



PATIENT

Harvey Parrish

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

5.5 Years

WEIGHT

13.7 Lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Jennifer Todd

HOSPITAL NAME

Lamb's Gap AH

REFERRING VET

Dr. Laura Campbell

INVOICE

13915

DATE

2/14/22

PRESENTING CLINICAL SIGNS

History: Harvey is a five-year-old, MN, DLH cat who presented on 1/18/22 for intermittent vomiting and diarrhea, as well as hyporexia. Cerenia and fortiflora probiotic were prescribed and labs showed mildly increased fPL and creatinine, Recheck exam on 2/2/22 showed slightly improved appetite, but still not normal. Radiographs showed thickened, inflamed intestines, formed possibly dry stool in colon. Recheck fPL=3.8. Miralax was added. Abdominal ultrasound advised.

Abnormal PE/Chem/CBC/UA Results: 1/19/22: fPL=4.6, ALP=65, creat=2.2 2/22/22: fPL=3.8

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 were noted. Aortic trifurcation was normal.

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 4.0 cm in length. The right kidney measured 3.9 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 0.28 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 cm width.

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 0.85 cm in width at the level of the hilus.

Liver

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.

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 measured 0.25 cm.



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The small intestine presented intact wall layering with primarily maintained 1:3 muscularis/mucosa ratio with subjective propensity for subtly prominent segmental muscularis layer yet no evidence of intestinal mural hypertrophy, loss of intestinal wall layering or intestinal masses. Likewise, no evidence of mechanical/metabolic small intestinal ileus. The jejunum wall measured 0.20 cm- 0.23 cm.

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

Pancreas

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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 was evident.

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Free Abdomen

Intermittent, mildly prominent jejunal 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 of lymph node size measured 0.42 cm width. No peritoneal effusion present.

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ULTRASONOGRAPHIC FINDINGS

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- Suspect low-grade inflammatory enteropathy
- Intermittent, concurrent, subjectively benign to reactive jejunal lymph nodes
- Overtly normal pancreas
- Sonographically unremarkable bilateral kidneys

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no sonographic evidence of significant visceral, specifically gastrointestinal or pancreatic pathology. The small intestine exhibited subtle mural changes, which may suggest low-grade to mild inflammation. Potential for low-grade pancreatic inflammation may be possible, yet present sonographically normal. Dietary intolerance/food hypersensitivity, occult parasitism (if the patient is indoor/outdoor), essentially structurally insignificant inflammatory bowel and low-grade pancreatitis all possible. Further assessment may include GI panel to include PLI, TLI, cobalamin and folate.

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Empirically, continued gastrointestinal support and conservative therapy for potential low-grade pancreatitis recommended. Recheck sonogram may be considered to assess for progressive inflammatory pancreatic or gastrointestinal changes, if clinical signs persist/progress.

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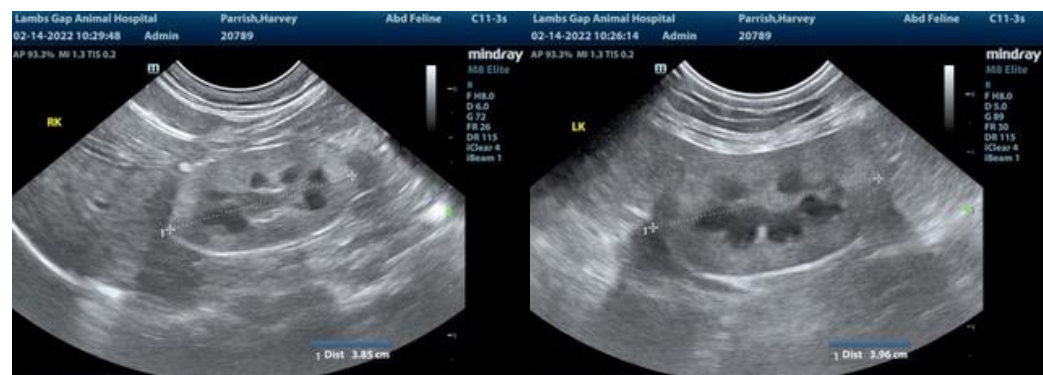
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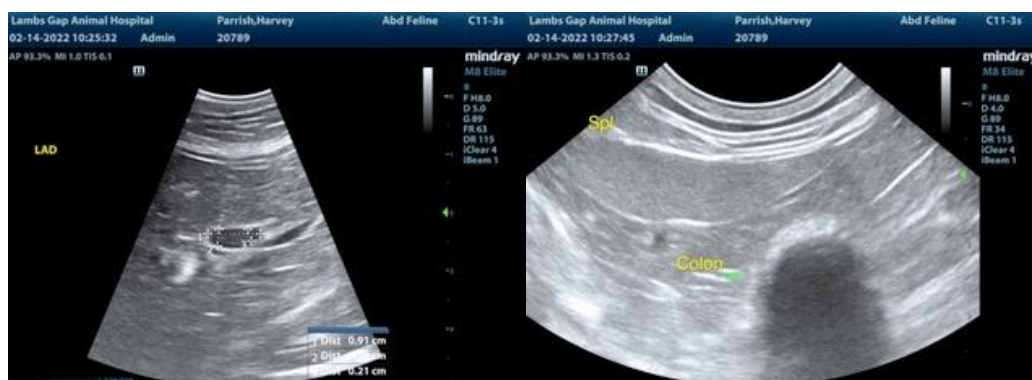
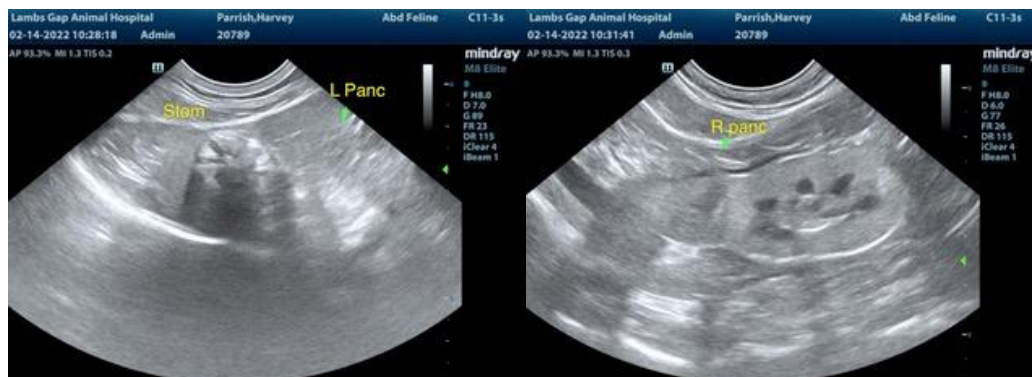
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The information and recommendations provided are based on the images presented by the



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referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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info@SonoPath.com

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