



PATIENT

Layla Boakye

SPECIES

Feline

BREED

DMH

SEX

Spayed Female

AGE

1

WEIGHT

5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Beddington Trail AH

REFERRING VET

Dr. Bahadur

INVOICE

13529

DATE

3/22/22

PRESENTING CLINICAL SIGNS

History of chronic intermittent diarrhea and blood in stool. No vomiting. Patient non clinical otherwise. Attending suspect IBD Patient has not been on a hypoallergenic food trial
Abnormal PE/Chem/CBC/UA Results: Blood work non diagnostic ovum and parasite fecal performed negative result.

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 was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were 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. The left kidney measured 3.6 cm in length. The right kidney measured 3.5 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 0.28 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.32 cm width.

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. The spleen measured 0.76 cm width.

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 mild gallbladder debris. The gallbladder debris is nonspecific and likely incidental, potentially secondary to fasting or nonclinical cholestasis. 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 was empty with no signs of ileus, obstruction, or foreign material. The gastric body wall width measured 0.25 cm.



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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 width measured 0.22 cm. The jejunum wall width measured 0.22 cm. The ileocolic wall width measured 0.27 cm.

Normal visible colon wall layers were present with apparent formed feces in lumen. The segmental descending colon wall width measured 0.25 cm.

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 were evident.

Free Abdomen

Intermittent, jejunocolic lymph nodes were present. These lymph nodes were mildly prominent exhibiting uniform hypoechoic parenchyma. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of a colic lymph node size was 0.41 cm diameter. No effusion was noted.

ULTRASONOGRAPHIC FINDINGS

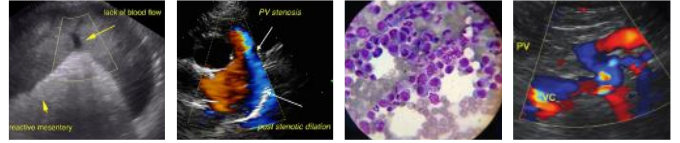
Primary Findings

- Overtly normal gastrointestinal tract with suspect mild colitis
- Intermittent, subjectively benign to reactive possibly mildly inflamed jejunocolic lymph nodes
- Mild gallbladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant gastroenterocolic pathology with subtle Inflammatory segmental colic changes and associated mild lymphadenopathy was noted.

A GI panel to include PLI/TLI/Cobalamin/Folate and diarrhea PCR panel for further assessment, as well as rule out infectious causes of diarrhea is warranted. Dietary intolerance / food hypersensitivity or structurally insignificant inflammatory enterocolonopathy are possible. Pending additional diagnostics, empirical therapy may include cobalamin supplementation trial, high colony count probiotics such as Provable Forte, novel protein or hydrolyzed diet with potential long term dietary therapy +/- antibiotic trial such as Metronidazole.



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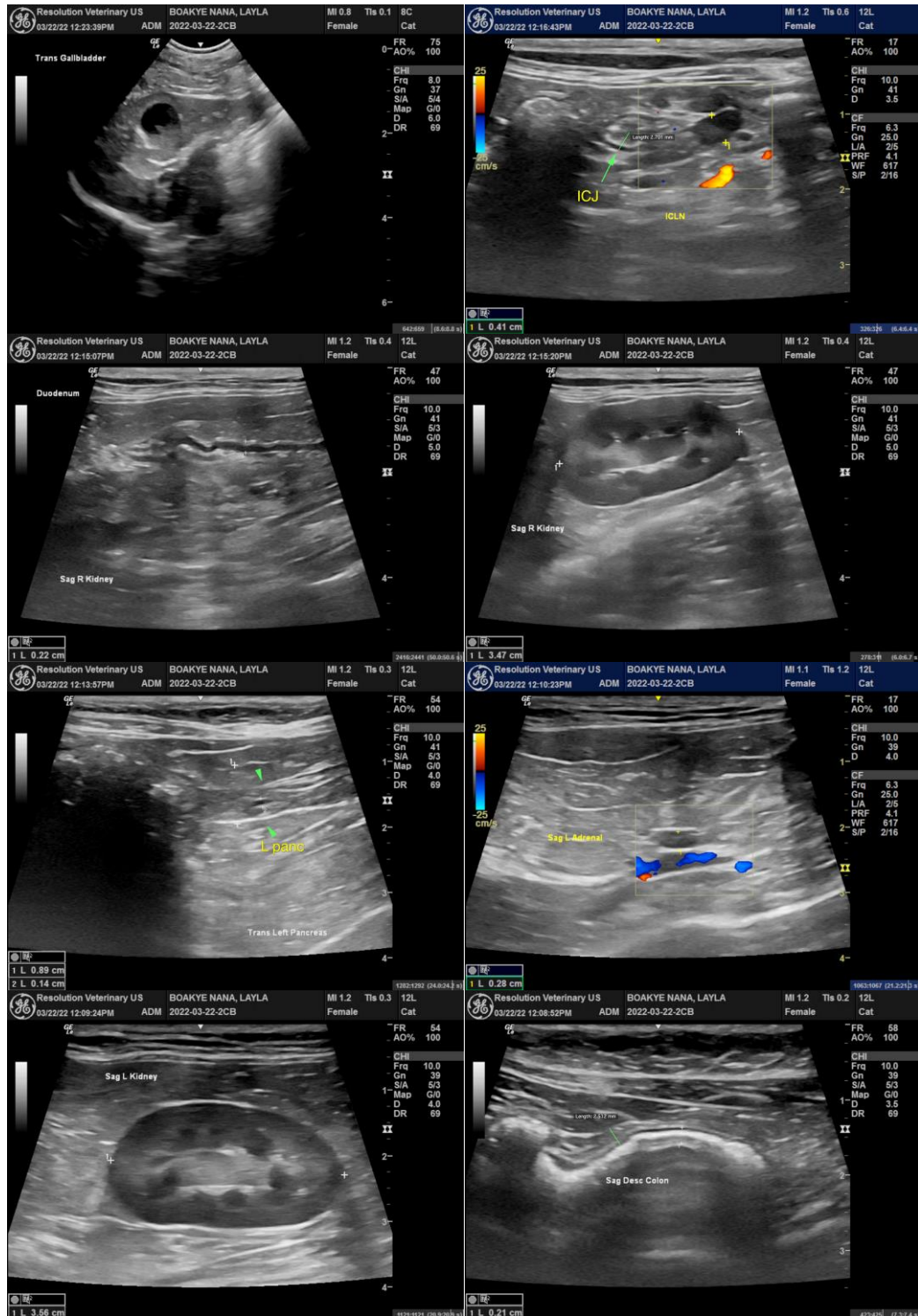
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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