



PATIENT

JJ Schneider

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9 Years

WEIGHT

13.7 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Wendy Turner

HOSPITAL NAME

Pennsauken AH & UC

REFERRING VET

Marissa Burns

INVOICE

14336

DATE

3/16/22

PRESENTING CLINICAL SIGNS

History: Vomiting +/- diarrhea, lethargy and inappetence x 3 weeks. Improved slightly with novel protein diet.

Abnormal PE/Chem/CBC/UA Results: BCS 8/9 with mild dehydration. Thickened intestines with intermittent abdominal pain on palp. Labs unremarkable; no UA.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

Both kidneys were normal in size with minor asymmetrical margination. Both kidneys exhibited mildly non-uniform increased cortex echogenicity with mild loss of corticomedullary border distinction. Potential for pinpoint medullary mineral noted. No evidence of pyelectasia. The left kidney measured 4.7 cm in length. The right kidney measured 4.2 cm in length.

Adrenal Glands

No overt pathology 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 0.52 cm width at the caudal pole.

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 contained a mild amount of retained anechoic fluid. The gastric body wall measured 0.30 cm.

The small intestine presented intact wall layering with segmental to generalized propensity for mildly prominent muscularis layer, as well as mildly prominent to echogenic submucosa. No evidence of loss of intestinal wall layering, intestinal masses or mechanical/metabolic intestinal ileus. The jejunum wall measured 0.27 cm.

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



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Pancreas

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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.

SPECIES

Free Abdomen

Feline

Intermittent, mildly prominent to enlarged mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of lymph node size measured 0.64 cm in diameter.

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No effusion was present. Subjective increased omental fat was present.

SEX

ULTRASONOGRAPHIC FINDINGS

Neutered Male

- Mild nonspecific chronic renal changes
- Segmental to generalized mild inflammatory enteropathy pattern
- Associated, intermittent, subjective benign/reactive mesenteric lymph nodes
- Sonographically unremarkable pancreas
- Mild hypomotile gastritis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

In light of the patients clinical signs, the stomach and small intestine exhibited mild mural changes suggestive of inflammatory gastroenteropathy. This could potentially indicate IBD versus gastroenteritis, dietary intolerance/food hypersensitivity or occult parasitism if clinically applicable. Potential for low-grade to chronic pancreatitis could also be present yet sonographically normal. Further assessment may include a GI panel, to include PLI, TLI, cobalamin and folate.

Empirically, continued gastrointestinal supportive care +/- conservative IBD protocol with assessment of clinical response would be reasonable. Baseline renal staging, include full urinalysis is suggested.

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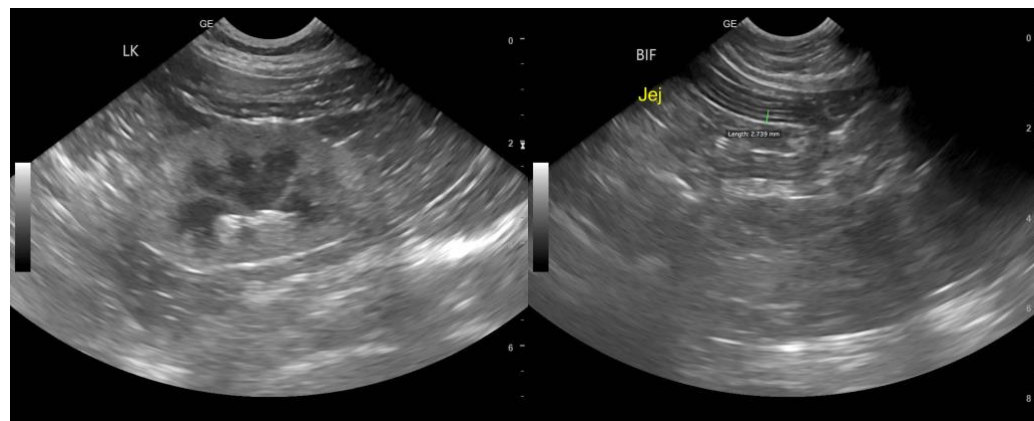
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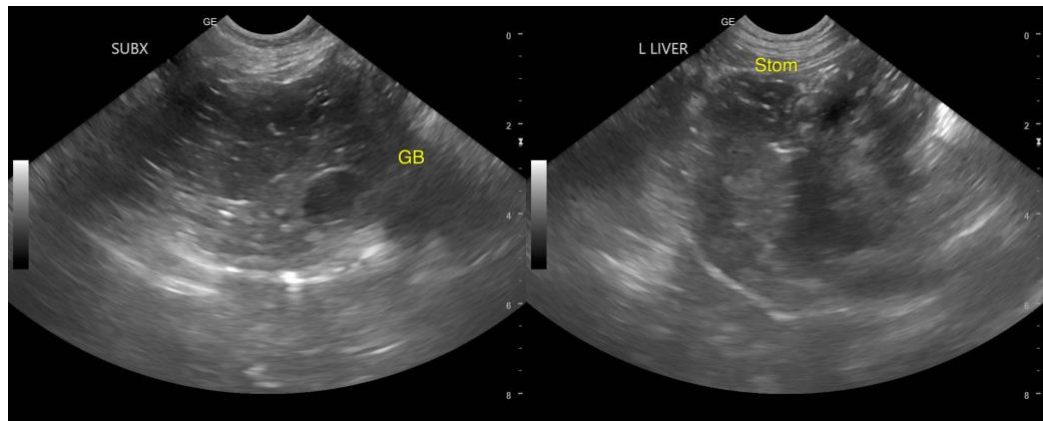
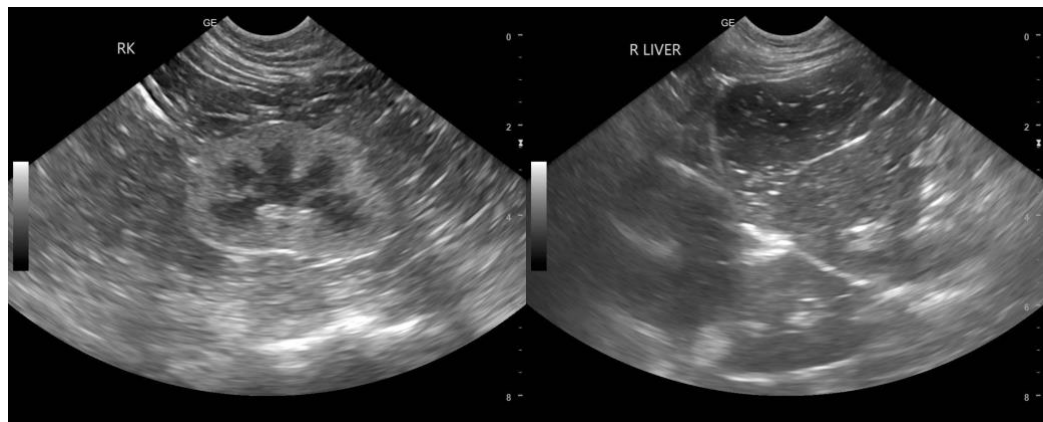
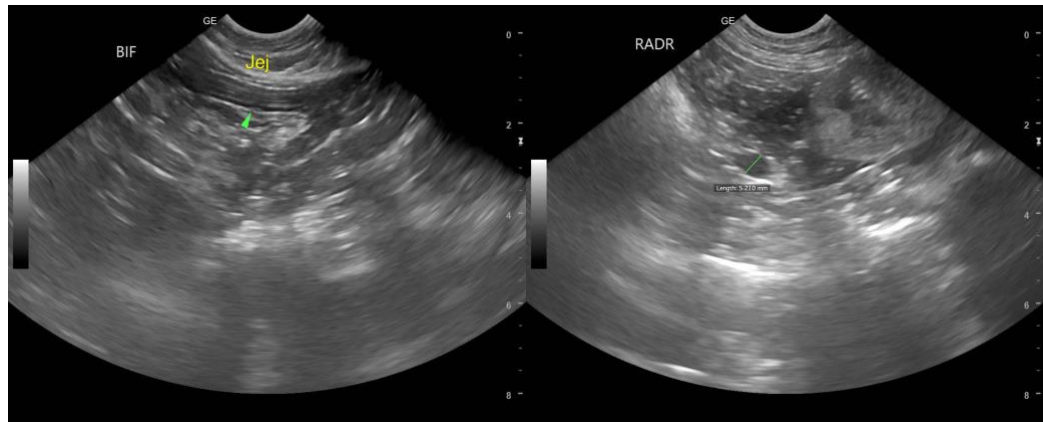
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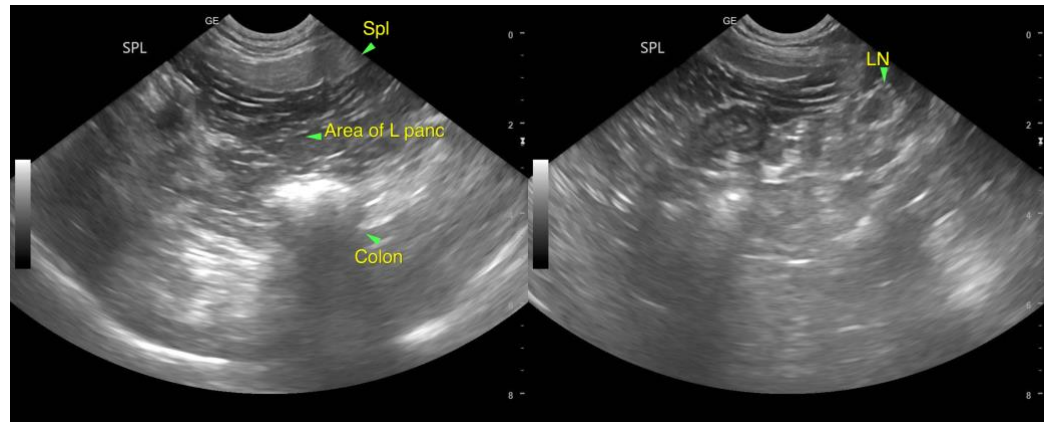
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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