



**PATIENT PRESENTING CLINICAL SIGNS**

Blanca Rothgery

History: Examined in December for heavy breathing, vomiting off and on. No murmur ausculted. Increased inspiratory effort and respiratory rate. Symptoms improved after Convenia injection and course of oral prednisolone but have since returned.

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: No BW performed recently. CBC/Chem/T4 11 months ago was unremarkable. Blood Pressure Measurements Will check morning of arrival. Current Medications None  
Radiographic Findings Radiographs showed thickened airways with scattered "donuts" and possible cardiomegaly.

**BREED**

DSH

**SEX**

Spayed Female

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**AGE**

15 Years

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Nondependent particulate sediment was present, which may indicate cellular debris/protein, crystalline debris, lipid or mucus, 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.

**WEIGHT**

7.6 Pounds

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 3.5 cm in length. The right kidney measured 3.8 cm in length.

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm.

**IMAGING PERFORMED BY**

Sara Hansen

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 cm.

**HOSPITAL NAME**

Q Street AH

**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.

**REFERRING VET**

Dr. Hoerauf

**Liver**

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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.

**DATE**

3/1/23

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



**PATIENT**

***Gastrointestinal***

Blanca Rothgery

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 0.24 cm.

**SPECIES**

Feline

The small intestine exhibited generally intact wall layering with maintained 1:3 muscularis/mucosa ratio with segmental propensity for subtly prominent intestinal muscularis layer with segmental mural thickening noted in a mid-abdominal intestinal segment, potentially distal jejunum or ileum.

**BREED**

DSH

Duodenum wall measured 0.28 cm. Intact jejunum wall measured 0.24 cm. The segmentally thickened small intestine measured up to 0.9 cm wall width.

**SEX**

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

Spayed Female

***Pancreas***

**AGE**

15 Years

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 was evident.

**WEIGHT**

7.6 Pounds

***Free Abdomen***

Mild regional periintestinal mesenteric lymph nodes were noted, exhibiting homogenous echogenicity. An example of lymph node size measured 0.5 cm in diameter. Minor regional periintestinal to perilymphatic hyperechoic omentum was noted. No free fluid or omental masses were noted.

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**ULTRASONOGRAPHIC FINDINGS**

- Segmentally thickened intestine, potential distal jejunal or ileal location
- Associated mild regional mesenteric lymphadenopathy- subjectively benign/reactive, potential secondary hyperplasia or reactive lymphadenitis
- Sonographically normal stomach/pancreas
- Mild chronic renal changes

**IMAGING PERFORMED BY**

Sara Hansen

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The segmentally thickened small intestine is nonspecific with inflammatory potential emerging neoplastic or less likely granulomatous etiologies. Sampling would be required for a definitive diagnosis. The thickened intestine did not appear to be obstructive to ingesta/chyme flow, without gastrointestinal obstructive pattern. A GI panel to include PLI/TLI/Cobalamin/Folate could be considered, specifically if evidence of weight loss. Empirically, as needed gastrointestinal support and sonographic reassessment of the intestinal tract in 4 weeks would be reasonable. Urinalysis with culture and sensitivity if evidence of inflammatory debris is recommended.

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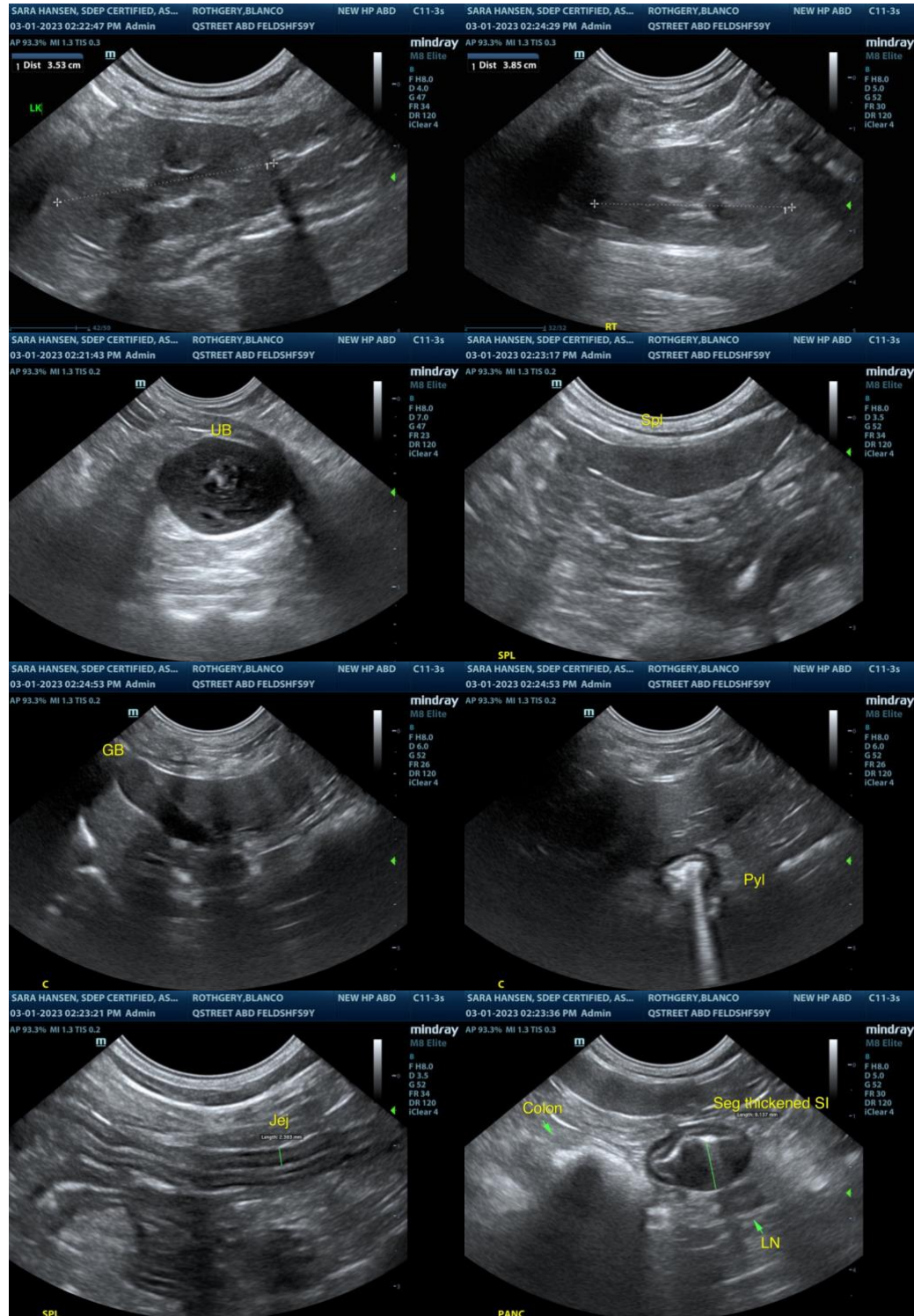
Dr. Hoerauf

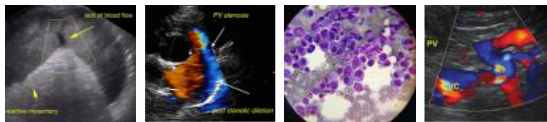
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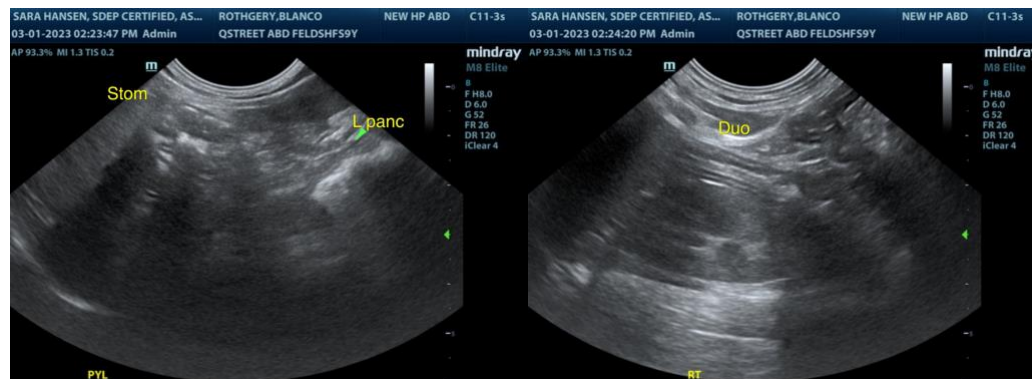
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
info@SonoPath.com