



PATIENT

Jerry Brennan

PRESENTING CLINICAL SIGNS

Persistent vomiting and diarrhea. B folate 23.9 9H), all else WNL. Good appetite. On Cerenia

SPECIES

Feline

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. Primarily anechoic urine was present in the lumen. Mild, nondependent, particulate, focally hyperechoic sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

BREED

DSH

SEX

FS

The area of the aortic trifurcation was free of pathology.

AGE

8 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 4.4 cm in length. The right kidney measured 4.1 cm in length.

WEIGHT

14.9 lbs.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.36 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.

**IMAGING
PERFORMED BY**

Pamela Harrigan, RDCS

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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

HOSPITAL NAME

East Boston AH

REFERRING VET

Raman Chopra, DVM

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.

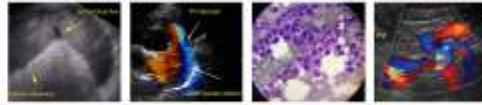
INVOICE

13318

DATE

2/12/22

The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. Segmental areas of retained



PATIENT

Jerry Brennan

nonshadowing digesta / chyme was present, which although nonspecific, may suggest some degree of inefficient peristalsis. The duodenum wall width measured 0.35 cm. The jejunum wall width measured 0.37 cm. The ileocolic wall width measured 0.43 cm.

SPECIES

Feline

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

Pancreas

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.

BREED

DSH

Free Abdomen

SEX

FS

Intermittent to regional colic lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example lymph node measured 1.5 cm x 0.5 cm. No omental masses or lymphadenopathy were noted.

AGE

8 years

ULTRASONOGRAPHIC FINDINGS

Primary Findings

WEIGHT

14.9 lbs.

- Enteropathy exhibiting intact yet altered wall layering
- Associated subjectively benign / reactive colic lymphadenopathy

Secondary Findings

- Mild urinary bladder sediment

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

IMAGING PERFORMED BY

Pamela Harrigan, RDMS

The appearance of the small intestine is compatible with infiltrative enteropathy. Inflammatory infiltrative enteropathy (IBD) / eosinophilic enteritis is suspected, given the intact wall layering and lack of significant concurrent lymphadenopathy. Neoplastic infiltrative enteropathy such as lymphoma which may present in a similar sonographic manner cannot be definitively excluded. Definitive diagnosis would require full-thickness intestinal biopsies for histopathology. If biopsies are not elected or possible, empirical therapy for IBD, which may include hydrolyzed diet, monitoring of cobalamin levels with potential for as-needed supplementation, high colony count probiotic, and Prednisolone trial at the lowest effective dose to control clinical signs with an assessment of clinical response and ideally periodic sonographic monitoring of the gastrointestinal tract for evidence of progressive mural changes are suggested.

HOSPITAL NAME

East Boston AH

REFERRING VET

Raman Chopra, DVM

INVOICE

13318

DATE

2/12/22



PATIENT

Jerry Brennan

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

8 years

WEIGHT

14.9 lbs.

INTERPRETED BY

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

**IMAGING
 PERFORMED BY**

Pamela Harrigan, RDCS

HOSPITAL NAME

East Boston AH

REFERRING VET

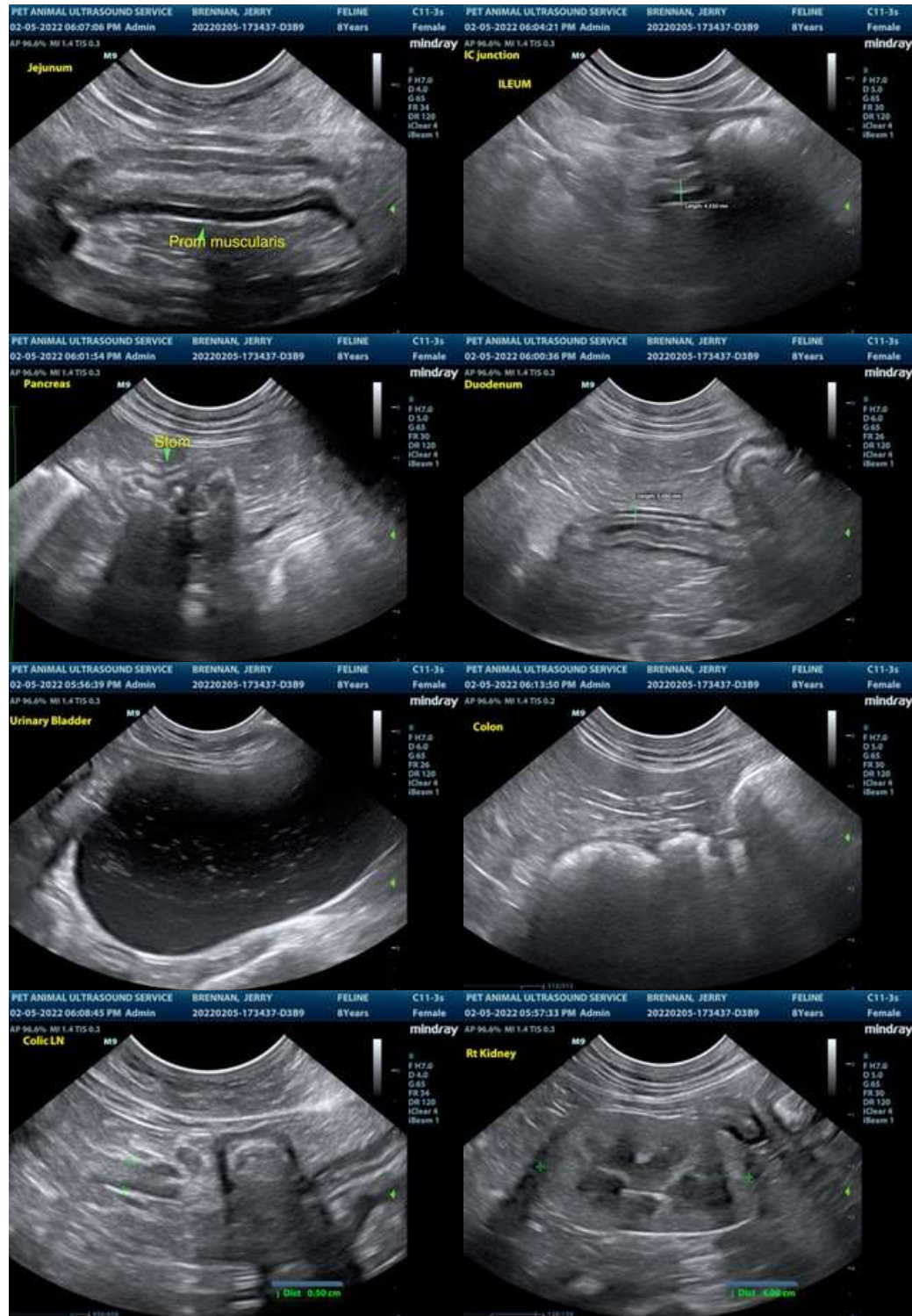
Raman Chopra, DVM

INVOICE

13318

DATE

2/12/22





PATIENT

Jerry Brennan

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

8 years

WEIGHT

14.9 lbs.

INTERPRETED BY

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

**IMAGING
 PERFORMED BY**

Pamela Harrigan, RDMS

HOSPITAL NAME

East Boston AH

REFERRING VET

Raman Chopra, DVM

INVOICE

13318

DATE

2/12/22



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