



**PATIENT**

Buttons Koehl

**SPECIES**

Feline

**BREED**

DLH

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

9 Lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Hannah Fearing

**HOSPITAL NAME**

Lanier AH

**REFERRING VET**

Dr. Hannah Fearing

**INVOICE**

14038

**DATE**

2/21/22

**PRESENTING CLINICAL SIGNS**

History: Mom said she is bringing her back in to do an ultrasound because she keeps having loose stool. Mom picked up some metronidazole on Saturday and she started it then. She did not realize that it said to give 2 times a day so she has only been giving it once a day. Since she started it she has not seen any more bloody stool. She was not interested in eating her breakfast at all this morning. She gave her one capsule of Gabapentin at 10:15 this morning and gave the dose of metronidazole at 7:15 this morning. Mom also said that we were going to recheck urine as well.

**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 were noted.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some mild increased echogenicity and loss of corticomdullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.0 cm in length. The right kidney measured 3.2 cm in length.

**Adrenal Glands**

No overt pathology in the area of the left adrenal gland.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.30 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 7.77 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. Mild retained non-shadowing ingesta and chyme was present, primarily in the area of the antrum and pylorus. The pylorus wall measured 0.26 cm.



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The visualized small intestine exhibited intact wall layering with maintained 1:3 muscularis/mucosa ratio. No evidence of loss of intestinal wall layering, altered muscularis to mucosa ratio or intestinal masses. The jejunum wall measured 0.26 cm. The duodenum wall measured 0.30 cm.

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Normal visible colon wall layers were present with formed to semi-formed feces.

**Pancreas**

**BREED**

DLH

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.

**Free Abdomen**

**SEX**

Spayed Female

No omental masses, lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

10 Years

- Mild chronic renal changes
- Overtly normal gastrointestinal tract

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

9 Lbs.

Overall, no evidence of significant visceral, specifically gastrointestinal or pancreatic pathology. Dietary intolerance/food hypersensitivity, occult parasitism (if the patient is indoor/outdoor), low-grade to chronic pancreatitis or structurally insignificant inflammatory gastrointestinal disease, both of which may present sonographically normal, may be possible. Further assessment may include fresh fecal analysis (to assess for parasitic ova/Giardia) +/- diarrhea PCR and GI panel, to include PLI, TLI, cobalamin and folate. Empirically, novel protein or hydrolyzed diet or possible higher fiber diet with potential for long term dietary therapy, prophylactic deworming and high colony count probiotic (such as Provable) may prove beneficial. Recheck sonogram may be considered to assess for progressive inflammatory gastrointestinal mural changes or evidence of pancreatitis, if gastrointestinal signs continue despite conservative therapy.

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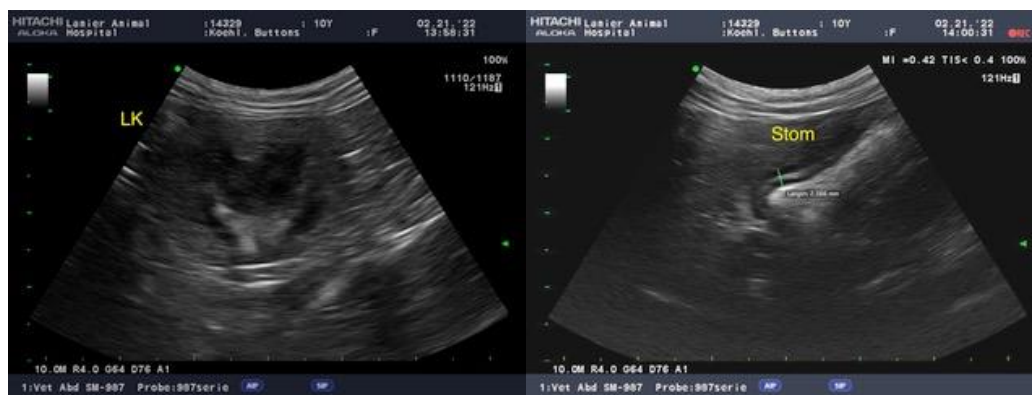
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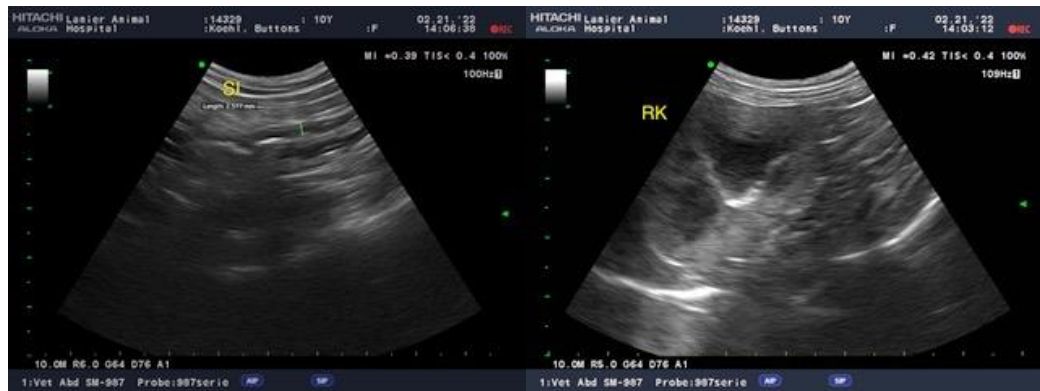
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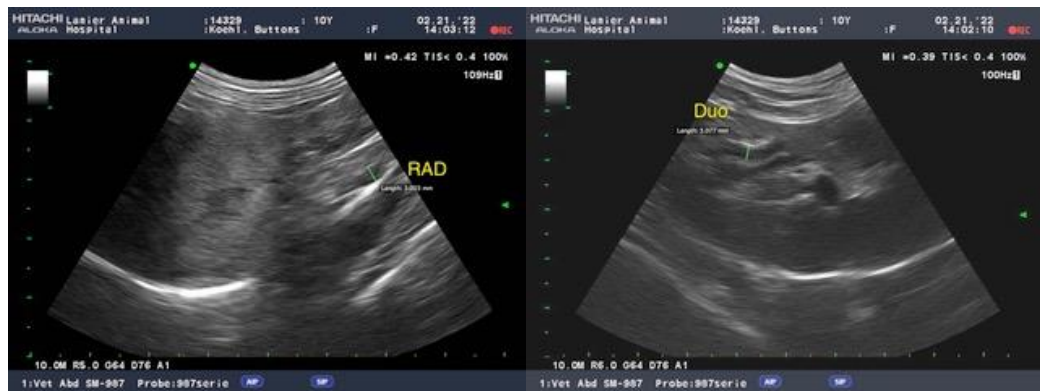
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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