



**PATIENT PRESENTING CLINICAL SIGNS**

Rudy Guiler History: Weight loss, diarrhea, hypoalbuminemia  
Abnormal PE/Chem/CBC/UA Results: PE: wasted RBC 6.33 Hgb 8.6 Retic 63 Calcium 8.0 Albumin 2.3

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Feline **Urinary System**

**BREED** 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 were noted. Aortic trifurcation was normal.

DLH

**SEX** Both kidneys were normal size and margination with a maintained 1:3 cortex / medulla ratio with mild loss of corticomedullary demarcation. Mildly nonuniform cortex echogenicity noted in both kidneys. The left kidney measured 4.4 cm in length. The right kidney measured 4.9 cm in length.

Neutered Male

**AGE Adrenal Glands**

13 Years The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.34 cm width.

**WEIGHT** The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.61 cm.

12.2 Lbs.

**Spleen**

**INTERPRETED BY** 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 0.46 cm.

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

**IMAGING PERFORMED BY Liver**

Chelsea Pastor 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.

**HOSPITAL NAME** The gallbladder was non distended in size with mild gallbladder debris. The cystic duct and common bile ducts were normal without evidence of dilation.

Fredon AH

**REFERRING VET Gastrointestinal**

Dr. Linda Grau 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.

**INVOICE** The small intestine exhibited intact yet generalized prominent wall layering owing to generalized propensity for mildly prominent mucosa and mildly prominent muscularis layer. Intact wall layering was maintained without overt evidence of loss of intestinal wall layering or obvious intestinal masses. The duodenum wall measured 0.35 cm. The jejunum wall measured up to 0.35 cm in wall width.

13922

**DATE** Normal visible colon wall layers were present with semi-formed feces in lumen.

2/14/22



**PATIENT**

**Pancreas**

Rudy Guiler

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.

**SPECIES**

Feline

**Free Abdomen**

**BREED**

DLH

Enlarged, hypoechoic mid abdominal mesenteric 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 of mesenteric lymph node size measured 2.0 cm x 1.3 cm. Small pockets of very scant, primarily periintestinal free fluid were present.

**SEX**

Neutered Male

- Infiltrative enteropathy. Inflammatory versus neoplastic infiltrative enteropathy possible.
- Associated mid abdominal hypoechoic to swollen mesenteric lymphadenopathy
- Mild periintestinal to perilymphatic reactive mesentery and intermittent scant pockets of free fluid
- Nonspecific mild chronic renal changes

**AGE**

13 Years

**WEIGHT**

12.2 Lbs.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The small intestine was consistent with infiltrative enteropathy with both inflammatory (IBD, eosinophilic enteritis) or neoplastic (lymphoma or other) possible. Likewise, the mid abdominal mesenteric lymphadenopathy may indicate reactive lymphadenitis or neoplastic lymphadenopathy. Assuming normal clotting status, ultrasound guided FNA of a mesenteric lymph node, using a 25-gauge needle, warranted for screening cytology. Otherwise, full thickness intestinal, as well as lymphatic biopsies likely required for a definitive diagnosis. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. If not done, three-view chest radiographs suggested to rule out concurrent thoracic pathology as a contributing factor to the patient's weight loss. Empirical IBD protocol with assessment of clinical response and ideally, sonographic monitoring for evidence of progressive intestinal or lymphatic changes would be reasonable.

**INTERPRETED BY**

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

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**HOSPITAL NAME**

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**REFERRING VET**

Dr. Linda Grau

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**PATIENT**

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**SPECIES**

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**BREED**

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**SEX**

Neutered Male

**AGE**

13 Years

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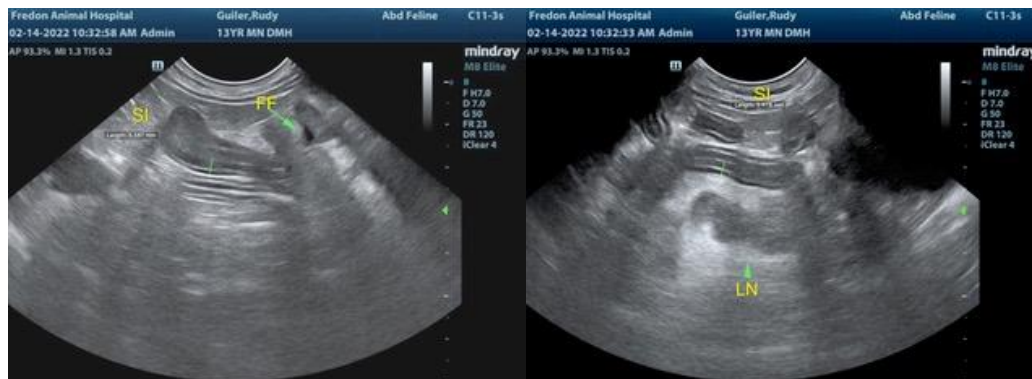
Dr. Linda Grau

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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.



**PATIENT**

Rudy Guiler

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.

**SPECIES**

Feline

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

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DLH

**SEX**

Neutered Male

**AGE**

13 Years

**WEIGHT**

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