



**PATIENT**

Calli Roberts

**SPECIES**

Feline

**BREED**

DMH

**SEX**

FS

**AGE**

8 years

**WEIGHT**

10.9 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Karen Ebersole,  
DVM, DABVP  
(Canine and Feline)

**HOSPITAL NAME**

Scanvet

**REFERRING VET**

Dr. Cohen

**INVOICE**

16185

**DATE**

2/15/23

**PRESENTING CLINICAL SIGNS**

Weight loss of 3 lbs, decreased appetite and intermittent soft stools. On DM diet as other cat needs to be on it. FNA done of mesenteric LN.

Abnormal PE/Chem/CBC/UA Results: T-4: 4.3 (gray zone), Chol 77, rest WNL.

**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 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 4.1 cm in length. The right kidney measured 4.2 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 0.60 cm width. The area of the right adrenal gland was free of overt pathology.

**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 criteria, neoplastic criteria, or benign parenchyma changes were not noted. The spleen measured 0.94 cm width at the level of the hilus.

**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.

**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, ingesta, fluid or foreign material. The gastric body wall width measured 0.25 cm.



<b>PATIENT</b>	The small intestine presented intact wall layering and maintained a 1:3 muscularis/mucosa ratio. The small intestine exhibited segmental to generalized nonshadowing luminal ingesta / chyme. No overt intestinal obstructive pattern or intestinal obstructive mural pathology was noted to the level of the colon.
Calli Roberts	
<b>SPECIES</b>	
Feline	Normal visible colon wall layers were present with subjective formed to possibly semi-formed fecal matter in the lumen.
<b>BREED</b>	<b><i>Pancreas</i></b>
DMH	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>SEX</b>	<b><i>Free Abdomen</i></b>
FS	Several midabdominal mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic, and smoothly marginated. A maintained to borderline abnormal width: length ratio ( $\approx 0.5$ ) was noted. Evidence of regional perilymphatic hyperechoic omentum was evident. An example of lymph node size was 2.2 cm x 1.1 cm. No evidence of omental masses or peritoneal free fluid was noted.
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<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> <li>• Enteropathy with possible inefficient peristalsis pattern</li> <li>• Midabdominal prominent to hypoechoic mesenteric lymphadenopathy with minor perilymphatic reactive / hyperechoic mesentery - hyperplasia, reactive lymphadenitis potentially owing to intestinal disease, possible emerging lymphatic neoplastic criteria</li> <li>• Sonographically normal pancreas</li> </ul>
<b>IMAGING PERFORMED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Karen Ebersole, DVM, DABVP (Canine and Feline)	Although no sonographic evidence of significant visceral specifically gastroenterocolic mural pathology, the weight loss in this patient along with decreased appetite is suggestive of underlying intestinal disease with potential for inefficient peristalsis pattern / maldigestion pattern, especially if documented NPO and without evidence of concurrent gastric ingesta. Further assessment may include pending lymph node cytology as well as a GI panel to include PLI/TLI/Cobalamin/Folate.
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Dr. Cohen	Dietary intolerance / food allergy, chronic inflammatory enteropathy, low-grade to chronic pancreatitis both of which may present as sonographically normal, and less likely infiltrative intestinal neoplasia are all potentials. Definitive diagnosis would likely require full-thickness intestinal +/- lymphatic biopsies pending lymphatic cytology.
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16185	Empirically, continued as-needed gastrointestinal support, dietary therapy, empirical cobalamin supplementation, and assessment of caloric plane would be reasonable.
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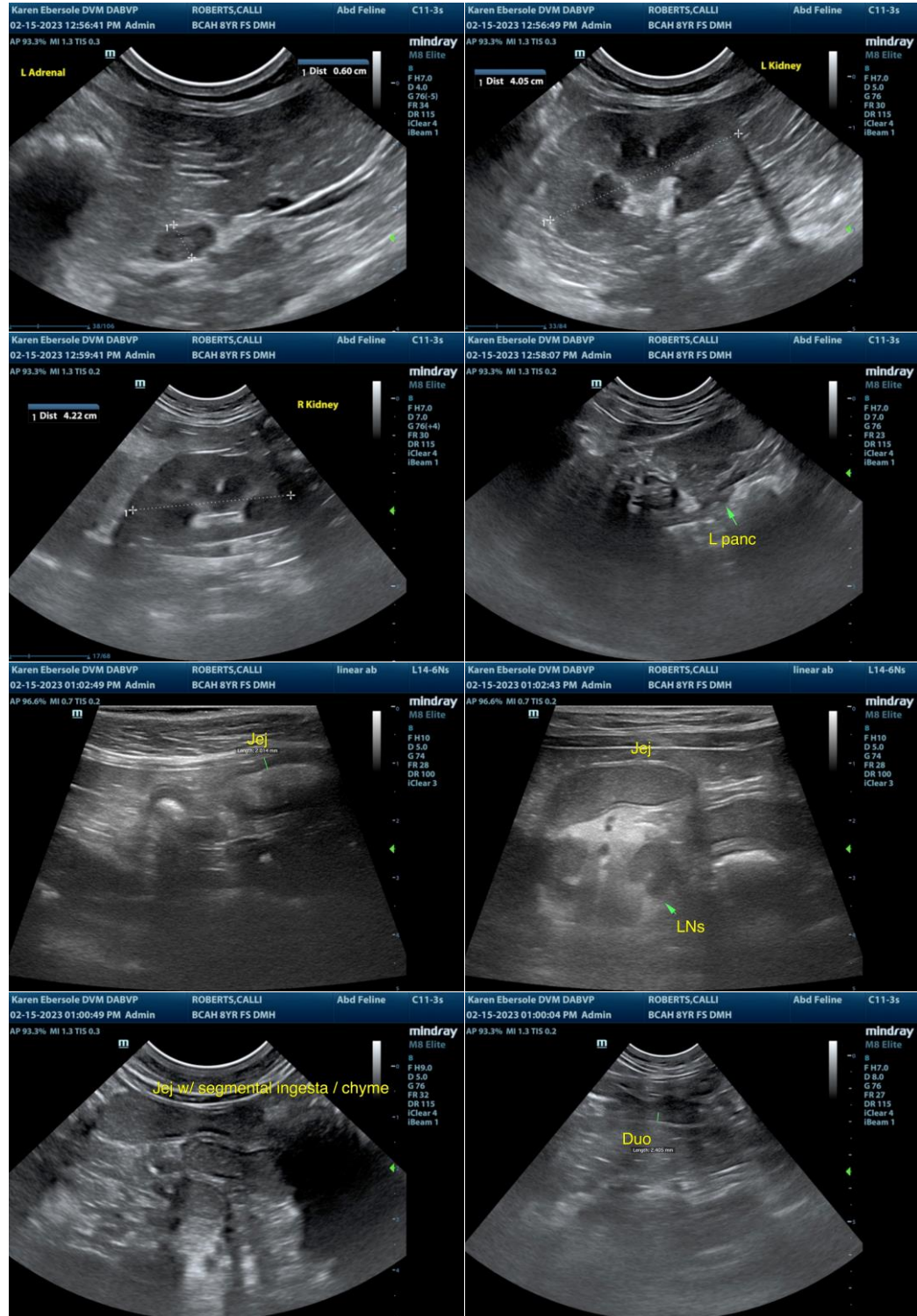
Dr. Cohen

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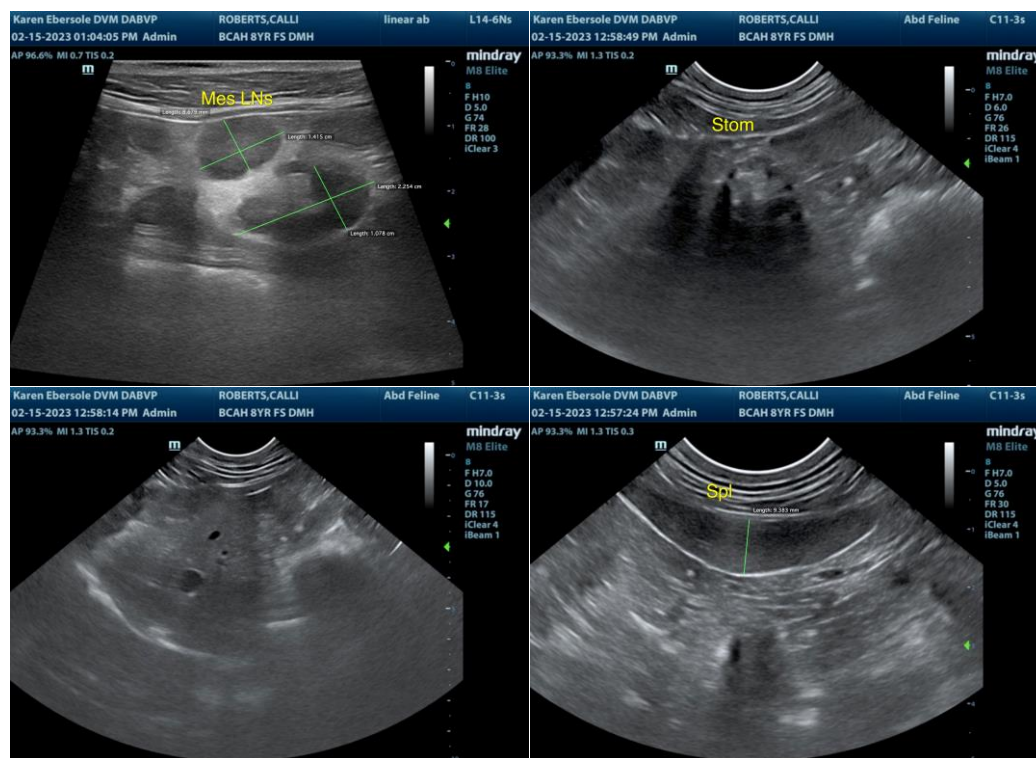
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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