

**PATIENT**Begbie Rathke  
21898A**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Neutered Male

**AGE**

15 Years 3 Months

**WEIGHT**

4.18 kg

**INTERPRETED BY**R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)**IMAGING  
PERFORMED BY**

Tom McNeill

**HOSPITAL NAME**

SVS Imaging CT

**REFERRING VET**

Dr. Klein

**INVOICE**

21140

**DATE**

2/17/23

**PRESENTING CLINICAL SIGNS**

History: Begbie presented to the MVS Emergency Service on Feb 16, 2023, at 8:50pm, for evaluation of straining. Begbie presents today for straining. While owner was gone today, she got a call that Begbie went into distress. Her son said that he vomited brown then started vomiting white foam. When owner got home, he was walking low to the ground. Owner said he has a past of UTI's and kidney issues.

Abnormal PE/Chem/CBC/UA Results: Abdomen: Soft, non-painful, soft and small urinary bladder, small firm stool in descending colon. Abdominal radiographs: Soft heterogeneous material in proximal colon, large, formed stool in pelvic inlet in distal colon. CBC/Chem 15/lytes: GLU 160, Creat 3.3, BUN 52, Na 169, 38%/8.4, HCT 41.1%. UA: USG 1.021 (on fluids a couple hours), inactive sediment.

**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. Minor nondependent particulate 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.

Both kidneys exhibited mild uniform increased cortex echogenicity with mildly enhanced yet indistinct corticomedullary border demarcation. Mild bilateral pyelectasia was present. The left kidney was borderline subnormal in size yet within normal limits. The left kidney measured 3.2 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 0.39 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 cm.

**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.

**Liver**

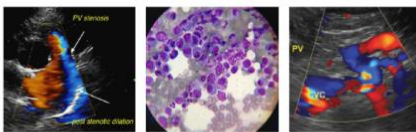
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**Gastrointestinal**

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SVS Mobile Imaging CT 262-366-5970  
fredgromalak@gmail.com



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The stomach presented intact sonographically unremarkable wall layering with minor retained anechoic to mildly echogenic pyloric fluid. The pylorus wall measured 0.32 cm.

The small intestine presented intact variably prominent wall layering owing to propensity for variably to generalized prominent muscularis layer. No evidence of loss of small intestinal wall layering, intestinal masses or mechanical obstructive pattern. The duodenum wall measured 0.26 cm. The jejunum wall measured 0.30 cm. The ileocolic wall measured 0.42 cm.

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

***Pancreas***

The left pancreatic limb was normal in size and contour with nonhomogenous mildly hypoechoic parenchymal compared to adjacent omentum. Minor left limb pancreatic duct dilation was noted.

***Free Abdomen***

Intermittent, mildly prominent to enlarged mesenteric 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 1.5 cm x 0.5 cm.

A small pocket of scant free fluid was noted in the ventral caudal abdomen.

**ULTRASONOGRAPHIC FINDINGS**

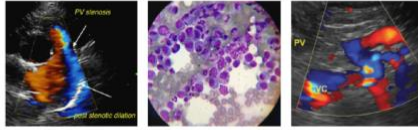
- Infiltrative enteropathy pattern with associated subjective benign to reactive mild mesenteric lymphadenopathy- suspect inflammatory enteropathy, i.e., inflammatory bowel disease/eosinophilic enteritis, potential for emerging or low grade neoplastic infiltrative enteropathy with round cells, such as lymphoma, or similar is possible.
- Possible concurrent mild left limb pancreatitis
- Mild chronic renal changes with minor bilateral pyelectasia- pyelectasia may be owing to chronic renal changes, pelvic scarring, IV therapy or less likely chronic mild pyelonephritis
- Urinary bladder sediment
- Minor retained pyloric fluid

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Full thickness intestinal +/- pancreatic biopsies would be required for a definitive diagnosis. Urine culture and sensitivity on sterile urine sample if evidence of inflammatory sediment +/- screening UPC for further renal staging is recommended. CRD therapy is recommended pending further urinary work up +/- empirical IBD protocol if progressive gastrointestinal signs or weight loss are present.

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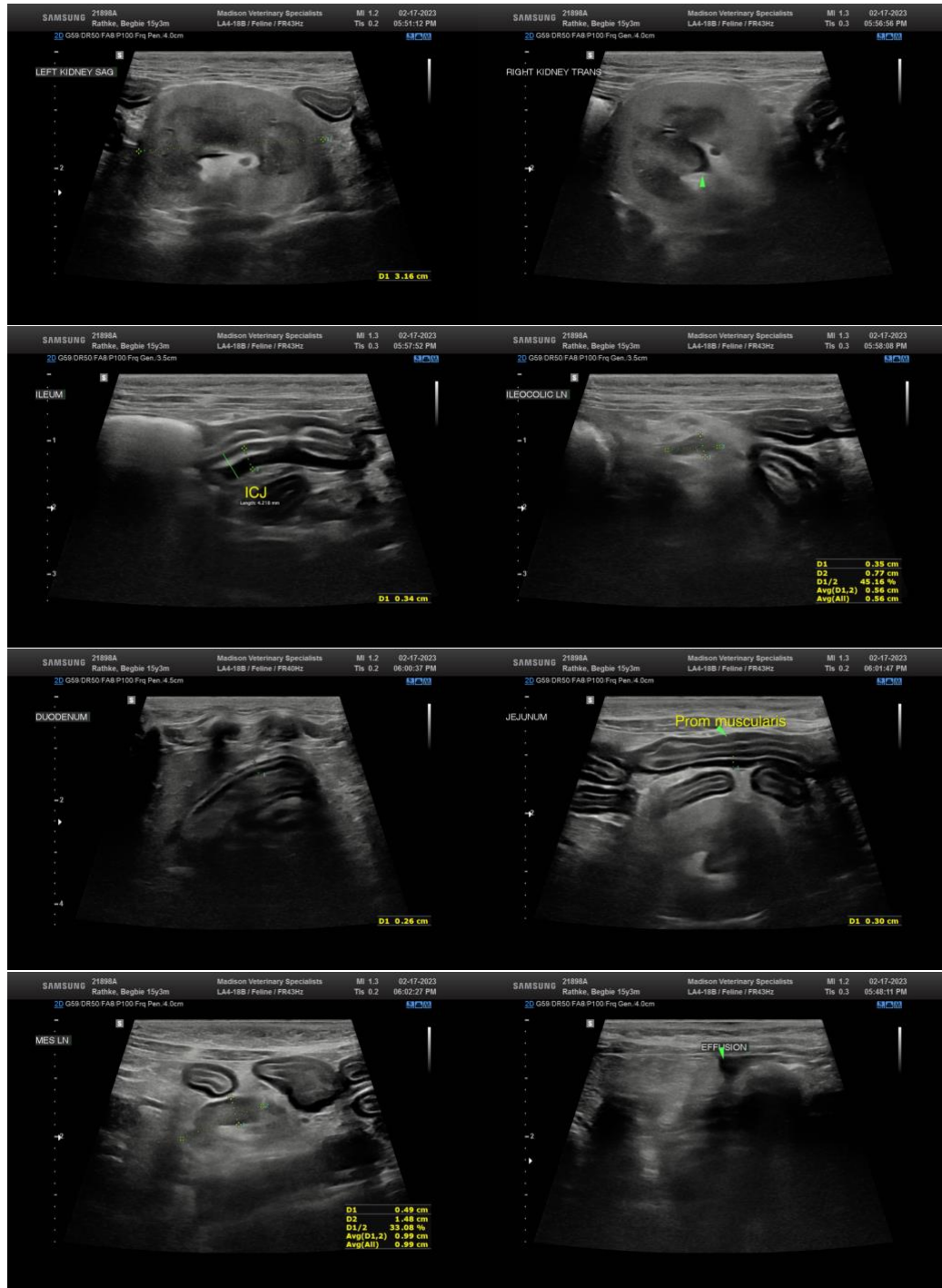
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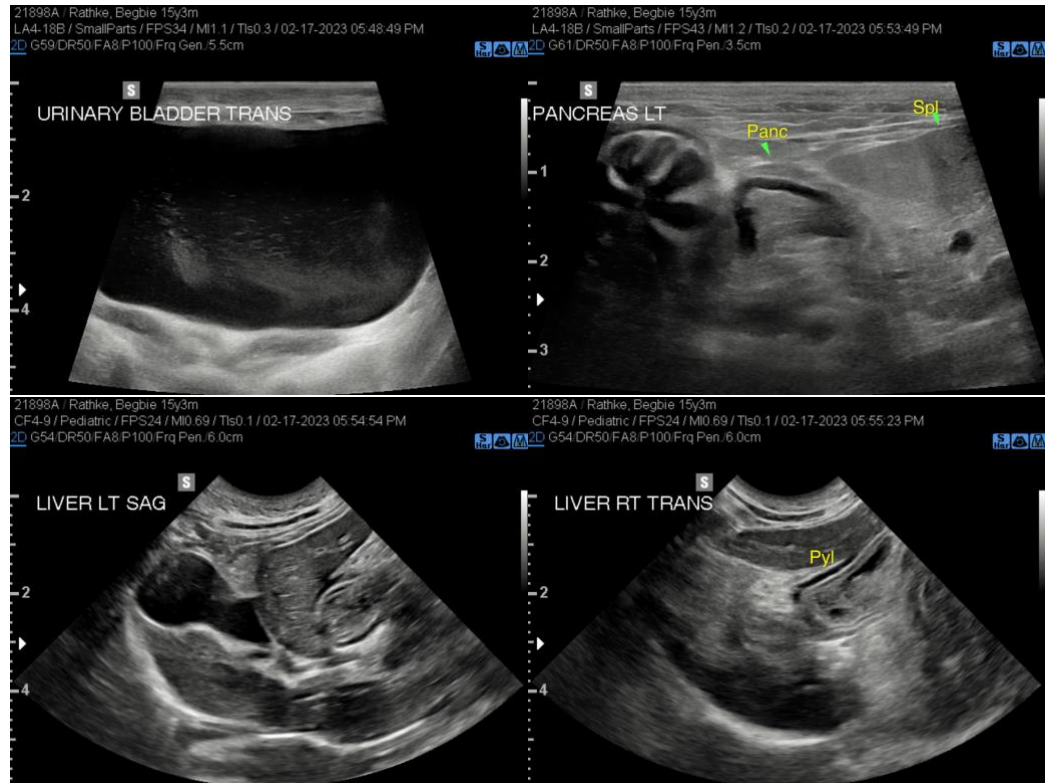
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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