



PATIENT	PRESENTING CLINICAL SIGNS
Alley Spitzer	Reason for Visit: Consult for IBD History: P presents for cionsult for IBD. O is convinced P has IBD and would like to perform the GI panel. O did administer 0.15mls of B12 on tuesday and some mirtzapine. This week starting monday, P stopped being interested in food and lethargic. Tuesday o administered B12 and Mirtzapine and states she perked back up for 12 hrs. P normally has soft stool with blood, or formed stool with blood. This week her stool was perfect, formed with no blood.
SPECIES	
Feline	
BREED	INTERMITTENT DIARRHEA WITH FRESH BLOOD X 2-3 MONTHS. DIARRHEA RESOLVED WITH CHANGING DIET TO PURINA EN, FLAGYL, AND FORTI FLORA BUT WOULD STILL HAVE INTERMITTENT TRACE FRESH BLOOD IN STOOL. NORMAL APPETITE UNTIL 3-4 DAYS AGO WHEN REFUSED TO EAT ALL BUT TREATS AND SOME OTC FOOD. HAS LOST 1 POUND IN THE PAST 2 MONTHS NORMAL CBC/CHEM/T4/UA 2 MONTHS AGO FECAL ANTIGEN PANEL ALL NEGATIVE 2 MONTHS AGO
DSH	
SEX	Abnormal PE/Chem/CBC/UA Results: Hydration: N Mentation: BAR, FRIENDLY EENT: N Oral Cavity: MM PM CRT 1-2 SEC, MILD TARTAR Lymph Nodes: N Skin: N CV/Respiratory: N Abd/GI: NORMAL STOOL IN COLON, NO PALAPBLE MASSES, NO PALPABLE THICKENING OF INTESTINES. Uro/Perineum: N Musculoskeletal: BCS 5/9 Neurological: N Fecal: Diagnostic Testing Needed: REPEAT SENIOR PANEL: CBC plts 52,000 but several clumps at feathered edge - adequate platelets HCT 31.5 Chem: ALT 499, Alk Phos 208, GGT 18, Tbili 2.5, serum icteric - r/o cholangiohepatitis, Triaditis, Pancreatitis AB US - jpending TAMU GI PROFILE....OWNER UNDERSTANDS B12 LEVEL MAY BE NORMAL/HIGH DUE TO HIM ADMINISTERING B12 EARLIER THIS WEEK. Assessment: 1) RESOLVED DIARRHEA WITH INTERMITTENT FRESH BLOOD - R/O DIETARY, IBD, NEOPLASIA 2) ANOREXIA - R/O IBD, NEOPLASIA, DIETARY
SF	
AGE	
6 years 9 months	
WEIGHT	
9.9 lbs.	
INTERPRETED BY	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Michaleen	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.
HOSPITAL NAME	The area of the aortic trifurcation was free of pathology.
DPC Veterinary Hospital	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 3.8 cm in length. The right kidney measured 4.0 cm in length.
REFERRING VET	
Dr. Feldt	
INVOICE	Adrenal Glands
13294	No overt pathology was noted in the area of the left adrenal gland. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.47 cm width.
DATE	Spleen
2/10/22	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



PATIENT	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.
Alley Spitzer	
SPECIES	<i>Liver/ Gallbladder</i>
Feline	The liver exhibited potential for mild generalized enlargement with symmetrical contour. Normal hepatic parenchyma echogenicity exhibiting mild coarse echotexture was present with no hepatic masses or nodules noted. The gallbladder was non-distended in size containing primarily anechoic content with minor, particulate, nonorganized luminal debris. The cystic and common bile ducts were normal.
BREED	
DSH	
SEX	<i>Gastrointestinal</i>
SF	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.
AGE	
6 years 9 months	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 duodenum wall width measured 0.23 cm. The jejunum wall width measured 0.25 cm.
WEIGHT	
9.9 lbs.	Normal visible colon wall layers were present with apparent formed feces in lumen.
INTERPRETED BY	<i>Pancreas</i>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
IMAGING PERFORMED BY	<i>Free Abdomen</i>
Michaleen	No omental masses, lymphadenopathy or peritoneal effusion were present.
HOSPITAL NAME	ULTRASONOGRAPHIC FINDINGS
DPC Veterinary Hospital	<ul style="list-style-type: none"> • Hepatopathy with minor gallbladder debris - subjective cholangiohepatitis pattern • Mild heterogeneous pancreas • Overtly normal gastrointestinal tract and colon
REFERRING VET	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Dr. Feldt	Overall, no overt evidence of significant abdominal visceral specifically gastroenterocolic pathology was noted. The intermittent diarrhea to formed stool exhibiting frank blood is suggestive of low-grade colitis.
INVOICE	
13294	The appearance of the pancreas was nonspecific with considerations including a patient variant with potential for low-grade inflammation. At times, the sonographic presentation of the gastrointestinal tract may not correlate with presenting clinical gastrointestinal signs. Structurally insignificant inflammatory bowel disease or potential Triaditis, given the elevated liver enzymes, may be present.
DATE	
2/10/22	

Further assessment may include pending GI panel. Assuming normal clotting status, ultrasound guided FNA of the liver using a 25-gauge needle could be considered for screening cytology primarily to assess



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for or possibly identify inflammatory cell type if present. Dietary intolerance and occult parasitism, if the patient is indoor / outdoor, are also possible. During episode of diarrhea, a diarrhea PCR panel could be considered. Enterocolic biopsies are likely required for a definitive diagnosis.

SPECIES

Feline

Empirically, hydrolyzed or potential higher fiber diet, broad spectrum deworming if clinically indicated, cobalamin supplementation, as-needed gastrointestinal support +/- Prednisolone as the lowest effective dose to control clinical signs and if biopsies are not possible with an assessment of clinical response may be considered.

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

IMAGING PERFORMED BY

Michaleen

HOSPITAL NAME

DPC Veterinary
Hospital

REFERRING VET

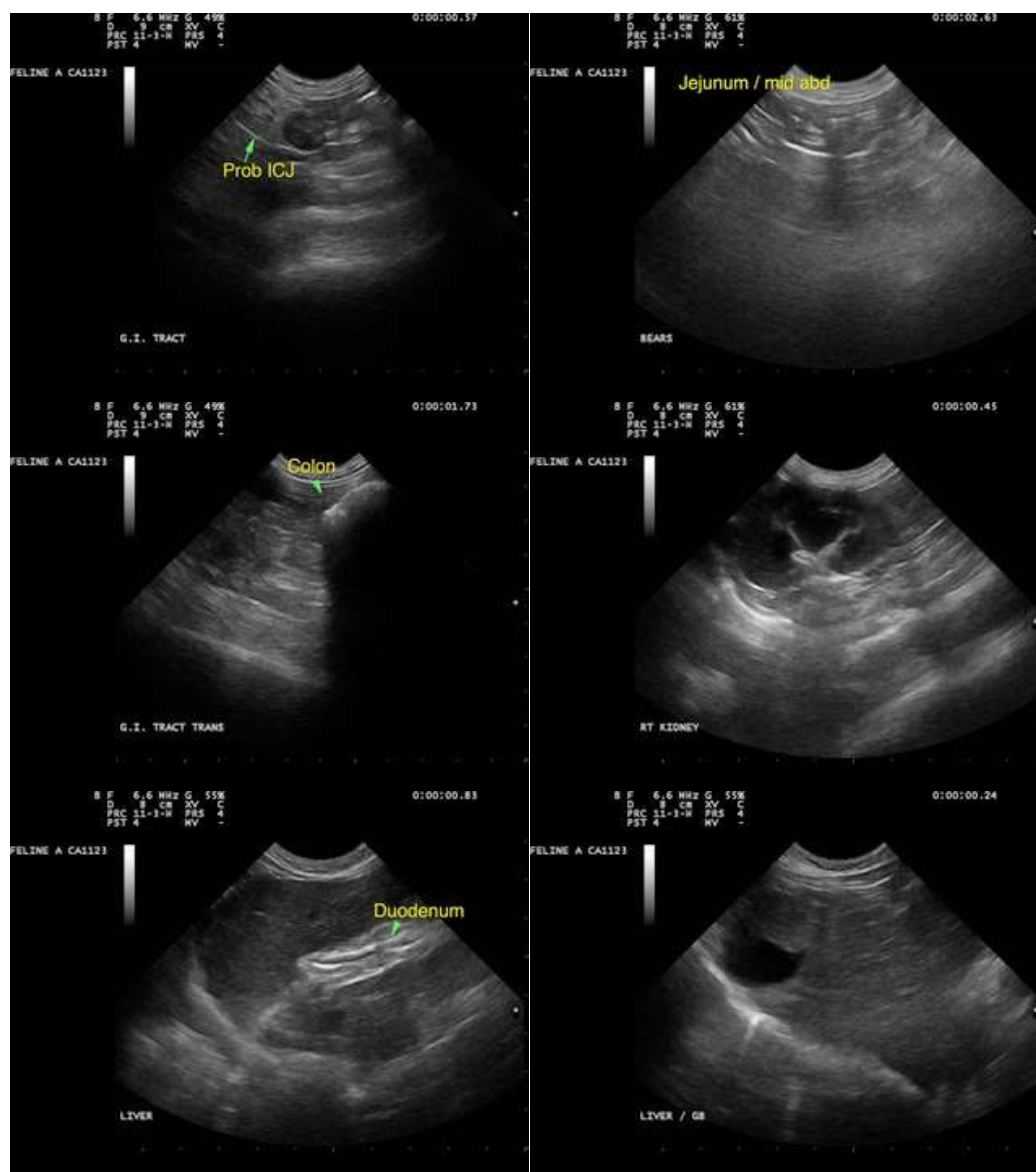
Dr. Feldt

INVOICE

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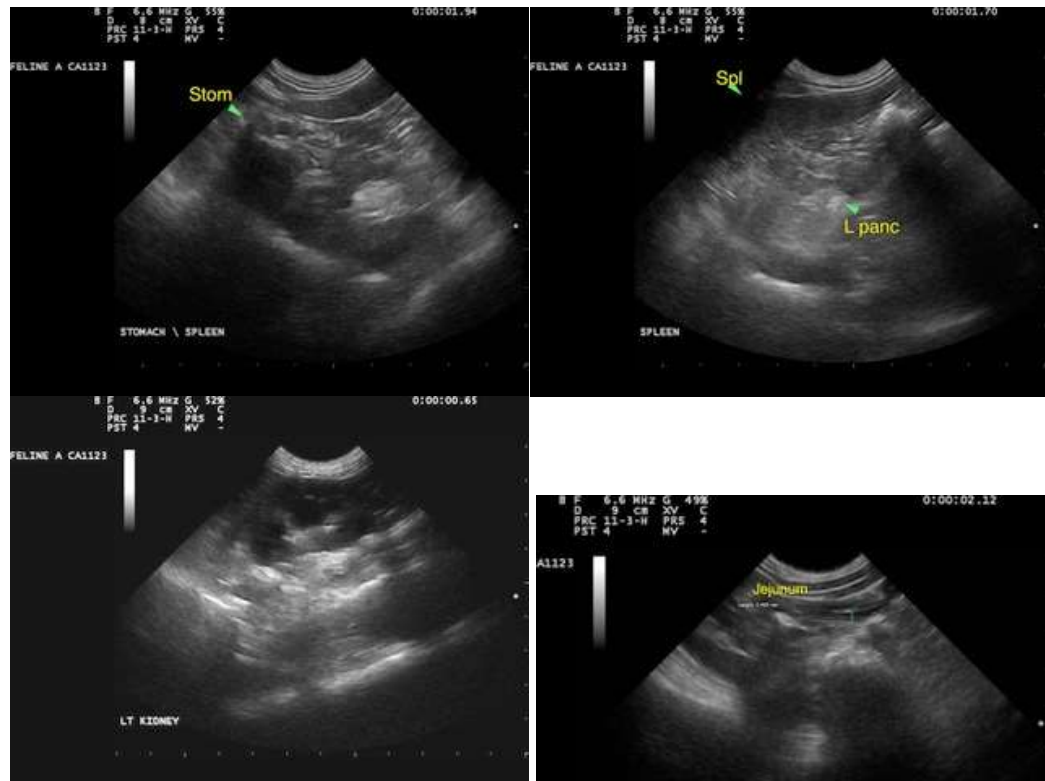
Dr. Feldt

INVOICE

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. 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