



**PATIENT**

Papa Uglietta

**PRESENTING CLINICAL SIGNS**

rDVM had started Prednisolone - suspicious of IBD. Hx. vomiting which improved on medication, but would recur when weaning off Pred. Diet - Royal Canin PR.

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

DSH

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. Mild, 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.

**SEX**

MN

The area of the aortic trifurcation was free of pathology.

**AGE**

12 y

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 4.1 cm in length. The right kidney measured 4.2 cm in length.

**WEIGHT**

12.6 lbs

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 cm width.

**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 0.91 cm width.

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Littleton AH

**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 nonmineralized or organized debris primarily in the gallbladder neck and cystic biliary duct. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.3 cm diameter.

**REFERRING VET**

Dawn Brooks, DVM

**INVOICE**

13419

**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 width measured 0.29 cm.

**DATE**

2/24/22



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The small intestine exhibited intact wall layering and primarily maintained a 1:3 muscularis/mucosa ratio with segmental to generalized propensity for mildly prominent muscularis layer. The duodenum wall width measured 0.22 cm. The jejunum wall width measured 0.23 cm.

**SPECIES**

Feline

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

***Pancreas***

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.

**BREED**

DSH

***Free Abdomen***

**SEX**

MN

No evidence of significant lymphadenopathy, although minor jejunocolic lymphadenopathy is suspected. No peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

12 y

- Mild urinary bladder sediment
- Mild chronic renal changes
- Probable IBD
- Mild gallbladder debris with minor nonobstructive proximal common bile duct dilation

**WEIGHT**

12.6 lbs

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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

**IMAGING  
PERFORMED BY**

Pamela Harrigan, RDCS

The small intestine exhibited minor subjective mural changes suggestive of chronic inflammatory enteropathy / IBD. Potentially, Prednisolone may be masking intestinal mural changes. Full-thickness intestinal biopsies would be required for a definitive diagnosis.

**HOSPITAL NAME**

Littleton AH

The mild gallbladder debris in combination with mild nonobstructive proximal common bile duct dilation is likely incidental with considerations including patient or age-related variant, mild cholangitis if previous history of elevated liver enzymes, or non-clinical cholestasis. The potential for Triad Disease could be considered in this patient if previous history of elevated liver enzymes or signs of pancreatitis.

**REFERRING VET**

Dawn Brooks, DVM

Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate, and if not recently done, assessment of liver enzymes. Continued IBD protocol including as-needed gastrointestinal support, cobalamin supplementation pending GI panel, and lowest effective dose of Prednisolone, with continued monitoring, would be reasonable.

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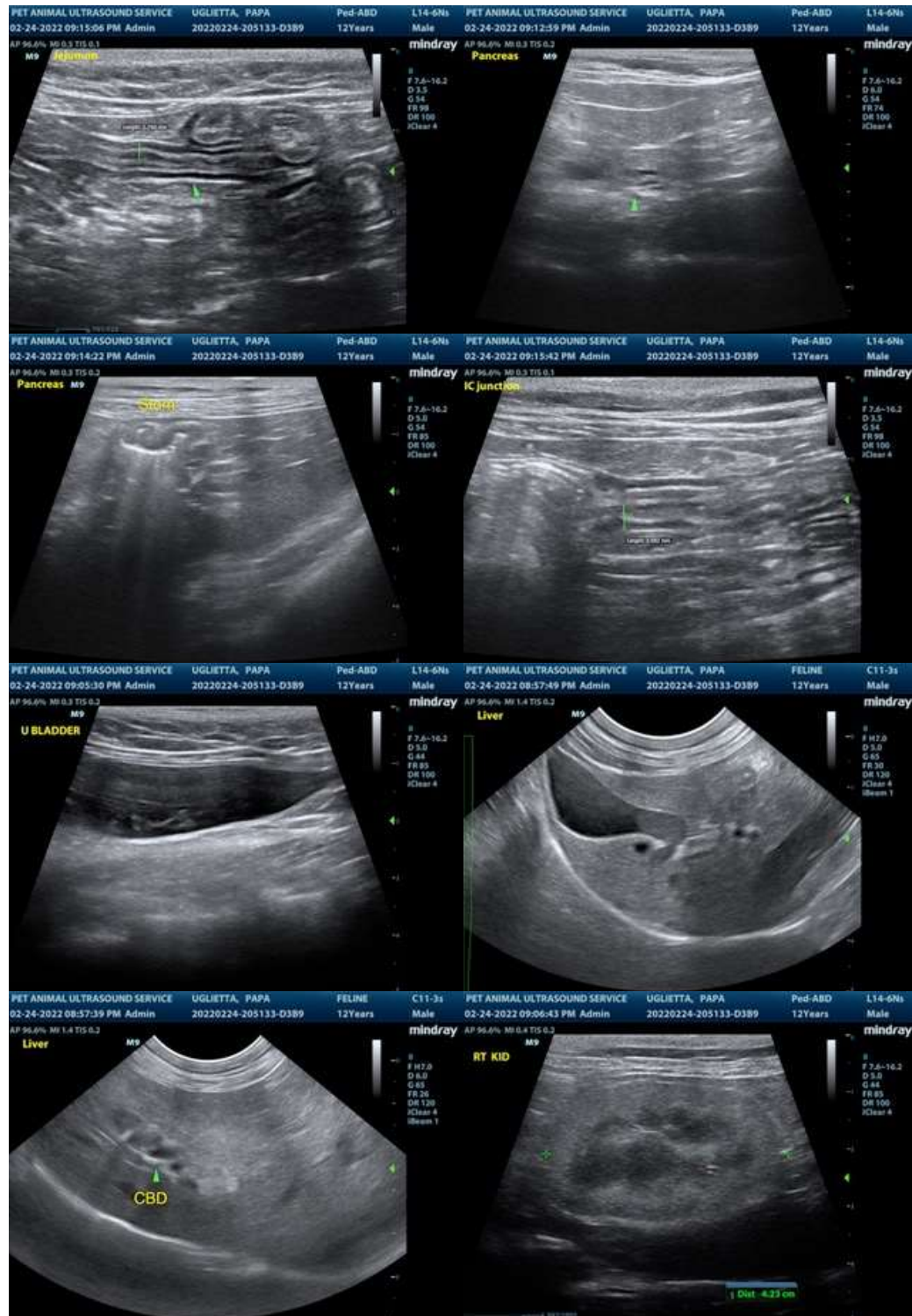
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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**