



**PATIENT**

Huckle Pickett

**SPECIES**

Feline

**BREED**

Himalayan X

**SEX**

M/N

**AGE**

10

**WEIGHT**

5 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Belan

**HOSPITAL NAME**

Cranston VC

**REFERRING VET**

Dr. Nielsen

**INVOICE**

16414

**DATE**

3/21/23

**PRESENTING CLINICAL SIGNS**

Chronic intermittent vomition and weight loss last 30-45 days.

Attending concerned about IBD

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

The area of the aortic trifurcation was free of pathology.

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 borderline subnormal in size measuring 2.8 cm in length. The right kidney exhibited minor increased size measuring 4.8 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.4 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.46 cm width.

**Spleen**

The spleen exhibited overall normal splenic size and contour with primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Well-demarcated, nondisruptive, multiple, hyperechoic nodules were present throughout the cranial to caudal parenchyma with an example measuring 0.57 cm. 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 or neoplastic changes were not noted. The hyperechoic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas.

**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 containing primarily anechoic luminal content with minor particulate echogenic gallbladder debris. The cystic and common bile ducts were normal.



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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 width measured 0.25 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The duodenum wall measured 0.25 cm width. The jejunum wall measured 0.20 cm width. The ileocolic wall measured 0.27 cm width. Minor segmental nonobstructive duodenojejunal ileus was present.

Normal visible colon wall layers were present with semi-formed to possible soft fecal matter.

**Pancreas**

The left limb 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.

**Free Abdomen**

Intermittent 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). No evidence of omental masses or peritoneal effusion was noted.

**ULTRASONOGRAPHIC FINDINGS**

- Overtly normal gastrointestinal tract with minor duodenojejunal ileus
- Intermittent minor benign / reactive mesenteric lymph nodes
- Chronic active pancreatitis pattern left pancreas
- Chronic interstitial nephrosis renal pattern with subnormal left kidney size and likely mild right kidney compensatory hypertrophy
- Nonspecific yet subjective benign splenic nodules - sonographically consistent with benign splenic myelolipomas

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation in the area of the pancreas, which may allude to suspected chronic active pancreatitis, is suggested. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Potential for concurrent structurally insignificant to low-grade inflammatory enteropathy +/- Triad Disease, if a previous history of hepatic enzyme elevations, is possible. No evidence of intraabdominal neoplastic criteria is noted.

Monitoring of renal parameters going forward, as well as a full urinary workup to include screening C/S and baseline UPC, if clinically indicated, is suggested. Empirical therapy for chronic active pancreatitis with as-needed gastrointestinal support, which may include hydrolyzed diet trial, empirical cobalamin supplementation pending assessment of cobalamin levels, +/- Prednisolone at the lowest effective dose to control clinical signs may prove beneficial. Recheck sonogram is recommended if evidence of progressive gastrointestinal signs and weight loss despite empirical / supportive care.



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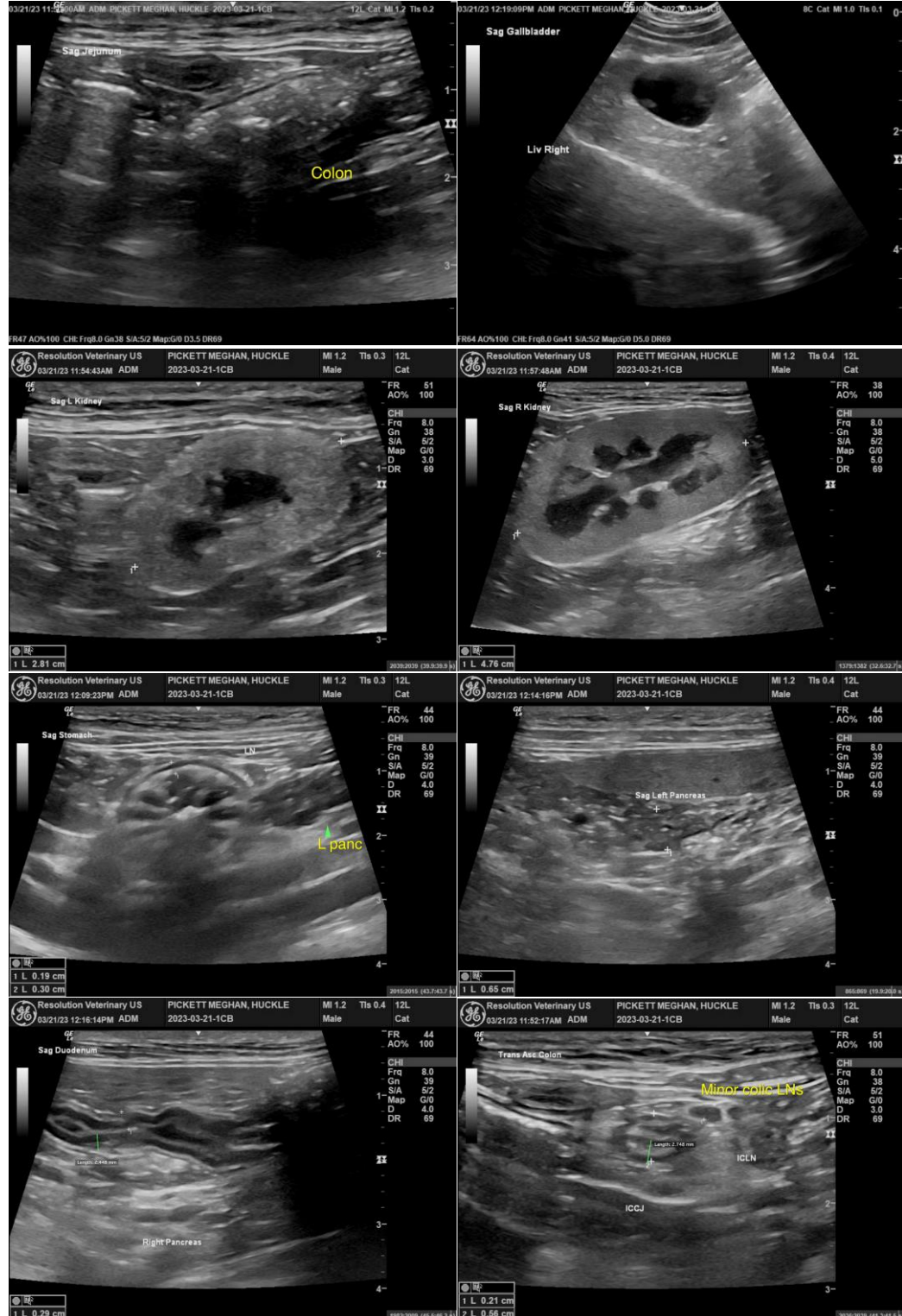
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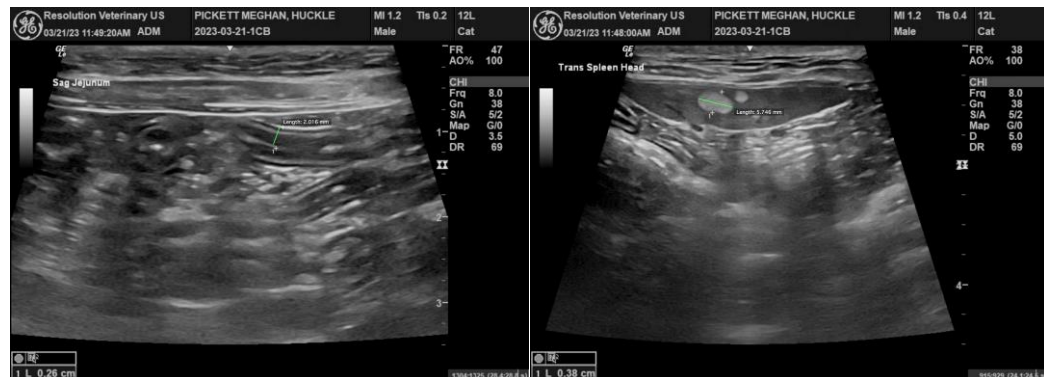
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**  
info@SonoPath.com