

**PATIENT PRESENTING CLINICAL SIGNS**

Bynxs Borders  
History: Increased appetite, weight loss, vomiting hairballs, diabetic in remission, inappropriate elimination, pancreatitis.  
Labs: Unremarkable CBC and chemistry panel, abnormal fPL, normal cobalamin and folate

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

2012

**WEIGHT**

10.7

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

**HOSPITAL NAME**

Brodheads ville VC

**REFERRING VET**

Dr. Goldstein

**INVOICE**

21358

**DATE**

3/1/23

**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. Aortic trifurcation was normal.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 4.0 cm in length. The right kidney measured 4.2 cm in length.

**Adrenal Glands**

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

**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**

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 was empty with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.25 cm.

The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. The duodenum wall measured 0.3 cm wall width. The jejunum wall measured 0.32 cm wall width. The ileocolic wall measured 0.35 cm wall width.



**PATIENT** Normal visible colon wall layers were present with formed fecal matter in lumen.

Bynxs Borders **Pancreas**

The pancreas was variable to mildly prominent in size with mild capsule asymmetry. Nonhomogenous mildly hypoechoic parenchyma was noted, compared to adjacent omentum.

**SPECIES**

Feline **Free Abdomen**

No omental masses, or overt significant intraabdominal lymphadenopathy was present. No peritoneal effusion was present.

**BREED**

DSH **ULTRASONOGRAPHIC FINDINGS**

**SEX**

- IBD intestinal pattern
- Concurrent mild chronic active pancreatitis

Neutered Male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE** Potential for neoplastic infiltrative enteropathy with round cells, i.e., lymphoma or less likely dry form  
2012  
**WEIGHT** IBD/chronic active pancreatitis therapy protocol with as needed gastrointestinal support and hairball  
10.7  
Recheck sonogram is recommended to assess for progressive intestinal mural changes if continued weight loss and/or gastrointestinal signs are noted despite empirical therapy.

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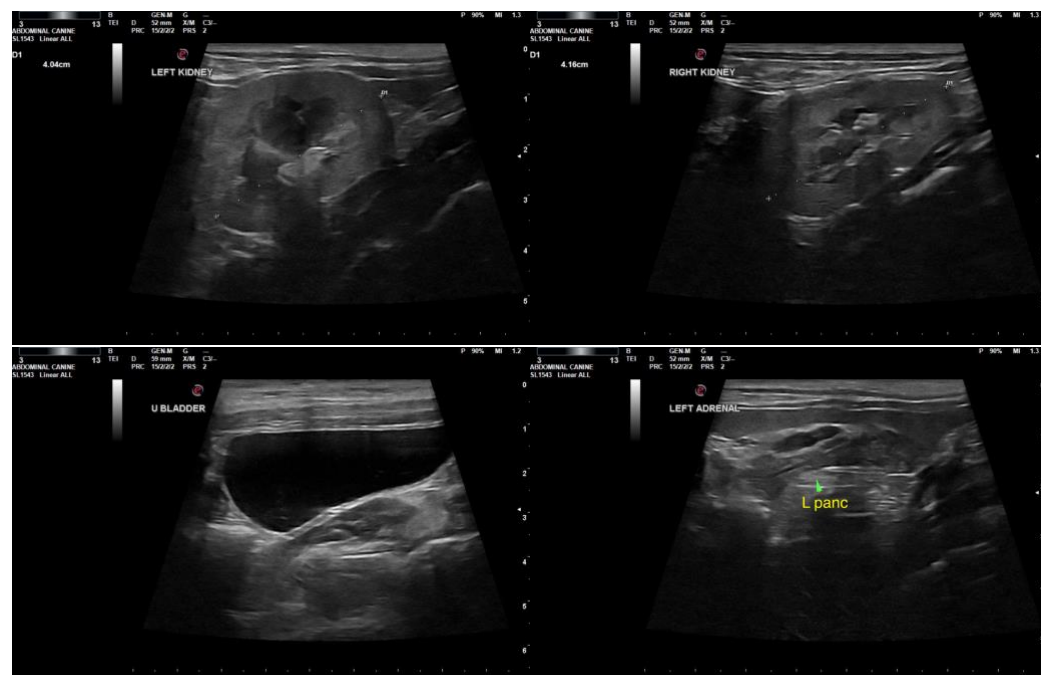
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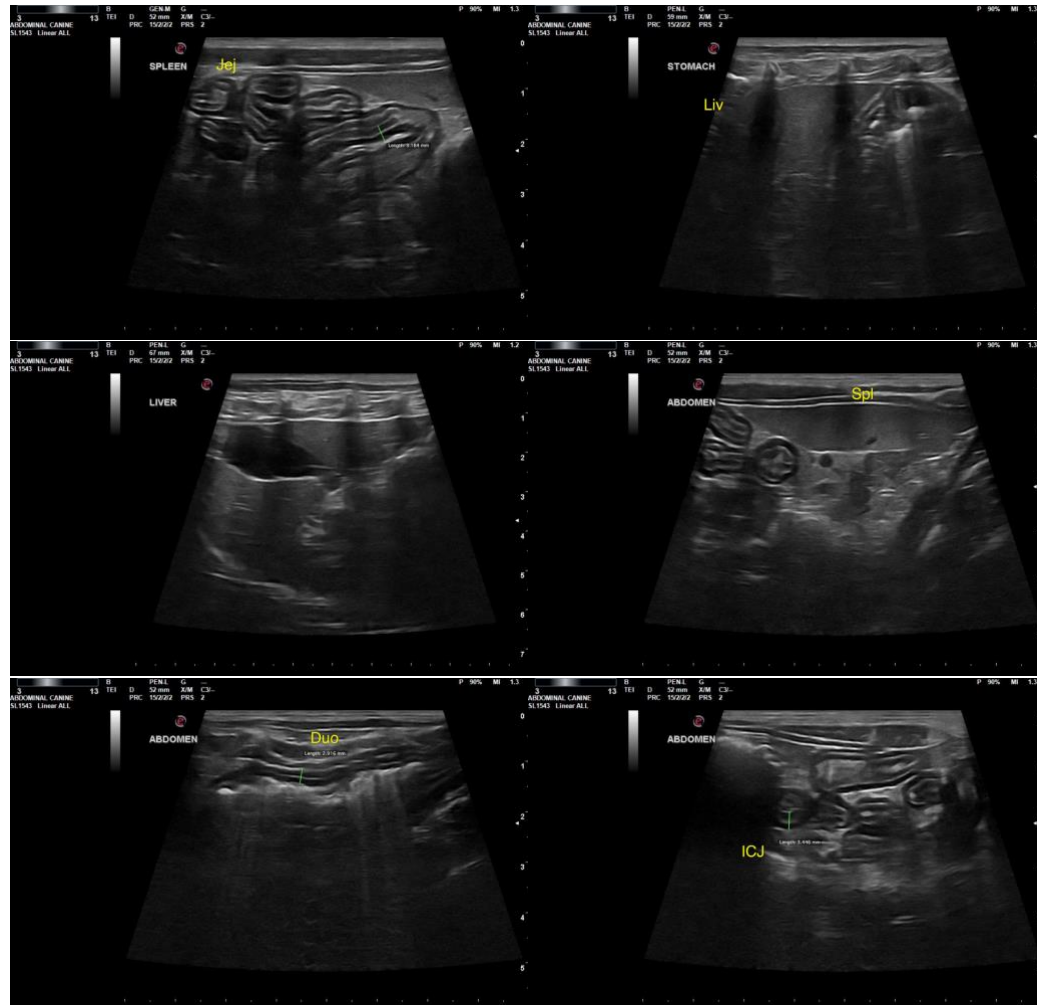
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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