



PATIENT

PJ Leder

PRESENTING CLINICAL SIGNS

Chronic and intermittent diarrhea and emesis for the past 3 weeks. (diarrhea 4x/days, emesis 3x/week). Current Medications: Pro-pectalin (diarrhea better): 1mL BID PO Famotidine 5mg: BID PO

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: See attached labwork - CBC/Chem 17: all values into the normal range ALT 296, AST 102

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DSH

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with moderate non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

SEX

MN

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 increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.3 cm in length. The right kidney measured 4.7 cm in length.

AGE

13yr

The area of the aortic trifurcation was free of pathology.

WEIGHT

10.25lb

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm width. No overt pathology in the area of the right adrenal gland.

INTERPRETED BY

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

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 0.78cm in width at the level of the hilus.

IMAGING PERFORMED BY

Amanda Crook

Liver/Gallbladder

HOSPITAL NAME

Rivers Edge Pet
Medical Center

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 proximal common bile duct was dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.2 cm diameter.

REFERRING VET

Dr. Bernier

Gastrointestinal

The stomach presented intact prominent wall layering primarily in the area of the antrum and pylorus with minor retained pyloric fluid. The pylorus wall measured 0.41 cm in width. No signs of ileus, obstruction or foreign material.

INVOICE

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The small intestine presented intact prominent wall layering with mild to variably prominent muscularis layer. Mild segmental non-obstructive duodenojejunal ileus was present. The lumen of the small intestine was empty with no signs of obstruction or foreign material. The small intestinal wall measured up to 0.36 cm in width. The ileocolic wall measured 0.32 cm in width.

DATE

02/21/2023



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

PJ Leder **Pancreas**

SPECIES The pancreas was normal in size with mild asymmetrical contour and heterogenous subtly hypochoic parenchyma with evidence of mild pancreatic duct dilation.

Feline **Free Abdomen**

No omental masses or peritoneal effusion was present.

BREED Intermittent focally enlarged mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypochoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 1.1 cm in diameter.

SEX **ULTRASONOGRAPHIC FINDINGS**

- Hepatopathy-subjectively benign, suspect low-grade hepatobiliary inflammation
- Normal gallbladder with mild non-obstructive proximal CBD dilation-age related change, possible low-grade cholangitis
- Heterogenous subtly hypochoic pancreas-nonspecific, suggestive of low-grade/chronic pancreatitis
- Intact prominent small bowel walls
- Intermittent subjective benign/reactive mesenteric lymphadenopathy
- Mild chronic renal changes

AGE 13yr

WEIGHT 10.25lb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

R. McKenzie Daniel, DVM, DABVP (Canine and Feline) Based on subjective GI US changes and suspicion for chronic pancreatitis/inflammatory hepatopathy, IBD or other chronic inflammatory hepatopathy and triaditis are considered most likely. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. A definitive diagnosis would require intestinal and ideally hepatopancreatic biopsies.

IMAGING PERFORMED BY Empirically triad disease protocol with as needed GI support would be reasonable.

Amanda Crook

HOSPITAL NAME

Rivers Edge Pet Medical Center

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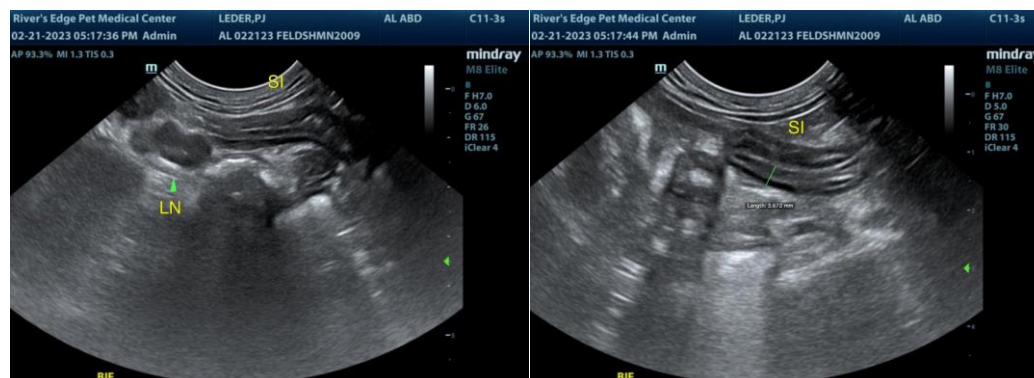
Dr. Bernier

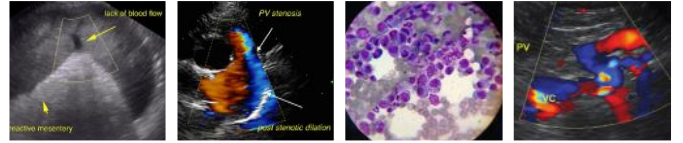
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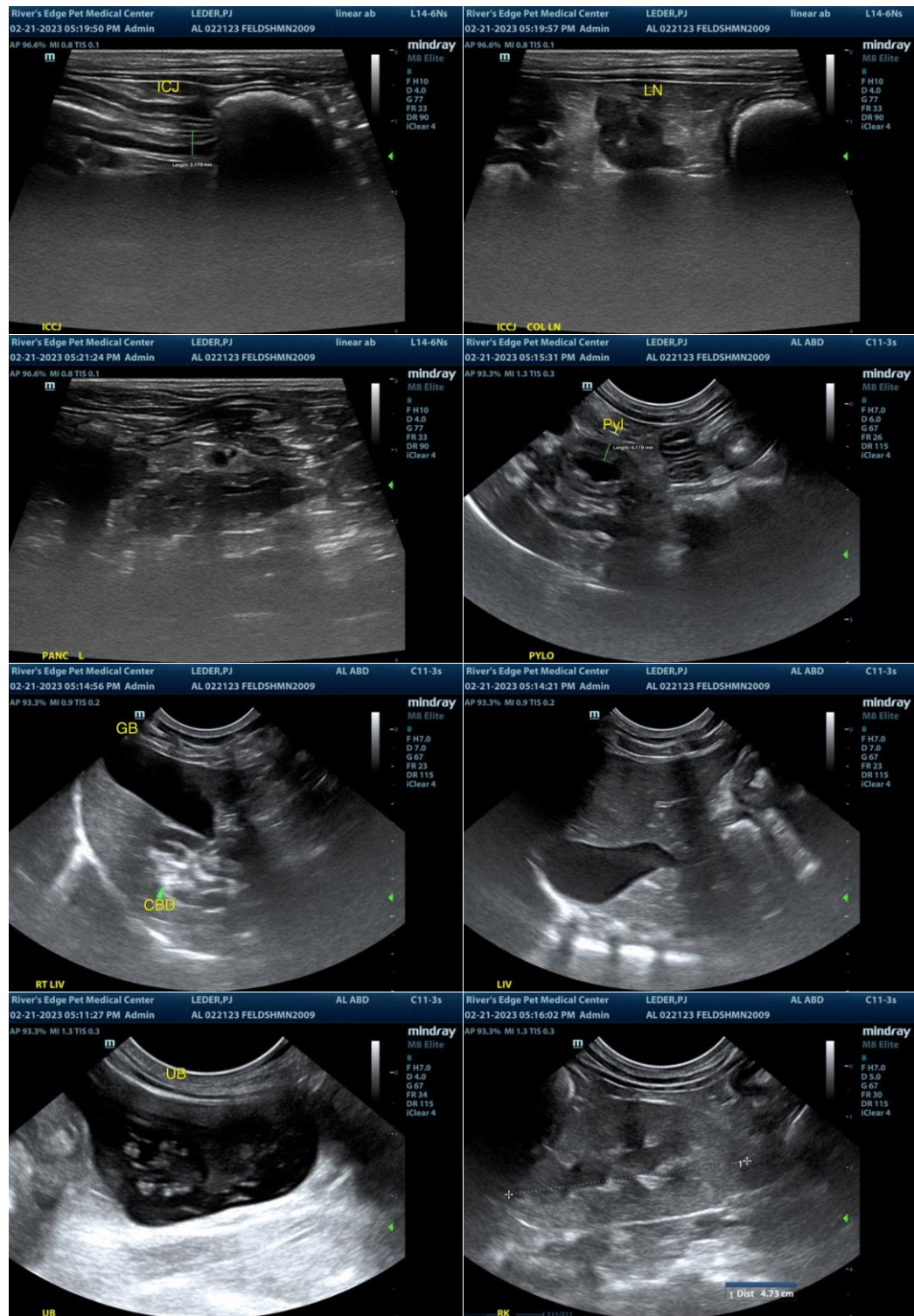
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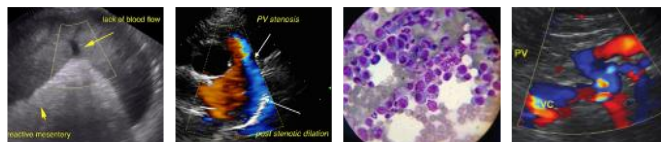
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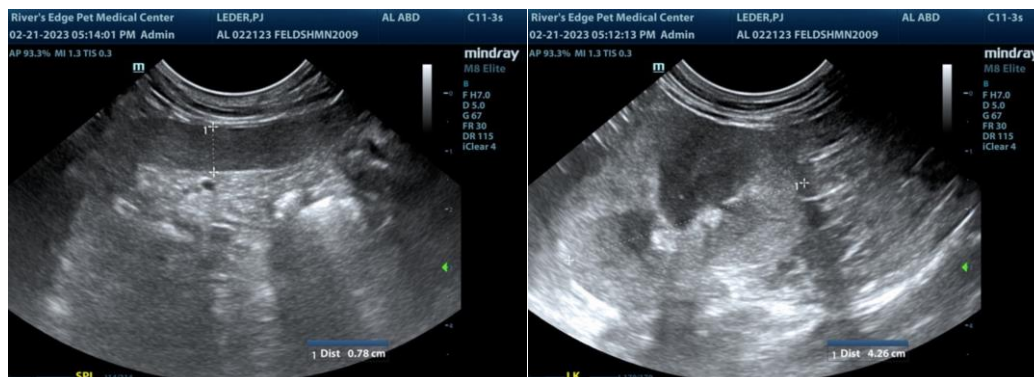
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com