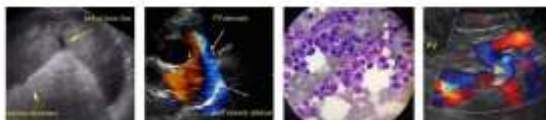




<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Scotty Williams	Chronic diarrhea, pudding like, no straining. Occasional specs of blood seen in it. Occasional vomiting. Vomits undigested food and bile. History of upper respiratory disease and multiple viral infections. No meds. Picky eater. Some abdominal tension noted. Has been exposed to ringworm. Started on Cerenia and Metronidazole.
<b>SPECIES</b>	
Feline	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Abysinian	<b>Urinary System</b>
<b>SEX</b>	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.
MN	The area of the aortic trifurcation was free of pathology.
<b>AGE</b>	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomodullary 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 3.1 cm in length. The right kidney measured 3.5 cm in length.
<b>WEIGHT</b>	<b>Adrenal Glands</b>
3.97 kg	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.34 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.29 cm width.
<b>INTERPRETED BY</b>	<b>Spleen</b>
R. McKenzie Daniel, DVM, DABVP	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.
<b>IMAGING PERFORMED BY</b>	<b>Liver/ Gallbladder</b>
Crystal Hill	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.
<b>HOSPITAL NAME</b>	<b>Gastrointestinal</b>
Grand River VH	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.
<b>REFERRING VET</b>	
Dr. Chu	
<b>INVOICE</b>	
13323	
<b>DATE</b>	
2/11/22	



<b>PATIENT</b>	The small intestine exhibited intact wall layering and maintained a 1:3 muscularis/mucosa ratio to the level of the ileum. The jejunum wall width measured 0.20 cm. The ileum exhibited prominent indistinct wall layering extending caudally to the level of the ileocolic junction. Mild to moderately thickened ileocolic junction walls exhibiting subjective to potential areas of asymmetrical mural hypertrophy and indistinct wall layering was present. An example of ileocolic mural hypertrophy measured approximately 1.1 cm in width.
Scotty Williams	
<b>SPECIES</b>	
Feline	
<b>BREED</b>	Moderate to variable thickening of the proximal transverse and suspected proximal aspect of the descending colon exhibiting subjective intact to indistinct wall layering noted in the proximal transverse colon. The proximal colon wall width measured 0.5 cm wall width. Discernable ileocolic wall width measured 0.40 cm.
Abysinian	
<b>SEX</b>	<b><i>Pancreas</i></b>
MN	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.
<b>AGE</b>	<b><i>Free Abdomen</i></b>
2 years	Regional peri ileocolic reactive mesentery along with concurrent prominent hypoechoic to swollen colic lymph nodes were present. An example of a colic lymph node measured 1.4 cm x 1.1 cm. No overt effusion was noted.
<b>WEIGHT</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
3.97 kg	<ul style="list-style-type: none"> <li>Moderate to significant ileocolitis pattern with subjective areas of asymmetrical ileal to ileocolic mural hypertrophy - chronic to significant ileocolitis, granulomatous disease (FIP), potential neoplasia i.e., lymphoma, adenocarcinoma, or other are all possible</li> <li>Associated hypoechoic to prominent colic lymphadenopathy and regional perilymphatic to peri ileocolic reactive mesentery</li> </ul>
<b>INTERPRETED BY</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
R. McKenzie Daniel, DVM, DABVP	Laparotomy with biopsies of the ileum and colon, as well as lymphatic biopsies should be strongly considered in this case for further clarification and definitive diagnosis.
<b>IMAGING PERFORMED BY</b>	
Crystal Hill	
<b>HOSPITAL NAME</b>	
Grand River VH	
<b>REFERRING VET</b>	Further assessment may also include a diarrhea PCR panel, fresh fecal analysis to assess for parasitic ova / Giardia, and a GI panel to primarily assess cobalamin and folate levels. Empirically, cobalamin supplementation, broad-spectrum deworming even if fecal testing is negative, dietary therapy which may include hydrolyzed or higher fiber diet, with potential trial of Metronidazole 62.5 mg, Sulfasalazine 62.5 mg, and Prednisolone 5 mg combination compounded initially BID x 14 days with wean to SID (if biopsies are not elected / possible) with assessment of clinical response and with sonographic monitoring of the ileum and colon for evidence of progressive mural changes may be considered.
Dr. Chu	
<b>INVOICE</b>	
13323	
<b>DATE</b>	
2/11/22	



**PATIENT**

Scotty Williams

**SPECIES**

Feline

**BREED**

Abyssinian

**SEX**

MN

**AGE**

2 years

**WEIGHT**

3.97 kg

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Grand River VH

**REFERRING VET**

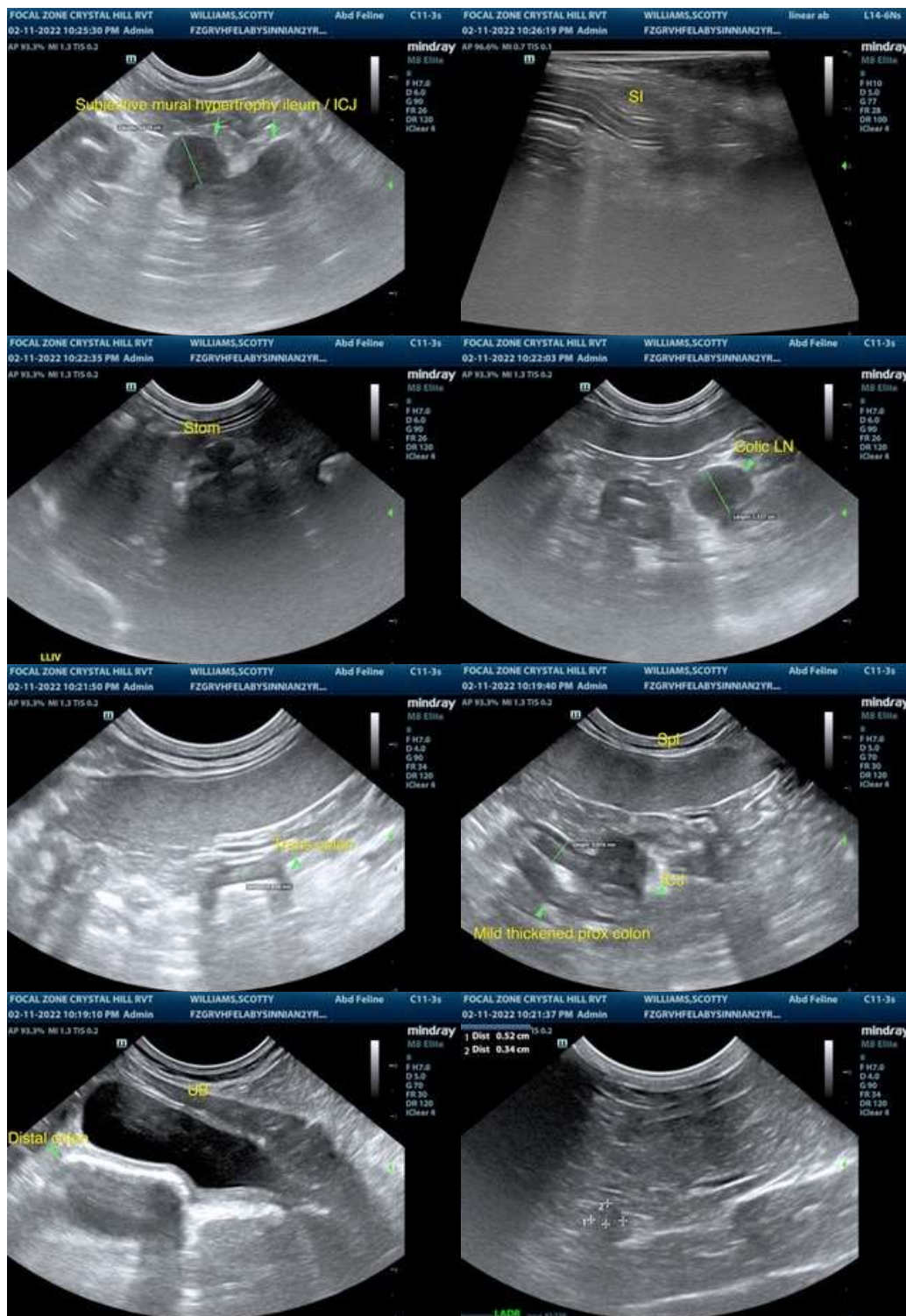
Dr. Chu

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13323

**DATE**

2/11/22





#### PATIENT

Scotty Williams

**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.**

#### 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

Abyssinian

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
**info@SonoPath.com**

#### SEX

MN

#### AGE

2 years

#### WEIGHT

3.97 kg

#### INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

#### IMAGING PERFORMED BY

Crystal Hill

#### HOSPITAL NAME

Grand River VH

#### REFERRING VET

Dr. Chu

#### INVOICE

13323

#### DATE

2/11/22