



**PATIENT**

Toby Chuss

**PRESENTING CLINICAL SIGNS**

History: 6 week duration vomiting, gradual weight loss  
Unremarkable CBC, fPL normal, ALT 204

**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 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.

**SEX**

Neutered Male

The area of the aortic trifurcation was free of pathology.

**AGE**

10 years

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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.0 cm in length. The right kidney measured 4.5 cm in length.

**WEIGHT**

13.2 Pounds

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.33 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 cm width.

**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. 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 0.82 cm width at the level of the hilus.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

**HOSPITAL NAME**

Lehigh Valley AH  
(Allen)

**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 minor, nondependent, particulate, nonorganized gallbladder debris. The cystic and common bile ducts were normal.

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**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 pylorus wall width measured 0.32 cm.

**DATE**

2.10.2022



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The small intestine presented intact wall layering with subjective propensity for subtle to mildly prominent segmental muscularis layer. No overt evidence of significant Intestinal mural hypertrophy, loss of intestinal wall layering, or intestinal masses was noted. The small intestinal wall width measured up to 0.27 cm.

**SPECIES**

Feline

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

***Pancreas***

**BREED**

Domestic Shorthair

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 were evident.

***Free Abdomen***

**SEX**

Neutered Male

No omental masses, lymphadenopathy or peritoneal effusion were present.

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

10 years

- Probable inflammatory enteropathy
- Low-grade hepatopathy - potential for low-grade inflammatory hepatopathy given mildly elevated ALT
- Mild gallbladder debris - incidental
- Mild chronic renal changes

**WEIGHT**

13.2 Pounds

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The small intestine exhibited subtle to mild mural changes which may suggest Inflammatory enteropathy / IBD, given the patient's clinical signs, history, and without evidence of additional visceral pathology.

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Rebekah Jakum, CVT  
ARDMS/RVT

Further assessment may include a GI panel (PLI/TLI/Cobalamin/Folate). Three view chest radiographs may be considered to rule out occult thoracic pathology as a potential contributing factor to the patient's gradual weight loss. Dietary hypersensitivity or potential occult parasitism, if the patient is indoor / outdoor, could also be playing a role in the patient's vomiting and gradual weight loss. Empirically, hydrolyzed diet trial, broad spectrum deworming, cobalamin supplementation, as-needed gastrointestinal support +/- Prednisolone trial at the lowest effective dose to control clinical signs, may be considered with an assessment of clinical response. Intestinal biopsies would be required for further clarification.

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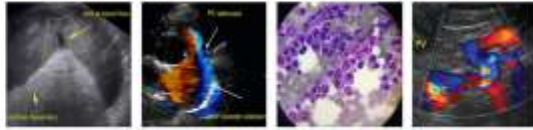
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**SPECIES**

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**AGE**

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**WEIGHT**

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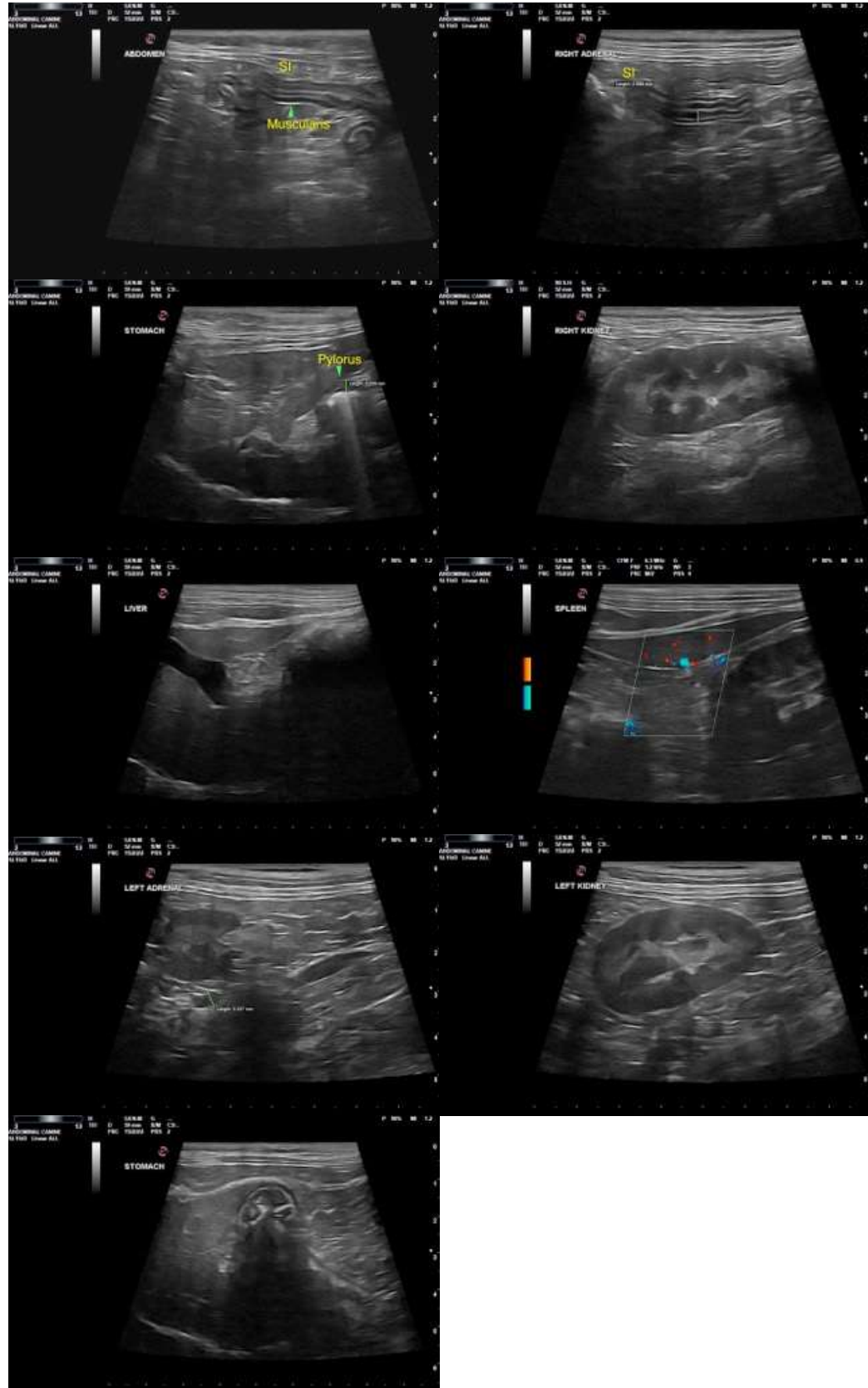
Dr.

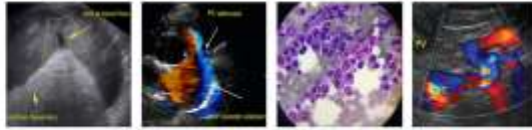
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**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

## SPECIES

Feline

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.

## BREED

Domestic Shorthair

**R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)**  
[mac.daniel@sonopath.com](mailto:mac.daniel@sonopath.com)

## SEX

Neutered Male

## AGE

10 years

## WEIGHT

13.2 Pounds

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