



**PATIENT**

Little Messi Zima  
Francis

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

8mo

**WEIGHT**

6.5lb

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Rivera

**HOSPITAL NAME**

DPC Veterinary  
Hospital

**REFERRING VET**

Dr. Rivera

**INVOICE**

13301ag

**DATE**

03/27/2023

**PRESENTING CLINICAL SIGNS**

Reason for Visit: owner noting blood in litter box History: Pet is here for blood in litter box- owner states about 5-6 days ago noted about 4 piles of flem like with pink tinge 1 time, at that time pet was e/d wnl. Owner then noted 1-2 days ago pet in and out of box. Owner is noting urine with possible blood, but owner also noted string like object coming from rectum and owner cut off. owner states pet had no interest in food or water today. Did eat last night. Owner states noting loose stools past couple days C/S/V/D: no E/D/U/D: decreased e/d - urine/BM+ Diet: S.D kitten FAS Score: Current Medications (dose and frequency): none Heartworm Prevention / Flea Prevention: revolt Known Allergies and Medical Conditions: Microchip ID: / No microchip

Abnormal PE/Chem/CBC/UA Results: CV/Respiratory: Normal heart rate and rhythm, grade II/VI heart murmur, pulses strong and synchronous, normal bronchovesicular sounds. EENT: Clear OU and AU. No nasal discharge. No cough on tracheal palpation. Oral cavity: N Musculoskeletal: BCS = 4.5/9. Ambulatory x 4 Uro/Perineum: No significant lesions Abd/GI: Soft, non-painful. No masses or fluid wave palpated Lymph Nodes: No peripheral lymphadenopathy Neurological: Alert and appropriate. No significant abnormalities Skin: Good hair coat. Fleas/flea dirt seen Mentation: BAR Hydration: N Fecal: Whips, Spirometra, Possible giardia cysts, Yeast Diagnostic Testing Needed: Fecal, Abdominal radiographs Declined Diagnostics/Treatments: None Findings: 1) Fecal: See above 2) Abdominal radiographs: Consult pending Assessment: Diarrhea: r/o intestinal parasites vs. dietary indiscretion vs. other Heart murmur Fleas Treatment Plan: MTGH Treatment Declined: None Prescriptions to Dispense: 1) Drontal tabs #3: Give 1.5 tab PO once today, repeat in 3 weeks 2) Panacur #3: Give 1 syringe PO once today, repeat in 3 weeks, then 3 months. 3) Flagyl 100mg/ml #6ml: Give 0.3ml PO BID x 7 days 4) Revolt #1 Dietary (food) Recommendations: Reg. Recheck Needed: Pending rad consult Follow-up Care: Additional Comments: Advised O to monitor for signs of CHF. Strongly recommended to keep all pets on monthly flea prev.

**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 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.

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 3.5 cm in length. The right kidney measured 3.5 cm in length.

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

**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



<b>PATIENT</b>	thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.
Little Messi Zima Francis	<b>Liver/Gallbladder</b>
<b>SPECIES</b>	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. The cystic and common bile ducts were normal.
Feline	
<b>BREED</b>	<b>Gastrointestinal</b>
DSH	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.
<b>SEX</b>	The intestinal walls demonstrated intact wall layers with generalized thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. Segmental intestinal ingesta/chyme was present with no evidence of obstructive pattern or foreign material.
FS	
<b>AGE</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
8mo	<b>Pancreas</b>
<b>WEIGHT</b>	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 was evident.
6.5lb	<b>Free Abdomen</b>
<b>INTERPRETED BY</b>	No omental masses, overt lymphadenopathy or peritoneal effusion was present.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<b>ULTRASONOGRAPHIC FINDINGS</b>
<b>IMAGING PERFORMED BY</b>	<ul style="list-style-type: none"><li>• Infiltrative enteropathy pattern.</li><li>• Sonographically unremarkable colon.</li><li>• Normal urinary bladder.</li></ul>
Dr. Rivera	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
<b>HOSPITAL NAME</b>	Although potential for patient variant given lack of reported clinical signs such as weight loss, vomiting or anorexia, the small intestine exhibited mural changes suggestive of infiltrative criteria. Considerations may include inflammatory enteropathy i.e., IBD/eosinophilic enteritis with potential for early neoplastic infiltrative enteropathy with round cells i.e., lymphoma or dry form FIP.
DPC Veterinary Hospital	Full thickness intestinal biopsies would be required for a definitive diagnosis and may be considered given the young age of the patient. No evidence of GI foreign material or obstructive pattern.
<b>REFERRING VET</b>	As needed empirical GI support with assessment of clinical response and potential sonographic reassessment the GI tract would be a more conservative approach.
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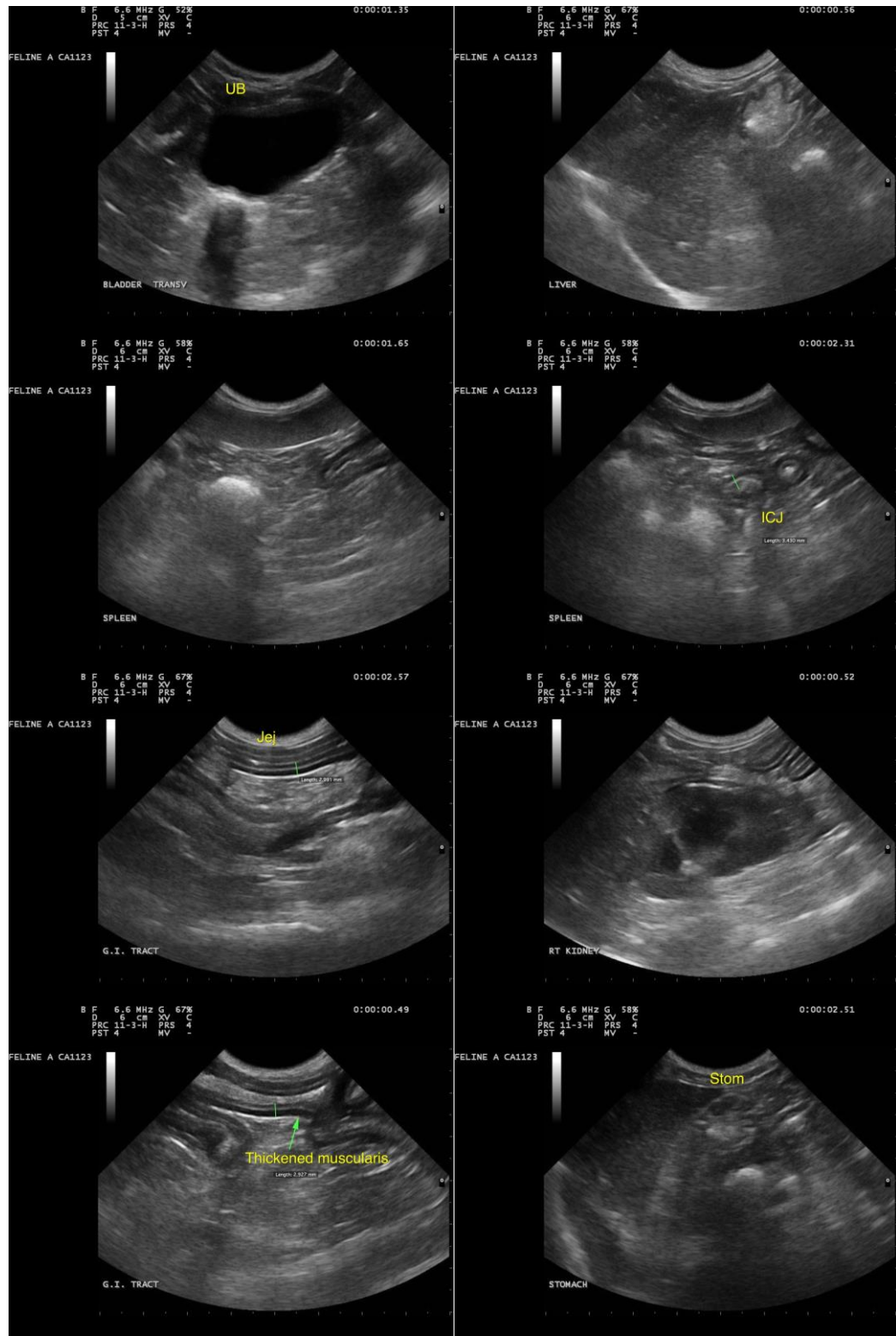
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)  
[mac.daniel@sonopath.com](mailto:mac.daniel@sonopath.com)