



PATIENT PRESENTING CLINICAL SIGNS

Sunny Lichty History of decreased appetite and significant weight loss Cerenia, Pepcid, Metronidazole, Mirtazapine
 Anemia, HCT 26 %, WBC 19.9 with neutrophilia

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline **Urinary System**

BREED 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.

DSH

SEX

MN The area of the aortic trifurcation was free of pathology.

AGE

2008 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. No evidence of pelvic dilation was present. The left kidney measured 3.8 cm in length. The right kidney measured 4.5 cm in length.

WEIGHT

5.9

Adrenal Glands

No overt pathology was noted in the area of the left or right adrenal glands.

INTERPRETED BY Spleen

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

The spleen was borderline enlarged measuring 1.7 cm width at the level of the hilus with cranial folding. The spleen maintained a finely textured homogeneous parenchyma and primarily symmetrical capsule contour.

IMAGING

PERFORMED BY
 Rebekah Jakum, CVT
 ARDMS/RVT

Liver/ Gallbladder

The liver exhibited potential for mild generalized enlargement with normal 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 mild gallbladder debris. The common bile duct was dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.20 cm diameter.

HOSPITAL NAME

Pocono Peak VC

REFERRING VET

Dr. Laury

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.

INVOICE

13562

The small intestine presented intact wall layering with generalized propensity for mildly prominent muscularis layer. The duodenum wall width measured 0.29 cm. The jejunum wall width measured 0.27-0.30 cm. The ileocolic wall width measured 0.34 cm.

DATE

3/25/22



PATIENT Normal visible colon wall layers were present with semi-formed feces in lumen.

Sunny Lichty **Pancreas**

SPECIES 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.

Feline

Free Abdomen

BREED

Intermittent, mesenteric lymph nodes 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 lymph node measured 0.8 cm diameter. Scant free fluid was present. Mild peri intestinal reactive mesentery was noted.

DSH

SEX

ULTRASONOGRAPHIC FINDINGS

MN

Primary Findings

AGE

- Chronic enteropathy exhibiting Intact yet altered wall layering
- Associated nonspecific yet subjectively benign mesenteric lymphadenopathy
- Borderline splenomegaly with cranial folding - nonspecific
- Bilateral mild chronic renal changes
- Mild urinary bladder sediment
- Mild gallbladder debris with nonspecific mild proximal common bile duct dilation

2008

WEIGHT

5.9

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall appearance of the small intestine was sonographically consistent with infiltrative enteropathy. Considerations may include chronic inflammatory infiltrative enteropathy i.e., IBD or eosinophilic enteritis, or neoplastic infiltrative enteropathy with round cells such as lymphoma, mast cell neoplasia, or other, both of which may present in similar sonographic manner.

IMAGING PERFORMED BY
 Rebekah Jakum, CVT
 ARDMS/RVT

Full-thickness intestinal biopsies are required for a definitive diagnosis. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

HOSPITAL NAME

Pocono Peak VC

The common bile duct dilation may suggest age-related changes or secondary to underlying cholangitis / cholangiohepatitis, especially if previous or current liver enzymes elevations have been noted. No overt signs of post hepatic obstruction.

REFERRING VET

Dr. Laury

Recheck retroviral status and CBC pathology review may be considered. Empirically, IBD protocol, which may include continued gastrointestinal support, cobalamin supplementation, and Prednisolone trial at the lowest effective dose to control clinical signs would be reasonable.

INVOICE

13562

DATE

3/25/22



PATIENT

Sunny Lichty

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

2008

WEIGHT

5.9

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Pocono Peak VC

REFERRING VET

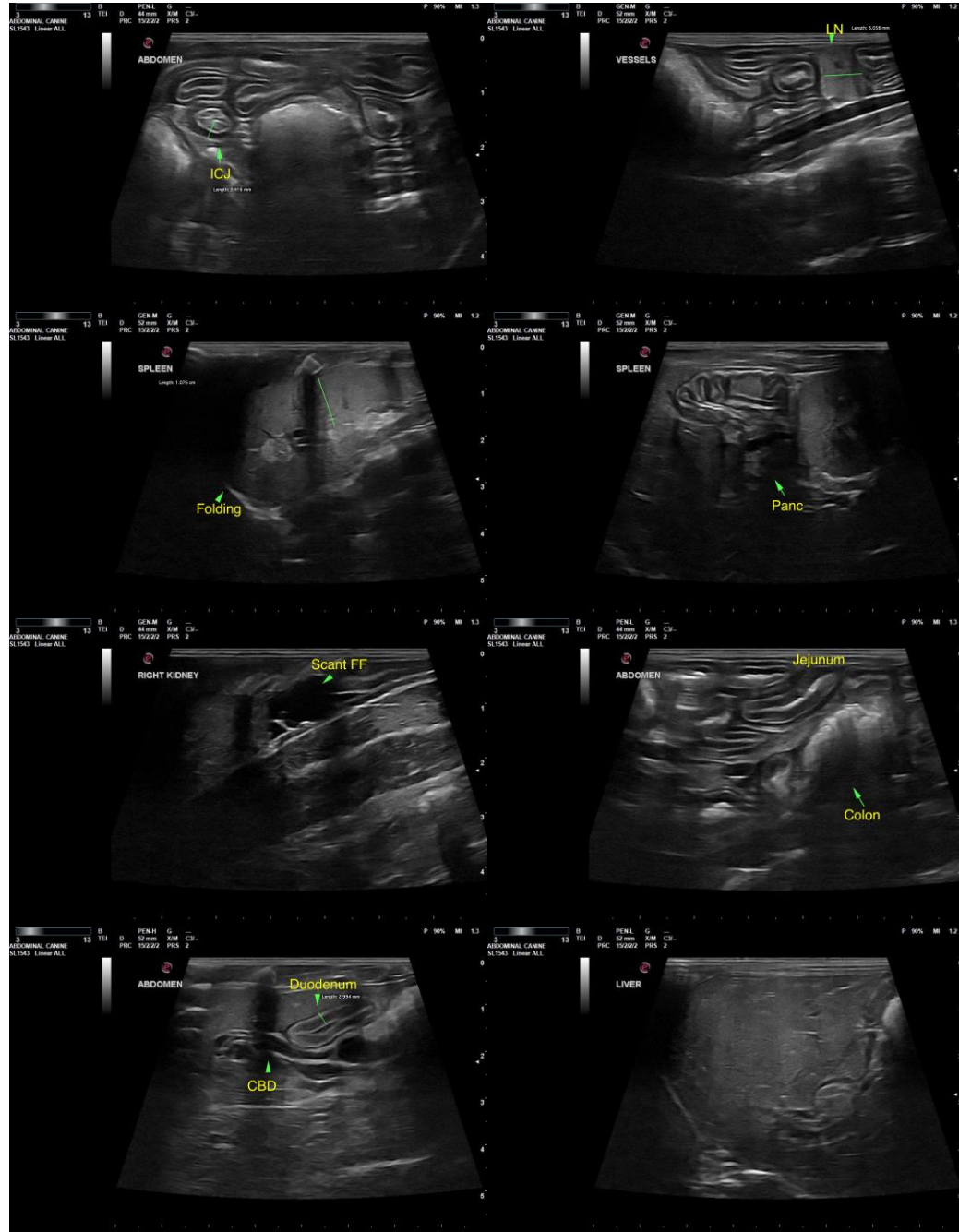
Dr. Laury

INVOICE

13562

DATE

3/25/22





PATIENT

Sunny Lichty

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

2008

WEIGHT

5.9

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Pocono Peak VC

REFERRING VET

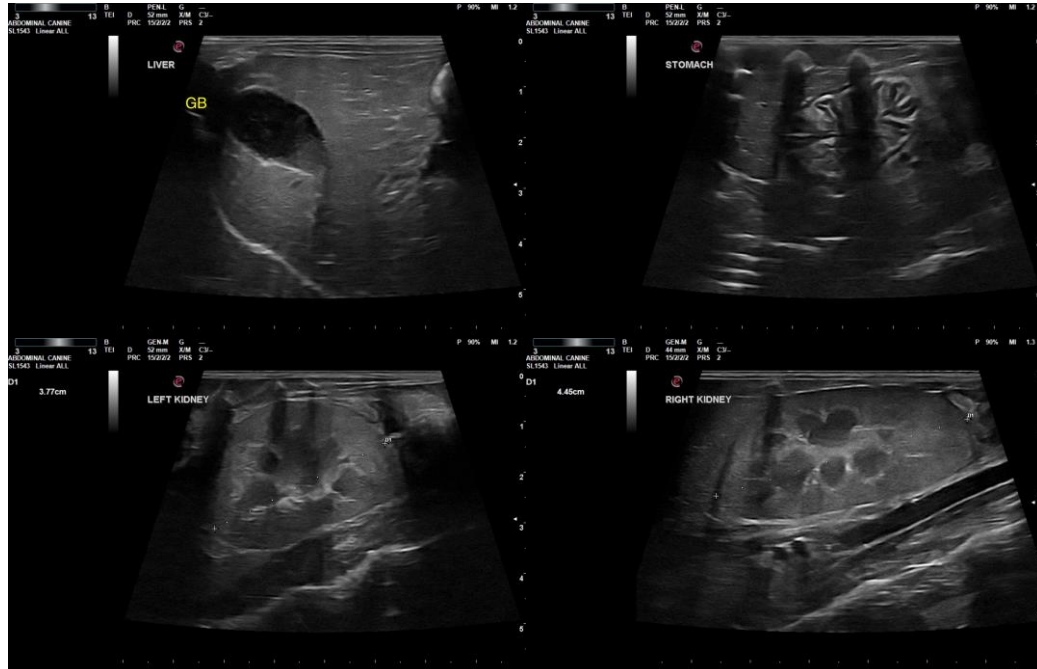
Dr. Laury

INVOICE

13562

DATE

3/25/22



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)
mac.daniel@sonopath.com