



**PATIENT**

Pepper Richie

**SPECIES**

Feline

**BREED**

DSH

**SEX**

SF

**AGE**

15

**WEIGHT**

3.8 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Belan

**HOSPITAL NAME**

Alpine 24/7 AH

**REFERRING VET**

Dr. Catz

**INVOICE**

13322

**DATE**

2/11/22

**PRESENTING CLINICAL SIGNS**

Vomiting last 5 days abdominal x rays non diagnostic no sine of mass seen in chest  
Abnormal PE/Chem/CBC/UA Results: Non diagnostic Ca normal

**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 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. Mild pyelectasia was present in the left kidney. The left kidney measured 3.6 cm in length. The right kidney measured 3.0 cm in length.

**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 0.33 cm width.

**Spleen**

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. the spleen was normal in size measuring 0.69 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 mild gallbladder debris. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.2 -0.4 cm in diameter. No overt evidence of common bile duct mucus or calculi was noted.



<b>PATIENT</b>	<b><i>Gastrointestinal</i></b>
Pepper Richie	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 0.28 cm.
<b>SPECIES</b>	
Feline	The small intestine presented intact yet subjective generalized prominent wall layering owing primarily to subjective prominent mucosa. Areas of subtly indistinct jejunal wall layering were present, yet definitive loss of wall layering or intestinal masses were not noted.
<b>BREED</b>	
DSH	The colon exhibited intact and sonographically unremarkable wall layering containing semi-formed to soft feces. The colon wall width measured 0.14 cm.
<b>SEX</b>	
SF	<b><i>Pancreas</i></b>
<b>AGE</b>	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
15	<b><i>Free Abdomen</i></b>
<b>WEIGHT</b>	Midabdominal mesenteric to mesenteric root lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery. An example lymph node measured 1.4 cm x and 1.4 cm. Concurrent mildly hypoechoic to prominent colic lymph nodes and focal mildly prominent to nonhomogeneous pancreaticoduodenal lymph node were present. A colin lymph node measured 0.56 cm in diameter. No peritoneal effusion was noted.
3.8 kg	
<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> <li>• Mild chronic renal changes with mild left kidney pyelectasia</li> <li>• Enteropathy exhibiting prominent to focally indistinct wall layering</li> <li>• Associated hypoechoic to swollen mesenteric colic and focal pancreaticoduodenal lymphadenopathy</li> <li>• Heterogeneous pancreas</li> <li>• Mild gallbladder debris with mild nonobstructive proximal common bile duct dilation</li> </ul>
<b>IMAGING PERFORMED BY</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
Dr. Belan	The left kidney pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.
<b>HOSPITAL NAME</b>	This CBD dilation finding may suggest age related changes or secondary to underlying cholangitis / cholangiohepatitis especially if previous or current liver enzymes elevations have been noted. No overt signs of post hepatic obstruction.
Alpine 24/7 AH	
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## PATIENT

Pepper Richie

The small intestine is consistent with likely infiltrative enteropathy. Considerations may include inflammatory infiltrative enteropathy (gastroenteritis, IBD, eosinophilic enteritis), or neoplastic infiltrative enteropathy with round cells such as lymphoma.

## SPECIES

Feline

The concurrent lymphadenopathy, given the abnormal width to length ratio (>0.5) noted in some lymph nodes, is concerning for neoplastic criteria vs. significant reactive lymphadenitis owing to gastrointestinal disease.

## BREED

DSH

Further assessment may include, assuming normal clotting status, ultrasound guided FNA of an enlarged lymph node while full-thickness intestinal and lymphatic biopsies may be required for a definitive diagnosis. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

## SEX

SF

Empirically, as-needed gastrointestinal support and IBD protocol would be appropriate.

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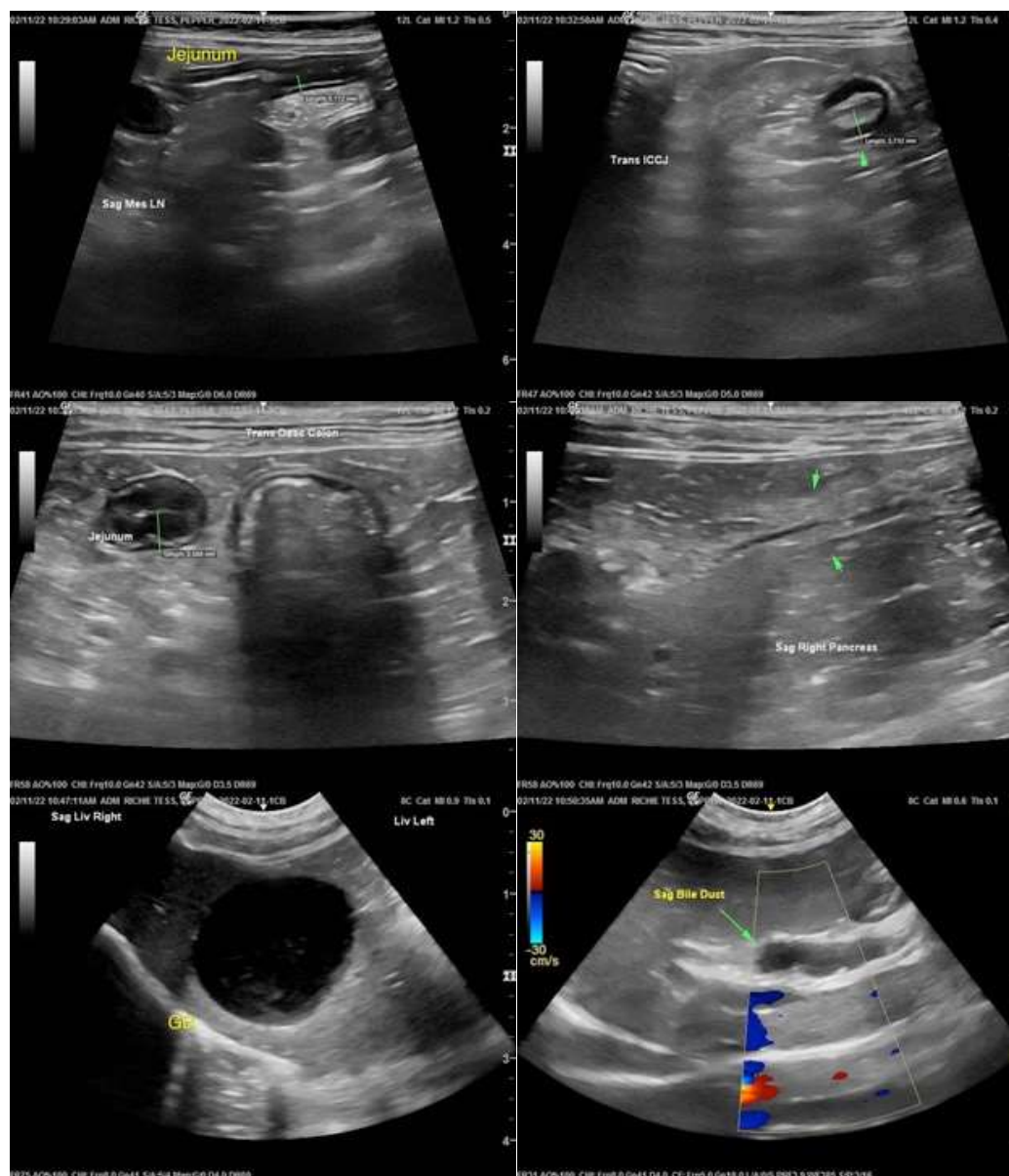
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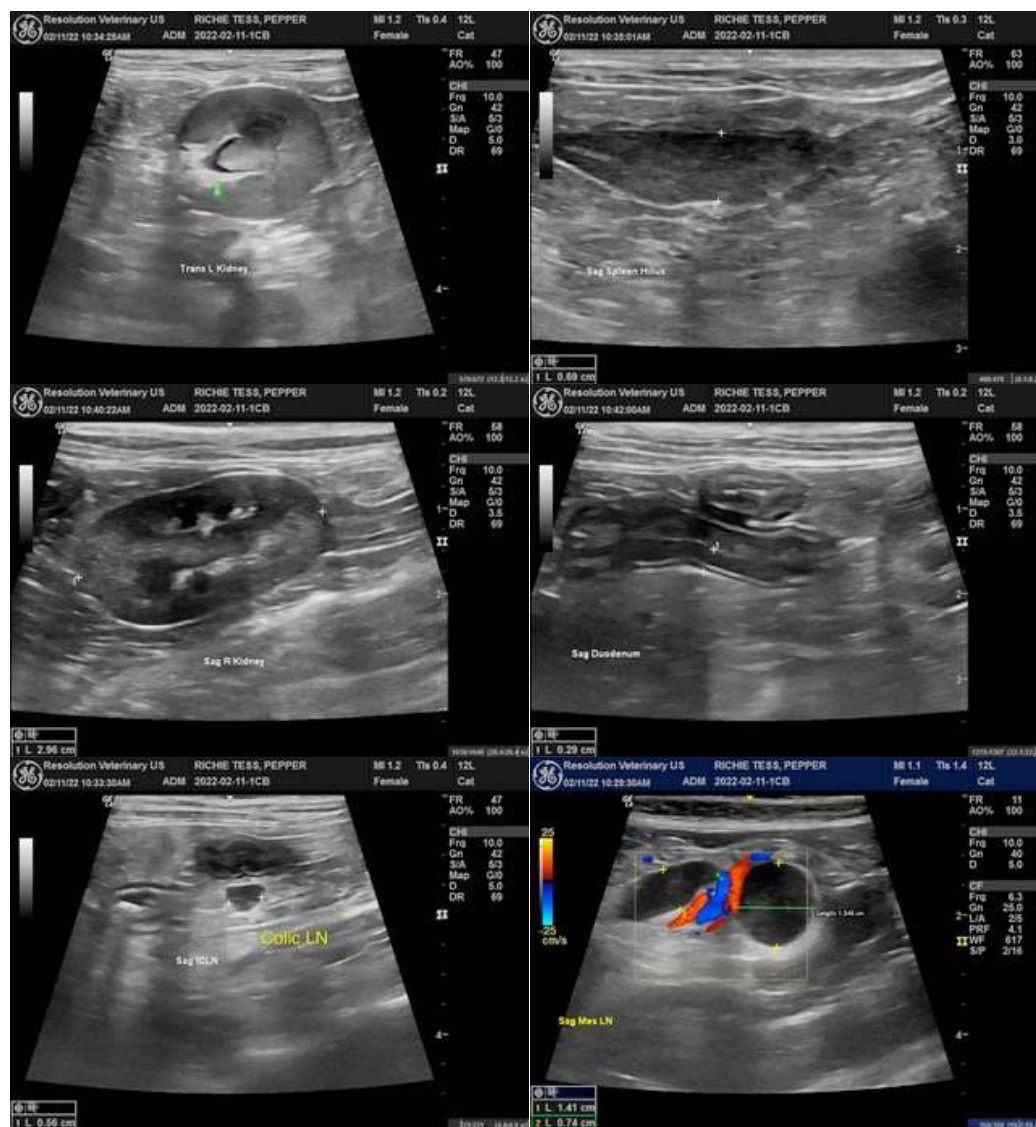
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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