



PATIENT

Chevy Dowhaniuk

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

8yr

WEIGHT

5kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Evoniuk

HOSPITAL NAME

State Avenue Vet
Clinic

REFERRING VET

Dr. Evoniuk

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DATE

03/27/2023

PRESENTING CLINICAL SIGNS

fractious, reportedly with explosive, very dark green almost black diarrhea on weekends- unresponsive to metronidazole, propectalin paste refused to take, very difficult to medicate, abdomen is tensed, no active diarrhea in the clinic, no vomiting, appetite is good, diabetes mellitus seemingly controlled; on Lantus glargine: 2 units under the skin every 12 hours for diabetic management.

SDMA, T4, CBC- WNL

Abnormal PE/Chem/CBC/UA Results

Urinalysis: Glucose- 1,000 mg/dl, Protein- 30 mg/dl

Blood Chem:

Amylase: 1808 U/L

ALB: 4.5 g/dL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 minor non-dependent particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

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 dilatation. The left kidney measured 3.9 cm in length. The right kidney measured 4.0 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm width. No overt pathology in the area of the right adrenal gland.

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.

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 with minor non-organized echogenic debris. The proximal



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common bile duct was dilated and tortuous without overt post hepatic obstruction. The proximal common bile duct measured 0.2 cm diameter.

Gastrointestinal

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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 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.

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Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

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The parenchyma of the body and right limb of the pancreas presented isoechoic mildly heterogenous to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present.

Free Abdomen

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No omental masses or peritoneal effusion was present.

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.

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ULTRASONOGRAPHIC FINDINGS

- Structurally normal GI tract/colon.
- Subtle heterogenous pancreas.
- Minor gallbladder debris with mild non-obstructive proximal common bile duct dilation.
- Mild particulate urinary bladder sediment.
- Intermittent benign/reactive mesenteric lymph nodes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, there is no overt evidence of significant abdominal visceral specifically gastroenterocolic pathology as a definitive cause of the patient's clinical signs. Dietary intolerance / indiscretion, occult parasitism, dysbiosis, structurally insignificant inflammatory gastroenteropathy or low grade to chronic pancreatitis both of which may appear sonographically normal are all potentials. No evidence of GI neoplastic criteria.

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If the patient will tolerate, canned hydrolyzed diet trial with high colony count probiotic such as Provable +/- empirical deworming if the patient is indoor/outdoor and assessment of clinical response may be considered.

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A GI panel to include PLI/TLI/Cobalamin/Folate is recommended to assess for occult intestinal/pancreatic disease. A urine C/S on sterile urine sample suggested given the presence of mild urinary bladder sediment and glucosuria.

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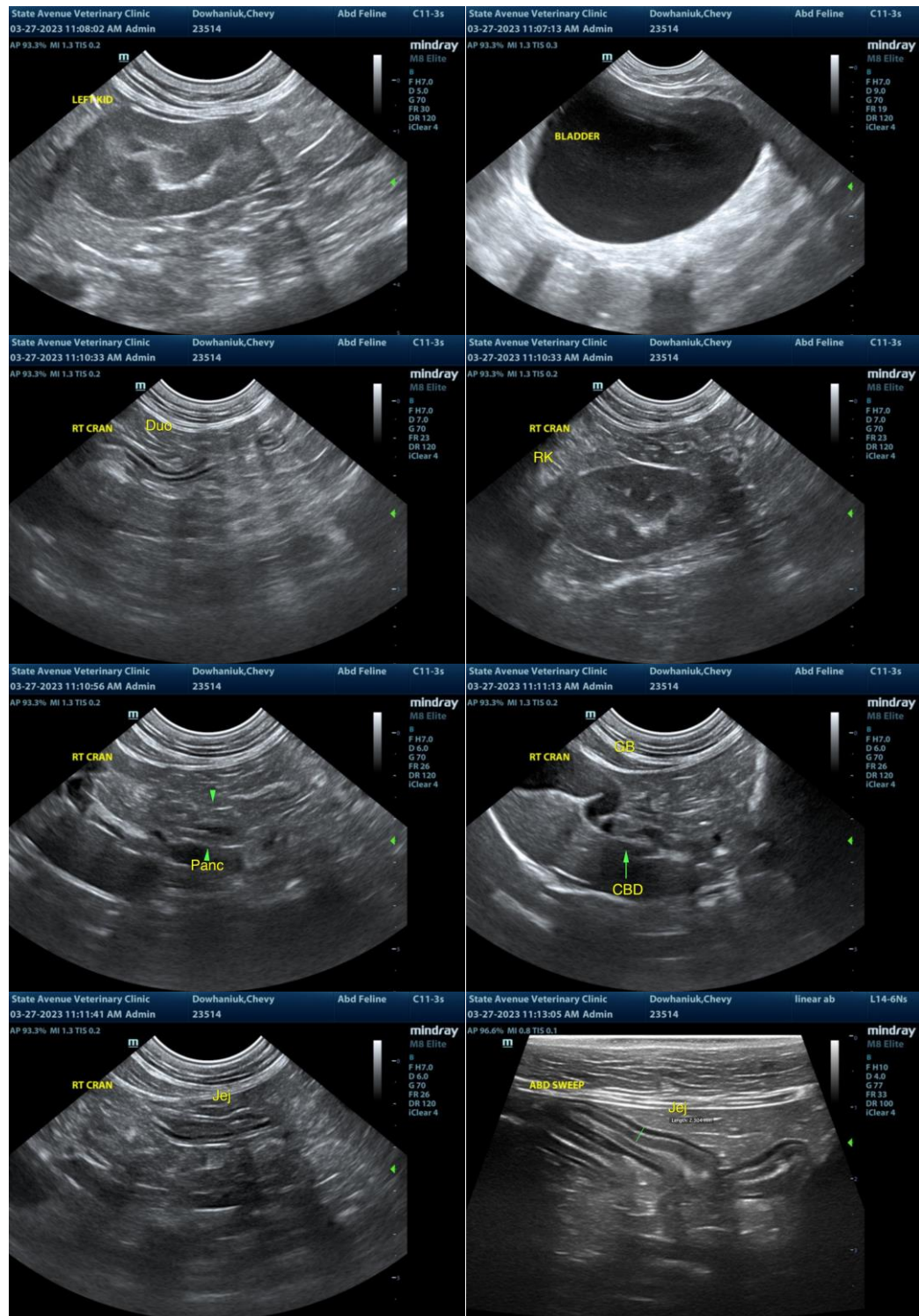
Dr. Evoniuk

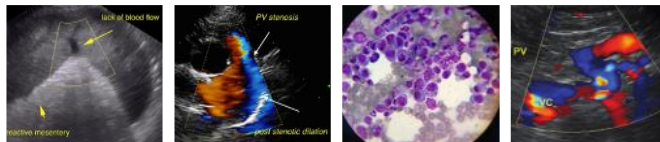
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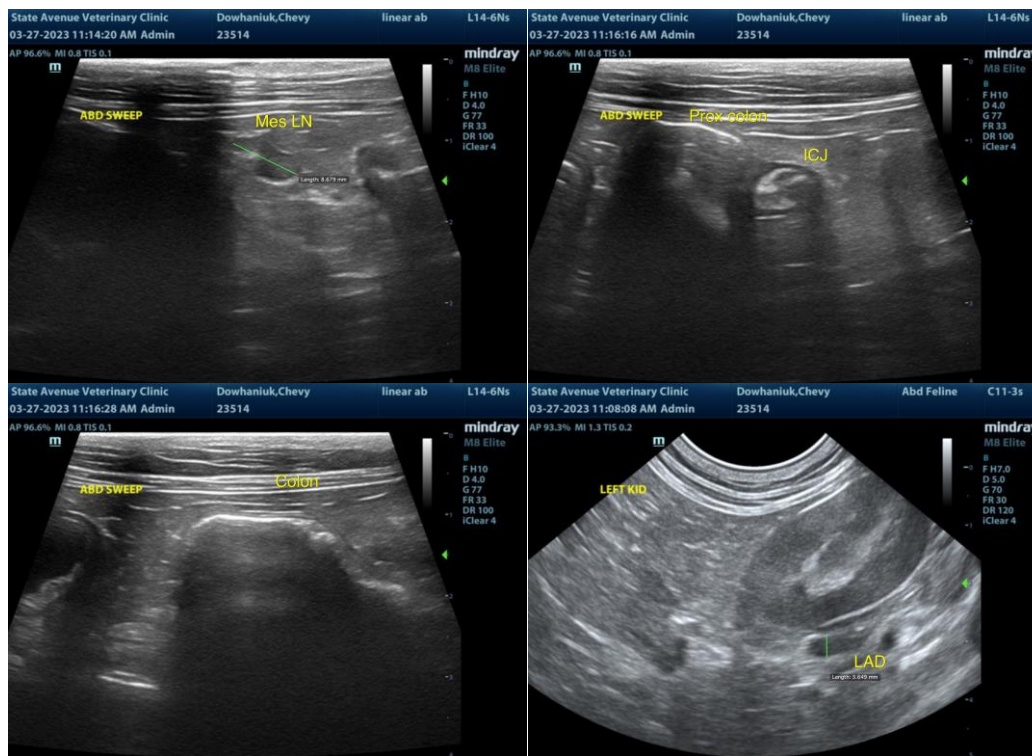
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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