



PATIENT

Moozie Kurceba

PRESENTING CLINICAL SIGNS

Adopted in January and has had abnormal stools chronically. Over past month has consistently had diarrhea. Increased appetite. Has been on fancy feast turkey diet with treats.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Negative fecal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DSH

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

SEX

FS

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. A subtle hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 3.5 cm in length. The right kidney measured 3.7 cm in length.

AGE

2yr

WEIGHT

5.5kg

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

INTERPRETED BY

R. McKenzie Daniel,
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

Dr. Barthelemy

HOSPITAL NAME

Britannia Kingsland
VC

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. Radcliffe

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 in width.

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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

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measured 0.24 cm width. The jejunum wall measured 0.23 cm width. The ileocolic wall measured 0.28 cm width.

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Normal visible colon wall layers were present with generalized semi formed to non-formed feces in lumen.

Pancreas

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.

BREED

DSH

Free Abdomen

No omental masses or peritoneal effusion was present.

SEX

FS

Solitary to possible intermittent mildly prominent to enlarged mesenteric lymph 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 a lymph node measured 0.9 cm.

AGE

2yr

ULTRASONOGRAPHIC FINDINGS

- Bilateral subtle non-specific renal medullary rim sign.
- Sonographically unremarkable GI tract/pancreas.
- Sonographically unremarkable colon walls with generalized semi/non formed fecal matter.
- Focal/intermittent minor benign/reactive mesenteric lymph nodes.

WEIGHT

5.5kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

No sonographic evidence of significant gastroenterocolic mural pathology. At times the sonographic presentation of the gastrointestinal tract may not correlate with reported gastrointestinal signs. In patients with ongoing GI signs, considerations including dietary intolerance / food hypersensitivity, occult parasitism, dysbiosis, inflammatory bowel disease, low grade to chronic pancreatitis-both of which may present sonographically normal or other are possible. Diarrhea PCR panel could be considered. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

IMAGING PERFORMED BY

Dr. Barthelemy

Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, high colony count probiotic (Provable or similar), cobalamin supplementation pending assessment of cobalamin levels and as needed GI support +/- fiber supplementation may prove beneficial.

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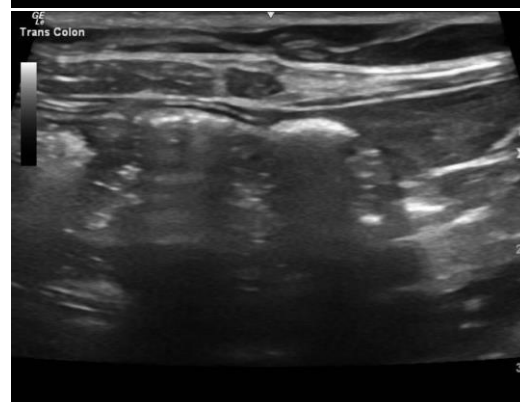
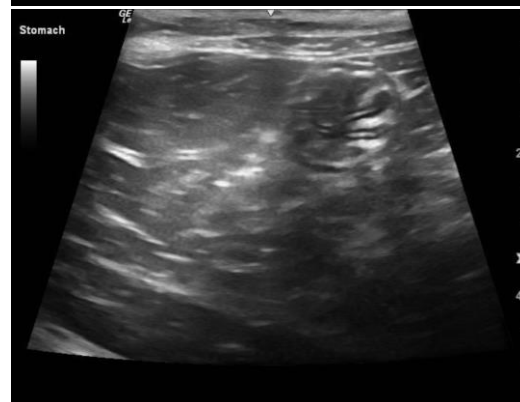
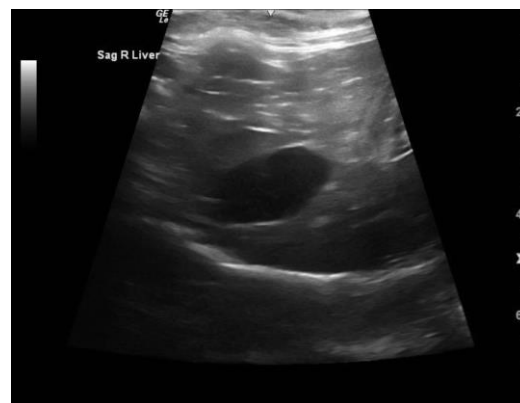
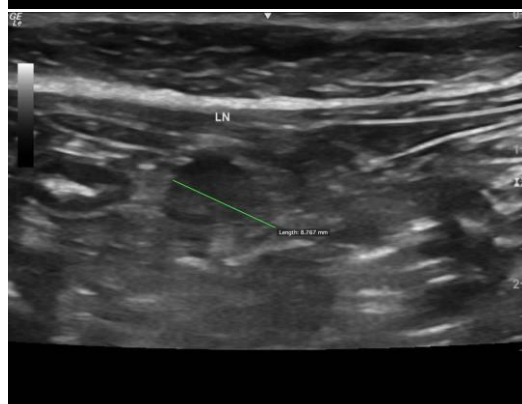
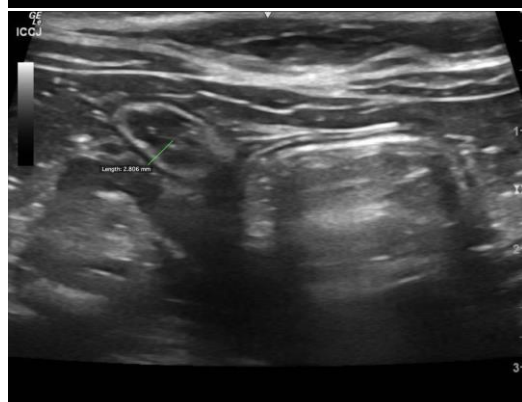
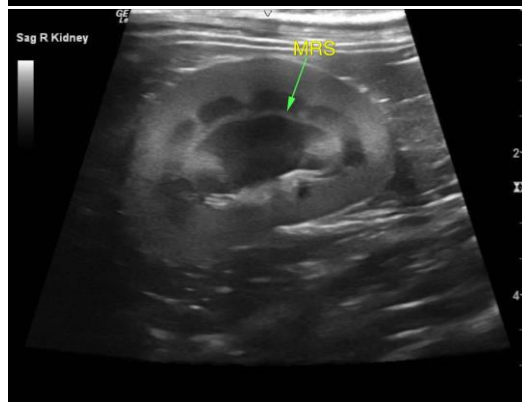
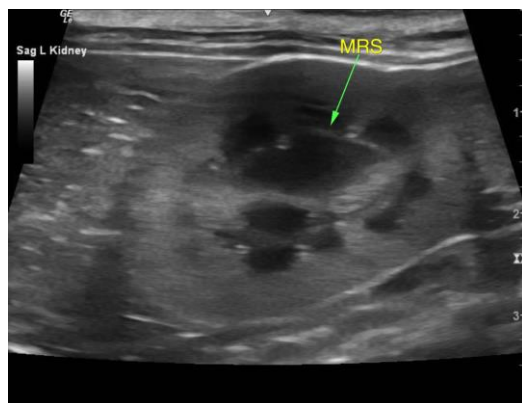
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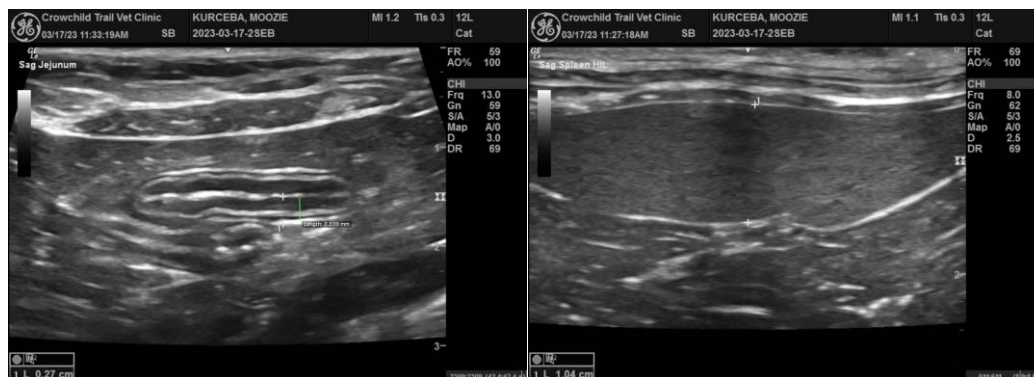
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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