



**PATIENT**

Howard Chaplin

**PRESENTING CLINICAL SIGNS**

History: Hx of IBD, prev. AUS (6/2021) attached. Current meds: Zonisamide 30mg sid, Budesonide 1ml sid

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

DSH

The urinary bladder was mildly distended with normal tone. Anechoic urine was present with mild nondependent particulate sediment, which may indicate cellular debris/protein, crystalline, lipid or mucus. No urinary bladder tumors were noted. The urethra was normal to a depth of 2.0 cm.

**SEX**

Neutered Male

The area of the aortic trifurcation was free of pathology.

**AGE**

17 Years

Normal asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney was normal in size, measuring 3.9 cm in length. The right kidney was mildly prominent in size, measuring 4.7 cm in length. Mild pyelectasia was present bilaterally.

**Adrenal Glands**

**WEIGHT**

8.62 Pounds

No overt pathology was noted in the area of the left adrenal gland.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 cm.

**INTERPRETED BY**

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

**Spleen**

The spleen exhibited borderline enlargement, measuring 1.0 cm in width at the level of the hilus. Finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma was noted. 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. No splenic masses were noted.

**IMAGING PERFORMED BY**

Shari Reffi, CVT

**HOSPITAL NAME**

Andover AH

**Liver**

The liver was overtly normal in size with normal structure, and contour. Normal parenchyma echogenicity was noted, exhibiting moderate coarse echotexture and minor parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

**REFERRING VET**

Dr. Hummel

The gallbladder was non-distended in size with anechoic content. The generalized common bile duct was dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.18 cm width.

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**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.

**DATE**

3/1/23



<b>PATIENT</b>	The small intestine presented generalized intact wall layering with maintained 1:3 muscularis/mucosa ratio with segmental propensity for subtly prominent muscularis layer yet without evidence of significant mural hypertrophy, loss of intestinal wall layering or intestinal masses. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum and jejunum walls both measured 0.26 cm. No overt pathology at the level of the ileocolic junction.
Howard Chaplin	
<b>SPECIES</b>	
Feline	Normal visible colon wall layers were present with apparent formed feces in lumen.
<b>BREED</b>	<b>Pancreas</b>
DSH	The pancreas was normal in size and contour with heterogeneous, variably hyperechoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Minor capsule asymmetry was noted. Variable pancreatic duct dilation was noted, containing anechoic content. The pancreatic duct measured 0.47 cm in diameter.
<b>SEX</b>	<b>Free Abdomen</b>
Neutered Male	Mildly prominent to enlarged mid abdominal mesenteric nodes were present. Primarily homogenous isoechoic parenchyma was noted with mild capsule asymmetry. An example of lymph node size measured 3.0 cm x 0.7 cm. No omental masses or peritoneal free fluid was noted.
<b>AGE</b>	
17 Years	
<b>WEIGHT</b>	
8.62 Pounds	<ul style="list-style-type: none"> <li>• Chronic enteropathy pattern with associated subjective benign mesenteric lymphadenopathy</li> <li>• Chronic pancreatitis with pancreatic duct dilation</li> <li>• Minor hepatic parenchymal remodeling</li> <li>• Nonobstructive common bile duct dilation- age-related variant, potential for low-grade cholangitis</li> <li>• Chronic renal changes, exhibiting mildly prominent right kidney size and mild bilateral pyelectasia</li> <li>• Borderline splenomegaly- subjectively benign</li> </ul>
<b>INTERPRETED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Overall, similar gastrointestinal presentation compared to the previous study without evidence of progressive mural changes. No evidence of overt intraabdominal neoplastic criteria. Depending upon patients current clinical signs, or if evidence of weight loss, as needed gastrointestinal support and empirical IBD/triaditis protocol is recommended. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.
<b>IMAGING PERFORMED BY</b>	
Shari Reffi, CVT	
<b>HOSPITAL NAME</b>	
Andover AH	
<b>REFERRING VET</b>	
Dr. Hummel	
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Feline

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DSH

**SEX**

Neutered Male

**AGE**

17 Years

**WEIGHT**

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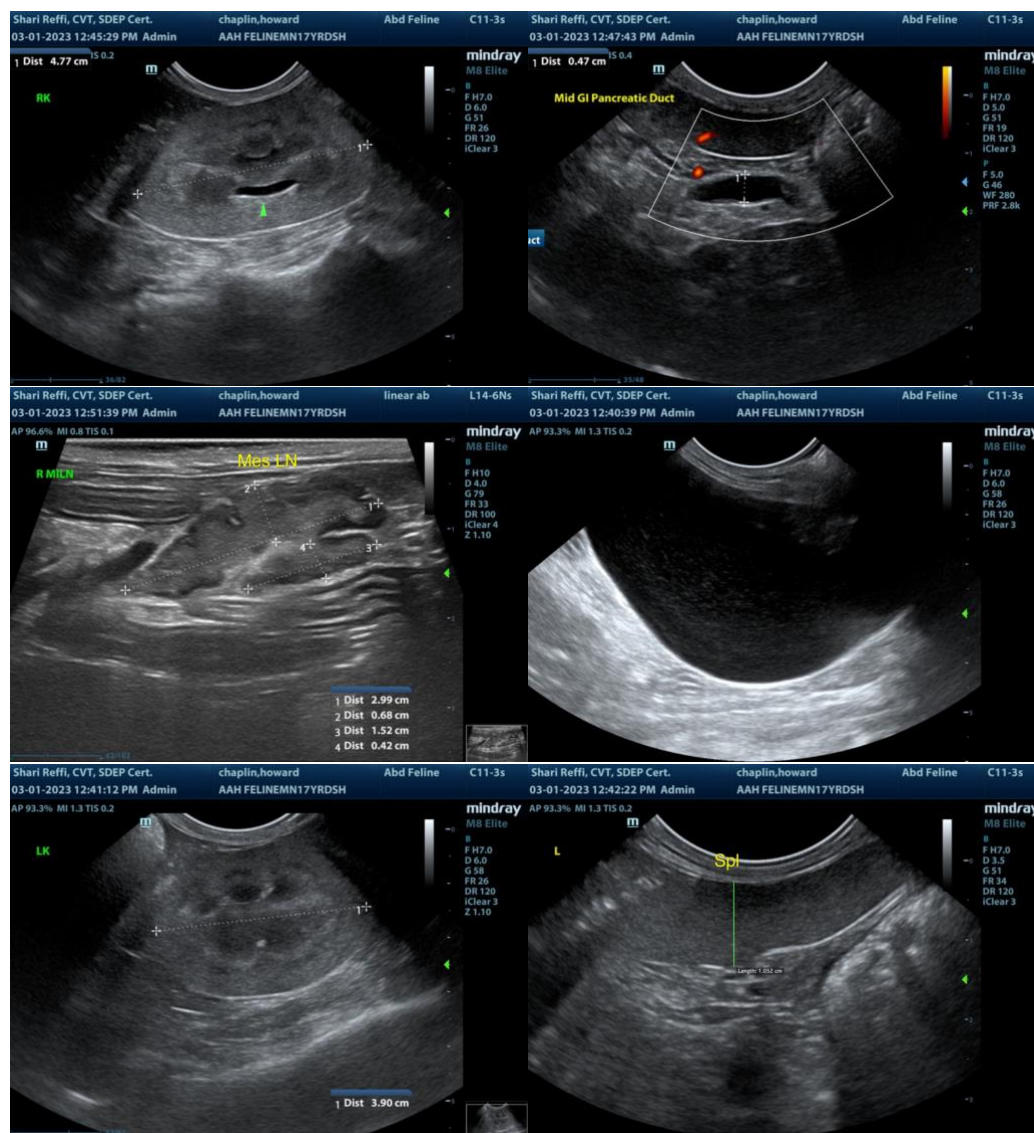
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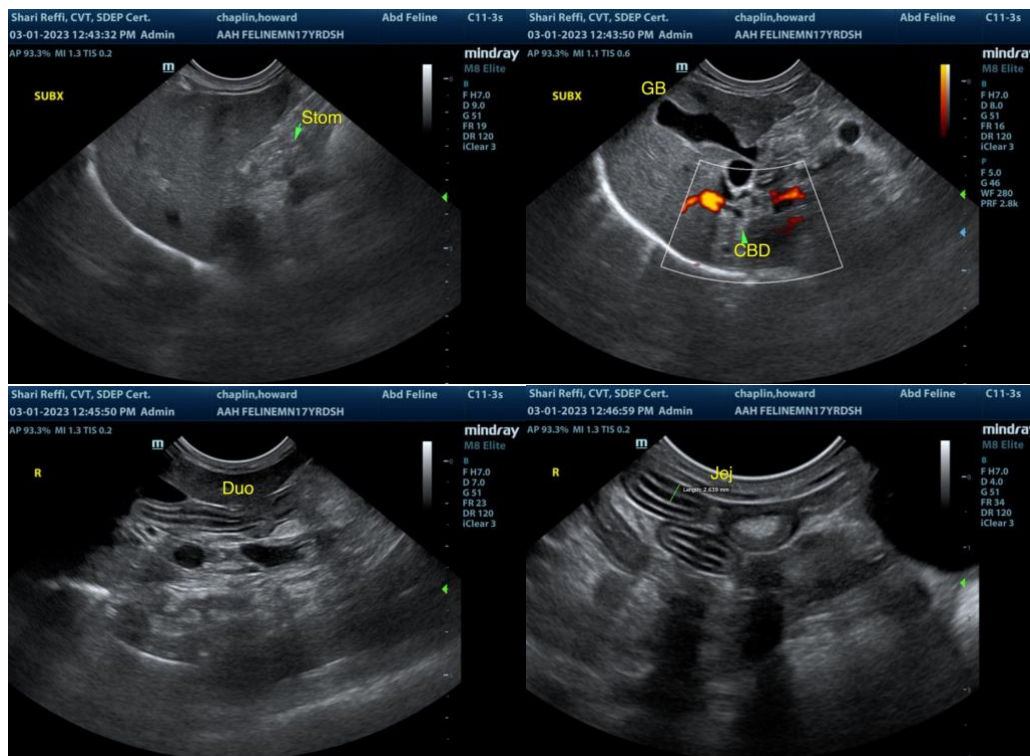
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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