



PATIENT

Zephyr Shipp

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

13 Years 6 Months

WEIGHT

9.3 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Mack

HOSPITAL NAME

Northside VC

REFERRING VET

Dr. Mack

INVOICE

45550

DATE

2/27/23

PRESENTING CLINICAL SIGNS

Patient previously had ultrasound send out in 11/2020 report came back as GI IBD with a possibility of emerging GI LSA with Pancreatitis. Patient was prescribed Pred but owner has stopped administering. Patient is experiencing vomiting and diarrhea.

Abnormal PE/Chem/CBC/UA Results: 10/2020: GLU 227 but suspect stress hyperglycemia due to patient aggression. Thyroid level and BNP were normal today

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.

The area of the aortic trifurcation was free of pathology.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The kidneys measured 3.8 cm each.

Adrenal Glands

No overt pathology in the area of the left and right adrenal glands.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The spleen measured 0.75 cm in width at the level of the hilus. 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 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. The lumen of the stomach contained moderate nonshadowing ingesta/chyme most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.

The small intestine presented generalized intact yet variably prominent wall layering with segmental to generalized similar appearing non-shadowing ingesta/chyme. No evidence of loss of small intestinal wall layering, intestinal masses, or intestinal mechanical obstruction. Jejunum wall measured 0.29 cm.

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



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Pancreas

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The pancreas was subtly hypoechoic to non-homogeneous. It was normal in size with minor capsule asymmetry.

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Free Abdomen

Feline

Intermittent, mildly prominent to enlarged mesenteric nodes were present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

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No omental masses or peritoneal effusion.

SEX

ULTRASONOGRAPHIC FINDINGS

Neutered Male

- Gastric ingesta
- Chronic enteropathy – likely chronic inflammatory bowel.
- Associated intermittent subjective benign/reactive mesenteric lymph nodes
- Heterogeneous/mildly hypoechoic pancreas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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If patient was documented NPO, some degree of possible functional or metabolic gastric/gastrointestinal hypomotility or possible maldigestion pattern could be possible. The sonographic appearance of the small intestine is suggestive of chronic inflammatory criteria with less likely potential for neoplastic infiltrative enteropathy, although possible.

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Based on the gastrointestinal presentation with potential concurrent chronic/mild chronic active pancreatitis pattern, IBD, or other chronic inflammatory enteropathy and Triaditis are considered most likely. Definitive diagnosis would require full thickness intestinal biopsies. Empirically, reinstatement of IBD protocol, which may include Prednisolone, high colony count probiotic, dietary therapy, and cobalamin supplementation, if clinically indicated.

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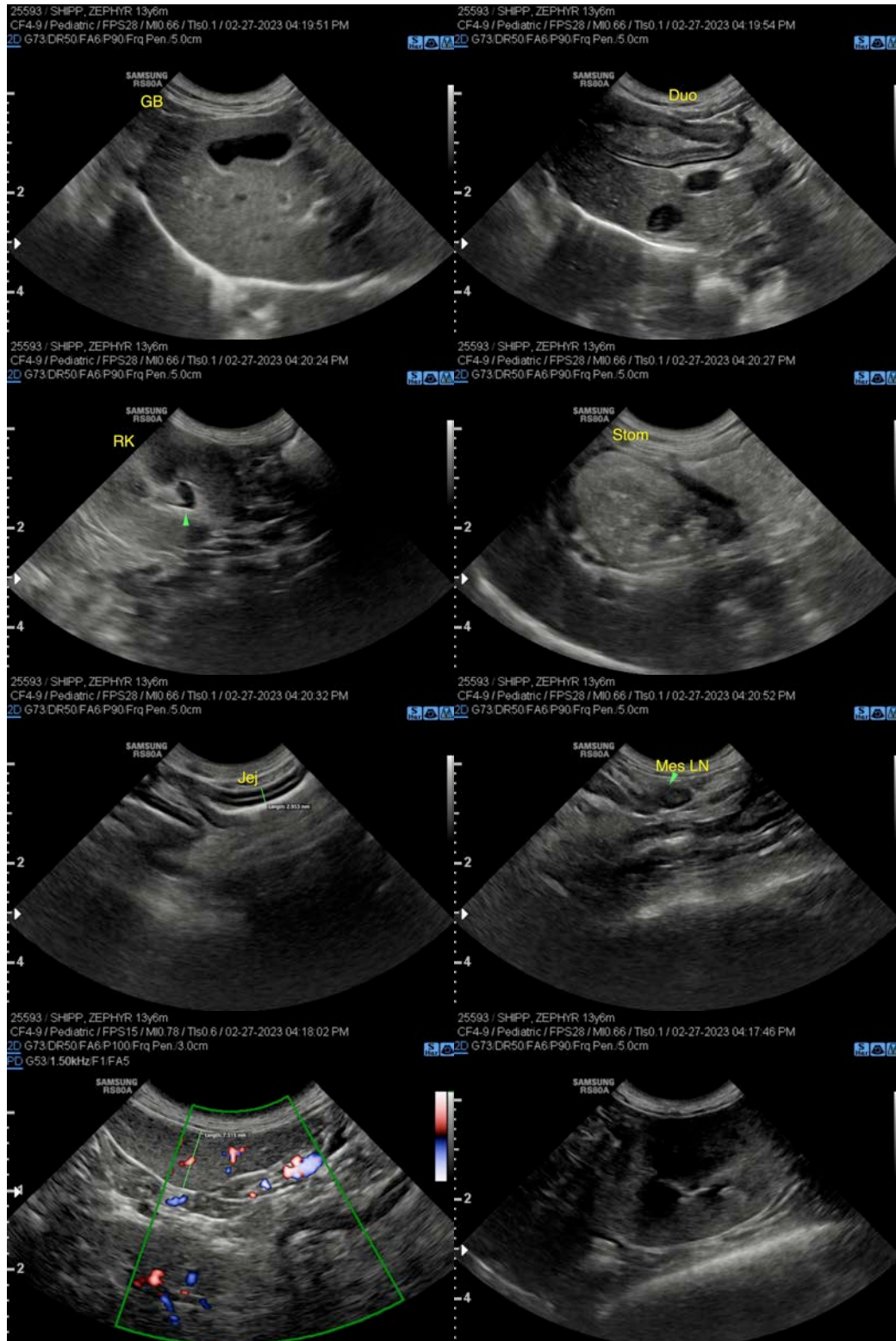
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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