



**PATIENT**

Ivory Jordan

**SPECIES**

Feline

**BREED**

DSH

**SEX**

SF

**AGE**

11 years

**WEIGHT**

6.36 lbs

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Amanda Crook -  
SDEP Certified  
Clinical Sonographer

**HOSPITAL NAME**

Rivers Edge Pet MC

**REFERRING VET**

Dr. Travis Gibson

**INVOICE**

14085

**DATE**

2/24/22

**PRESENTING CLINICAL SIGNS**

Loose stool roughly 1 year with sensitive stomach diet not improving consistency. Other diets have been tried as well. Pet has been taking probiotics as well with no improvement. p currently on FortiFlora

**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.

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 3.3 cm in length. The right kidney measured 3.65 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 0.36 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.46 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.

**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 mild gallbladder debris. This is likely incidental, potentially owing to fasting or minor non-clinical cholestasis. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.29 cm width.

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



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The ileocolic wall measured 0.32 cm. The duodenum wall measured 0.25 cm. The jejunum wall measured 0.23 cm.

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The colon exhibited intact segmental mildly prominent wall layering in the descending colon. The descending colon wall measured 0.25 cm. The colon contained semi-formed to soft feces consistent with reported diarrhea.

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## Pancreas

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

## SEX

SF

## Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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## ULTRASONOGRAPHIC FINDINGS

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- Mild colitis pattern, overtly normal stomach and small bowel
- Suspect low-grade pancreatitis
- Mild gallbladder debris with concurrent mild nonobstructive proximal common bile dilation

## INTERPRETED BY

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

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gallbladder debris may be secondary to fasting or indicate nonclinical cholestasis. The concurrent nonobstructive common bile duct dilation may potentially indicate mild cholangitis, if previous history of hepatic enzyme elevations or potential age-related common bile duct changes. No evidence of post-hepatic obstruction. In patients with chronic gastrointestinal signs, low-grade to mild pancreatitis (potentially present in this patient), dietary intolerance/food hypersensitivity, dysbiosis, structurally insignificant inflammatory bowel disease or less likely gastrointestinal neoplasia, could be present.

Further assessment may include, if not recently done, fresh fecal analysis to assess for parasitic ova/Giardia, diarrhea PCR panel as well as GI panel, to include PLI, TLI, cobalamin and folate. Combination hydrolyzed or potential higher fiber diet, high colony count probiotics and cobalamin supplementation, pending additional diagnostics, may prove beneficial.

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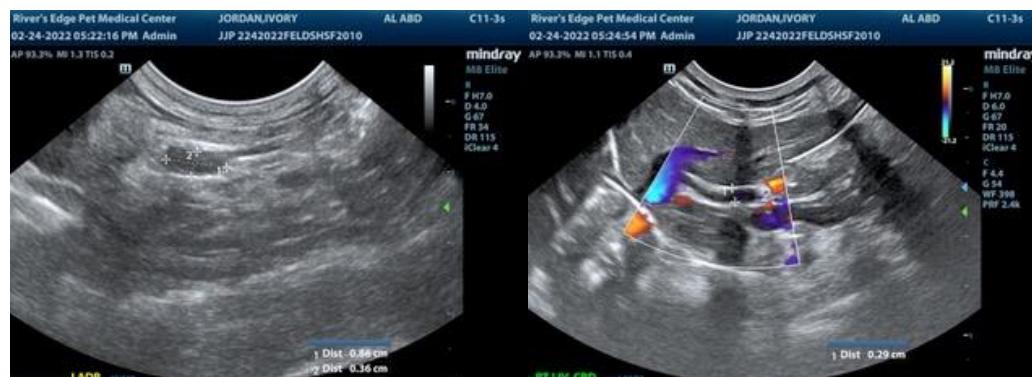
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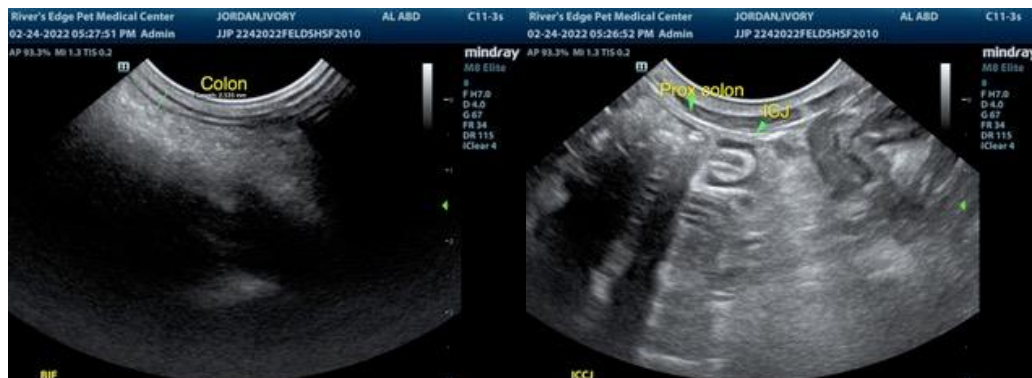
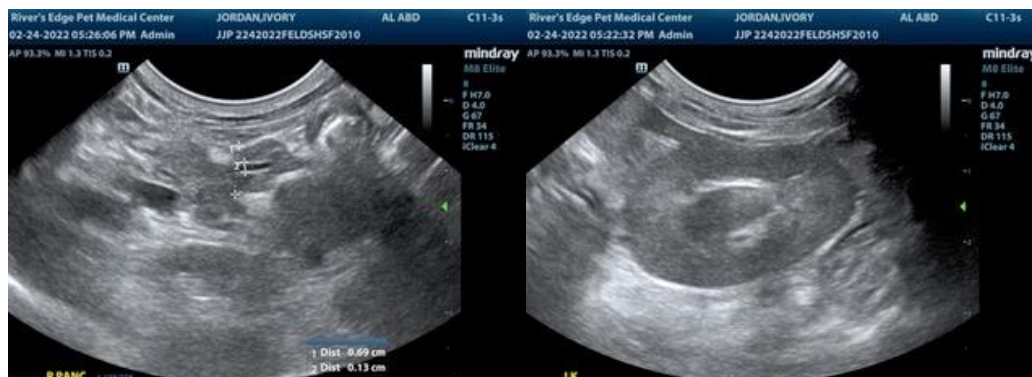
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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