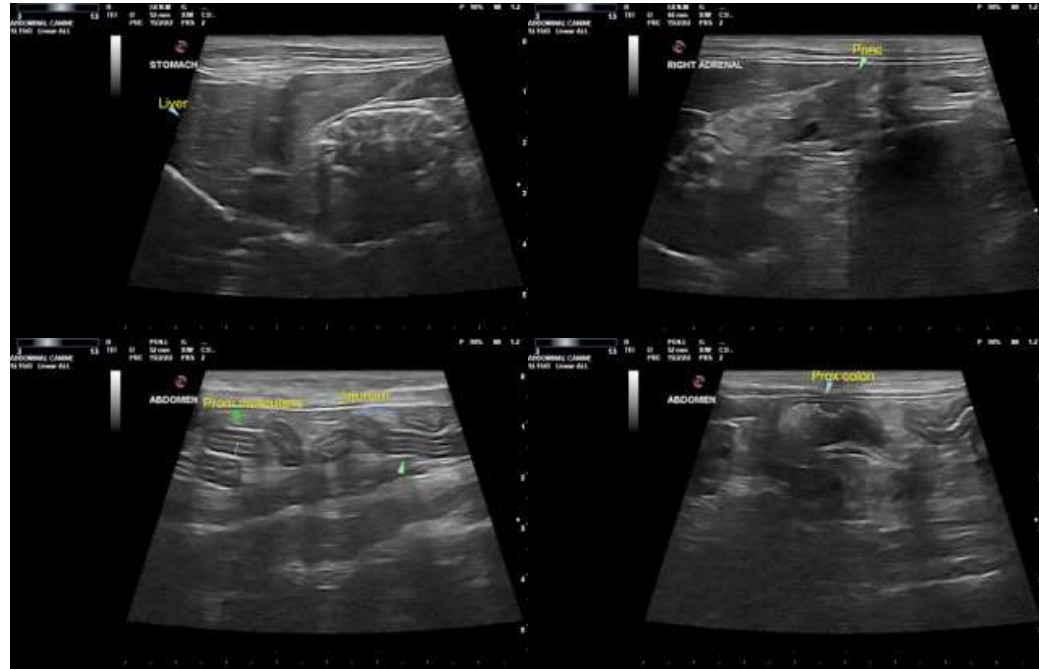
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AGE

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WEIGHT

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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.

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