



PATIENT	PRESENTING CLINICAL SIGNS
Paintbrush Howell	Weight loss for the past 6-12 months, more grumpy with housemate, eating gingerly. Significant diarrhea present at time of ultrasound, owner has not reported any issues in stool at home.
SPECIES	Abnormal PE/Chem/CBC/UA Results: Normal CBC/Chem/T4/UA on 10/6/21 Normal SDMA/T4 on 3/8/22
Feline	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
DSH	Urinary System
SEX	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, nondependent, particulate sediment was present 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.
Male neutered	
AGE	The area of the aortic trifurcation was free of pathology.
12 years	
WEIGHT	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. Mild uniform increased cortex echogenicity was noted in both the left and right kidney. No evidence of pelvic dilation was present. The left kidney measured 3.7 cm in length. The right kidney measured 3.8 cm in length.
10.7 lbs.	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 cm width.
IMAGING PERFORMED BY	Spleen
Chaley Hunt, LVT	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. The spleen measured 0.87 cm in diameter.
HOSPITAL NAME	Liver/ Gallbladder
Columbia AC	The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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. Laura Baker	Gastrointestinal
INVOICE	The stomach presented intact wall layering with a normal wall layer ratio. Mild retained non-shadowing ingesta/ chyme was present in the antrum and pylorus. The pylorus wall width measured 0.25 cm.
13502	
DATE	
3/16/22	



PATIENT	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The duodenum wall width measured 0.26 cm. The jejunum wall width measured up to 0.29 cm. The ileocolic wall width measured 0.30 cm.
Paintbrush Howell	
SPECIES	
Feline	The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. A mild amount of semi-formed to soft feces, consistent with reported diarrhea, was present in the colon with lumen dilation. The distal descending colon wall width measured 0.30 cm.
BREED	
DSH	<i>Pancreas</i>
SEX	The pancreas exhibited generalized mild enlargement with mild asymmetrical contour. Nonhomogeneous to mildly hypoechoic parenchyma with minor pancreatic duct dilation was present.
Male neutered	<i>Free Abdomen</i>
AGE	Intermittent mildly prominent nonhomogeneous to focally cystic mesenteric lymph nodes were present. An example of a cystic mesenteric lymph node measured 0.92 cm in diameter. No effusion was noted.
12 years	
WEIGHT	ULTRASONOGRAPHIC FINDINGS
10.7 lbs.	<ul style="list-style-type: none"> • Mild chronic renal changes • Chronic active pancreatitis pattern • Overtly normal stomach and small bowel with mild colitis • Intermittent mildly prominent nonhomogeneous to focally cystic mesenteric lymph nodes
INTERPRETED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	No overt evidence of significant gastrointestinal structural pathology was noted. However, potential considerations in this case aside from chronic pancreatitis may include; structurally insignificant inflammatory enterocolonopathy, dietary intolerance / food hypersensitivity, and occult parasitism if the patient is indoor/outdoor. No overt evidence of neoplastic gastroenterocolic, pancreatic, or lymphatic criteria was noted.
IMAGING PERFORMED BY	
Chaley Hunt, LVT	
HOSPITAL NAME	
Columbia AC	The noted nonhomogeneous to cystic lymph nodes may suggest chronic reactivity, possibly owing to structurally insignificant inflammatory bowel. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate, fresh fecal analysis to assess for parasitic ova / Giardia, +/-diarrhea PCR panel if persistent or recurrent diarrhea. Three view chest radiographs are suggested to rule out occult thoracic pathology as a contributing factor to the patient's weight loss.
REFERRING VET	
Dr. Laura Baker	
INVOICE	
13502	
DATE	
3/16/22	



PATIENT

Paintbrush Howell

SPECIES

Feline

BREED

DSH

SEX

Male neutered

AGE

12 years

WEIGHT

10.7 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Chaley Hunt, LVT

HOSPITAL NAME

Columbia AC

REFERRING VET

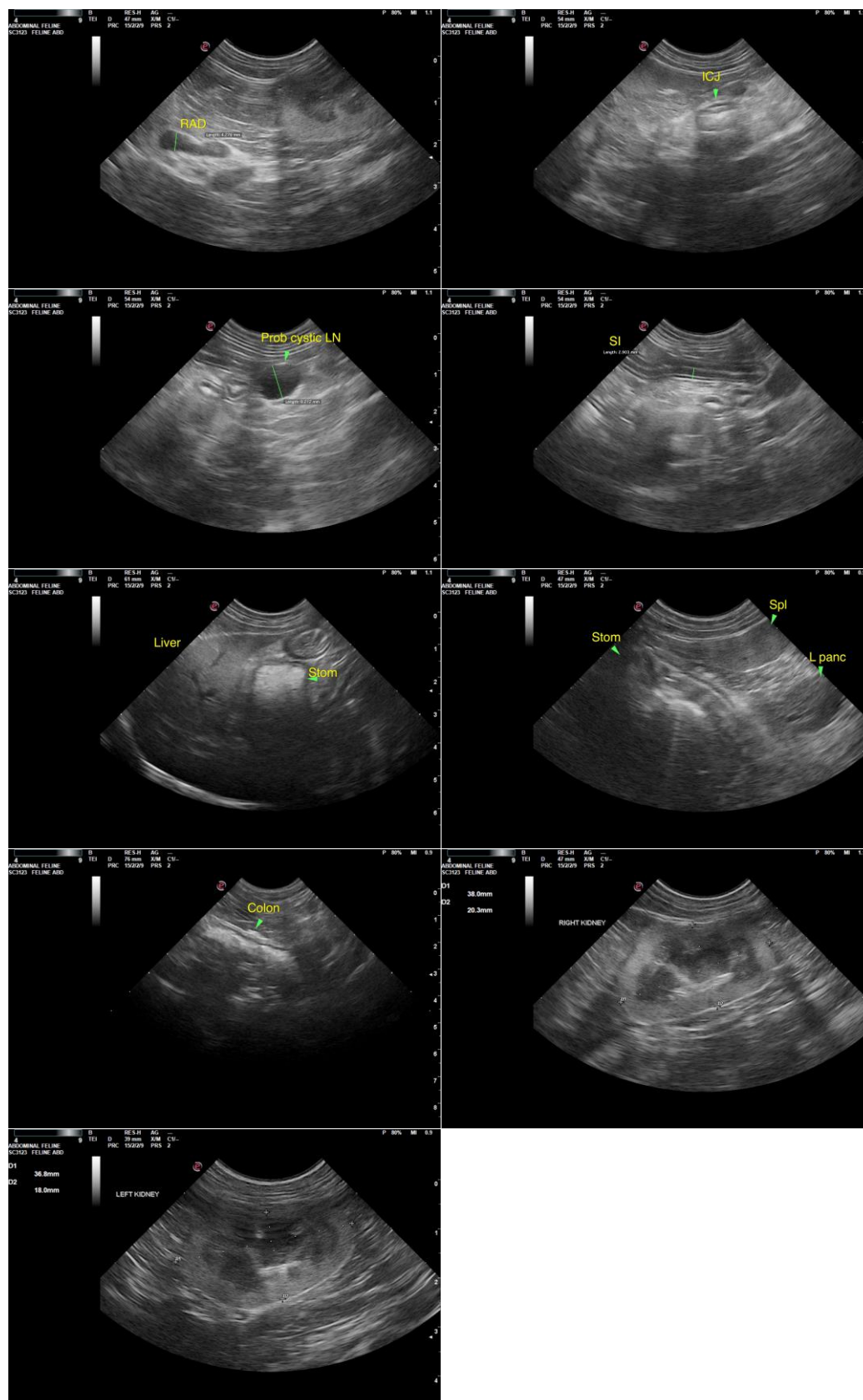
Dr. Laura Baker

INVOICE

13502

DATE

3/16/22





PATIENT

Paintbrush Howell

SPECIES

Feline

BREED

DSH

SEX

Male neutered

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**IMAGING
PERFORMED BY**

Chaley Hunt, LVT

HOSPITAL NAME

Columbia AC

REFERRING VET

Dr. Laura Baker

INVOICE

13502

DATE

3/16/22

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.

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)
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