



**PATIENT**

Flash Potter

**PRESENTING CLINICAL SIGNS**

Hx of weight loss w/good appetite, diarrhea, muscle wasting, unkempt hair coat. Current meds: Fortiflora q24hrs

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: SDMA 16.3, creat 1.8, BUN 33, WBC 20.5, Neut 15k, mono 615 UA: 1 + protein, sg 1.019

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

DSH

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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**

MN

**AGE**

12yr

Subnormal left kidney size and normal 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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 2.9 cm in length. The right kidney measured 3.3 cm in length.

The area of the aortic trifurcation was free of pathology.

**WEIGHT**

7.13lb

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.30 cm width. No overt pathology in the area of the right adrenal gland.

**INTERPRETED BY**

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

**Spleen**

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease. The spleen measured 0.64 cm in width at the level of the hilus.

**IMAGING PERFORMED BY**

Val Shumskaya

**HOSPITAL NAME**

Andover Animal  
Hospital

**Liver/Gallbladder**

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. A small mid intraparenchymal cyst was present. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

**REFERRING VET**

Dr. Bihlear

**INVOICE**

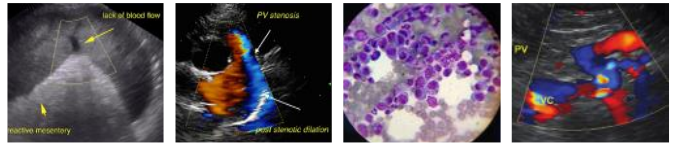
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**Gastrointestinal**

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 measured 0.25 cm in width.

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03/24/2023



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The small intestine presented intact borderline prominent wall layering owing to subtly prominent muscularis layer yet without significant evidence of no evidence of intestinal mural hypertrophy, loss of intestinal wall layering or intestinal masses. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.25 cm width. The jejunum wall measured 0.25 cm width. The ileocolic wall measured 0.36 cm width.

**SPECIES**

Feline

Normal visible colon wall layers were present with apparent soft to non-formed feces in the proximal colon and semi formed fecal matter present in the descending colon.

**BREED**

***Pancreas***

DSH

The pancreas was normal in size with mild capsule asymmetry and non-homogenous hypoechoic parenchyma compared to adjacent omentum.

**SEX**

***Free Abdomen***

MN

No omental masses or overt lymphadenopathy was present.

Intermittent scant pocket of peri intestinal free fluid was present.

**AGE**

12yr

**ULTRASONOGRAPHIC FINDINGS**

- Chronic enteropathy-suspect chronic IBD.
- Concurrent mild chronic pancreatitis pattern.
- Hepatic parenchyma remodeling with small intraparenchymal cyst.
- Moderate chronic degenerative renal changes with subnormal left kidney size.

**WEIGHT**

7.13lb

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

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

Based on the small intestine sonographic presentation with concurrent mild chronic active pancreatitis pattern, IBD or other chronic inflammatory enteropathy and triaditis even without reported hepatic enzyme elevations are considered most likely. Minor potential for intestinal infiltrative neoplasia which may present in a similar sonographic manner cannot be definitively excluded. A definitive diagnosis would require sampling for histopathology. Full thickness biopsies +/- pancreatic/hepatic biopsies would be ideal in this patient.

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Empirically as needed GI support, therapy for chronic IBD/pancreatitis and assessment of clinical response and body weight would be reasonable. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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Three view chest radiographs are recommended if not done to assess for occult thoracic pathology as a contributing factor.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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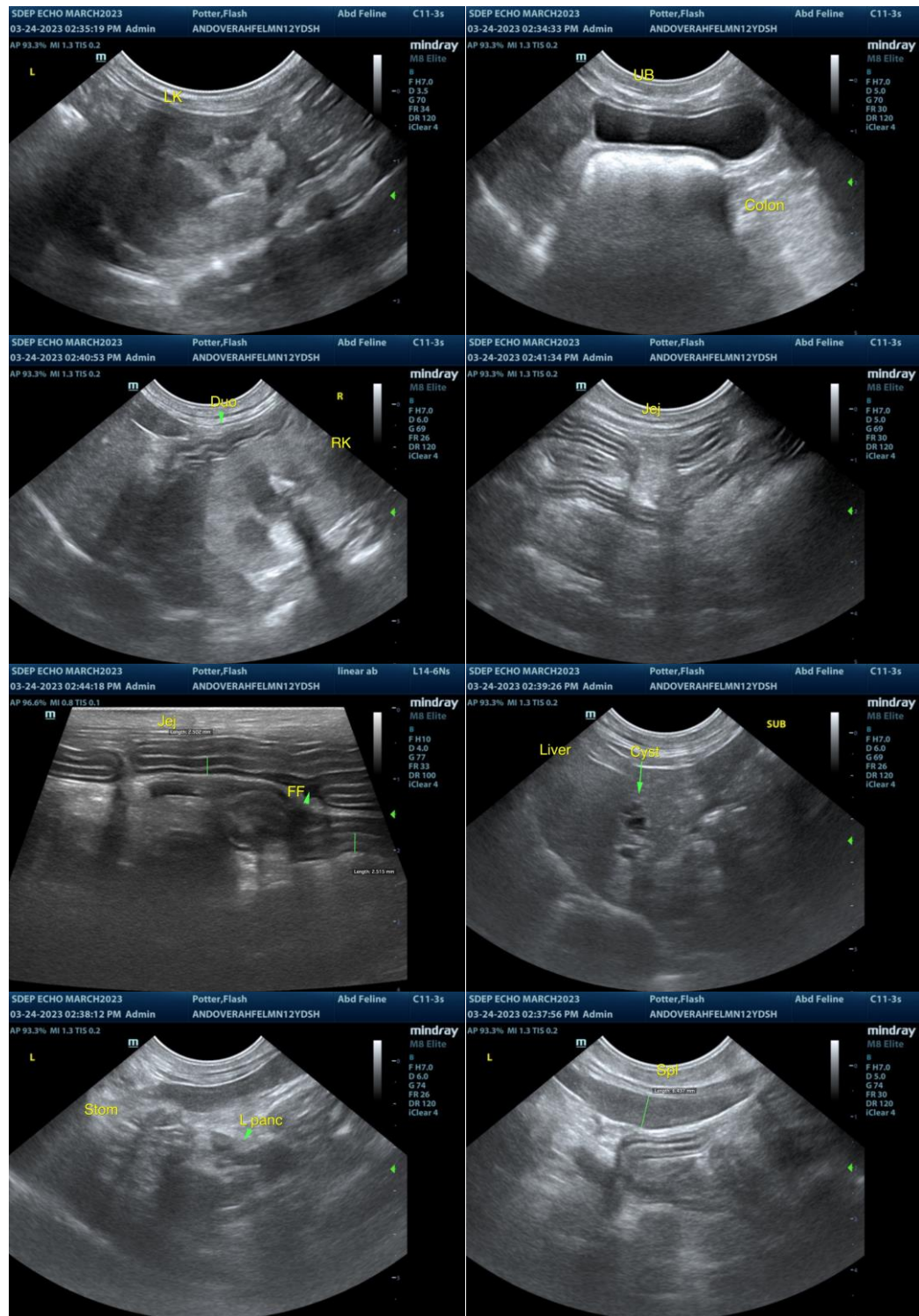
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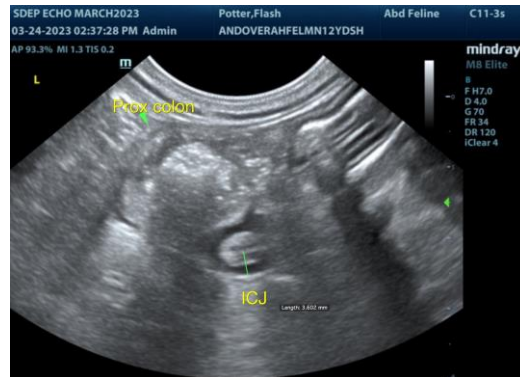
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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