



**PATIENT PRESENTING CLINICAL SIGNS**

May Coddington  
 Decreased appetite, soft stool.  
 Medication: Metronidazole

**SPECIES**

Feline

WBC 19.0 with neutrophilia and monocytosis, BUN 42, Calcium 7.2, AST 15, Specific gravity 1.016, tract protein

**BREED**

DSH

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 1.0 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 was noted.

**SEX**

FS

The area of the aortic trifurcation was free of pathology.

**AGE**

2010

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 minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.4 cm in length. The right kidney measured 3.8 cm in length.

**WEIGHT**

6.5

**Adrenal Glands**

The bilateral adrenal glands were mildly prominent in size without evidence of neoplastic criteria. The left adrenal gland measured 0.54 cm width. The right adrenal gland measured 0.52 cm width.

**INTERPRETED BY**

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 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.

**IMAGING PERFORMED BY**  
 Rebekah Jakum, CVT  
 ARDMS/RVT

**HOSPITAL NAME**

Maple Hills VH

**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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**REFERRING VET**

Dr. Eckman

**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 0.25 cm.

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**DATE**

3/14/23



<b>PATIENT</b>	The small intestine presented intact, generalized mild to variably thickened intestinal wall layering exhibiting a propensity for variably prominent segmental to generalized muscularis layer. Intestinal wall width measured up to 0.40 cm. No overt evidence of intestinal masses, loss of intestinal wall layering, or intestinal obstructive criteria was noted. Ileocolic walls were intact to mildly prominent without evidence of mural pathology measuring 0.42 cm width.
May Coddington	
<b>SPECIES</b>	
Feline	The colon exhibited sonographically unremarkable wall layering. The colon appeared to contain semi-formed fecal matter and luminal gas.
<b>BREED</b>	
	<b><i>Pancreas</i></b>
DSH	The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.
<b>SEX</b>	
FS	
	<b><i>Free Abdomen</i></b>
<b>AGE</b>	Intermittent, mildly prominent, mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic to peri intestinal mild hyperechoic omentum was evident. Intermittent very scant pockets of peri intestinal free fluid without evidence of significant peritoneal effusion were noted.
2010	
<b>WEIGHT</b>	
6.5	

**ULTRASONOGRAPHIC FINDINGS**

- Enteropathy exhibiting intact variably prominent / thickened wall layering
- Associated intermittent primarily mild to hypoechoic mesenteric lymphadenopathy
- Concurrent subjective mild pancreatitis
- Sonographically normal colon containing semi-formed fecal matter and gas

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 DVM, DABVP  
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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The small intestinal presentation was nonspecific with both inflammatory or neoplastic infiltrative criteria possible. Associated mesenteric lymphatic hyperplasia, secondary lymphadenitis, or early neoplastic lymphadenopathy are all potentials. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Full-thickness intestinal +/- lymphatic and pancreatic biopsies are required for a definitive diagnosis.

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Triad Disease could also be a potential in this patient if previous or future hepatic enzyme elevations are noted. Empirically, as-needed gastrointestinal support and IBD/Triaditis therapy protocol with assessment of clinical response and monitoring of bodyweight would be reasonable. A guarded prognosis is indicated.

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**IMAGING PERFORMED BY**

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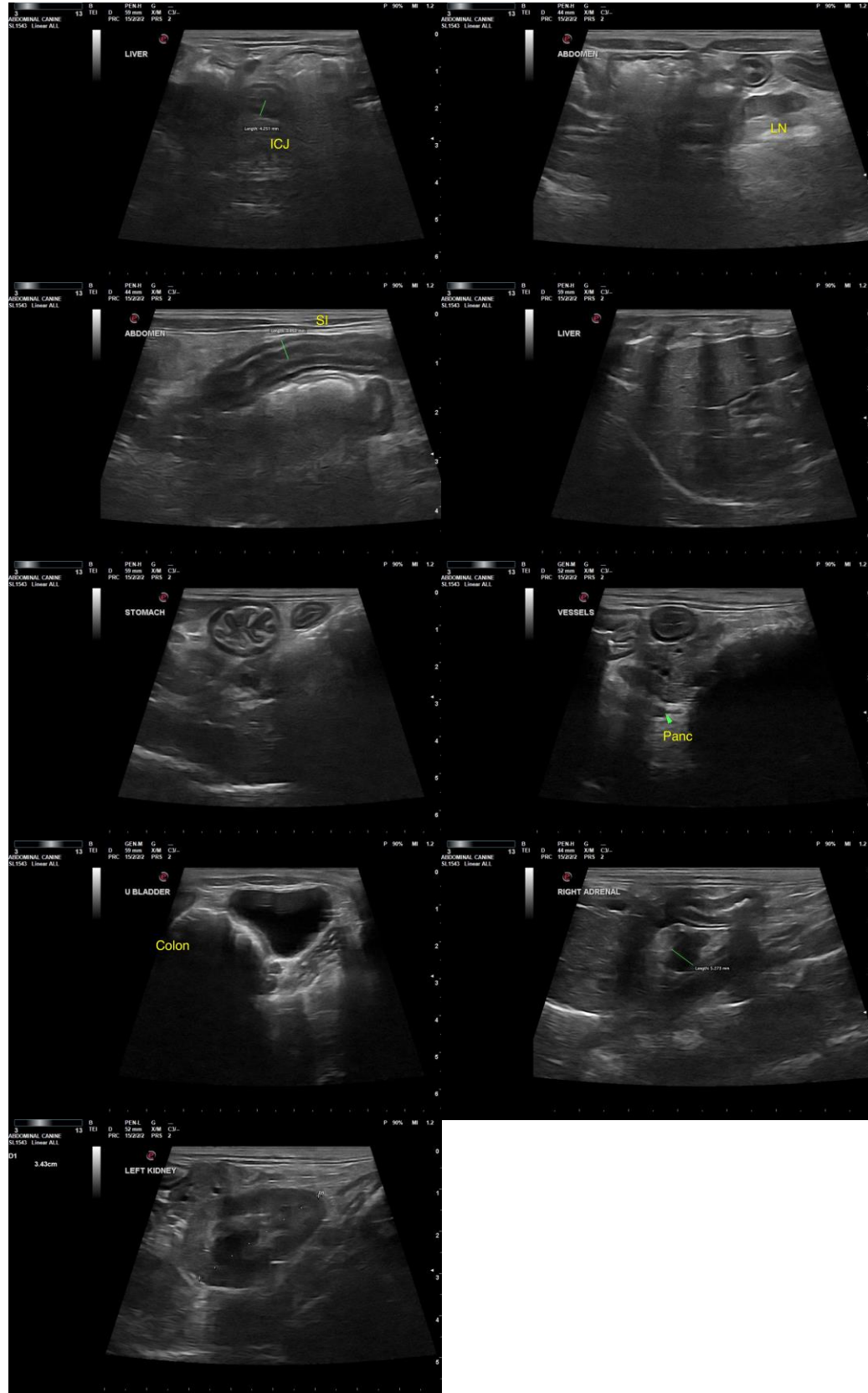
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**BREED**

DSH

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.

**SEX**

FS

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