



PATIENT PRESENTING CLINICAL SIGNS

Buddy Anderson History: 2 MONTH DURATION DIARRHEA, INITALLY RESPONSIVE TO MEDICAL MANAGEMENT I/D DIET

SPECIES Abnormal PE/Chem/CBC/UA Results:

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DSH

The urinary bladder is normal in size and tone with sonographically unremarkable walls without evidence of inflammatory criteria. The 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 multiple (3-4) small dependent calculi, the largest measuring 0.32 cm in width. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

SEX

Neutered male

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 4.4 cm in length.

AGE

15 years

WEIGHT

13.9 pounds

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 cm width.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

Liver

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 nondependent to subtly congealed debris in the area of the gallbladder neck. The cystic and common bile ducts were normal.

HOSPITAL NAME

Pocono Peak VC

REFERRING VET

Dr. Coyle

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.

INVOICE

10117ag

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 measured 0.22 cm. The jejunum wall measured 0.25 cm.

DATE

03/03/2022



PATIENT

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The colon walls presented intact yet subjective prominent wall layering with mild thickened to echogenic submucosa. Semi formed to soft fecal matter was present in the colon lumen with lumen dilation. The descending colon wall measured 0.26 cm.

SPECIES

Feline

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 was evident.

BREED

DSH

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

SEX

Neutered male

ULTRASONOGRAPHIC FINDINGS

- Mild colitis.
- Overtly normal stomach and small bowel.
- Bilateral mild chronic renal changes.
- Minor gallbladder debris-likely incidental.

AGE

15 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

13.9 pounds

No overt evidence of significant gastroenterocolic mural pathology. If the diarrhea is large bowel in pattern, mild potentially low-grade chronic colitis could be present. In patients with chronic gastrointestinal signs, low grade to chronic pancreatitis or structurally insignificant inflammatory bowel both of which may present sonographically normal, dietary intolerance/food hypersensitivity or dysbiosis (potentially present in this case given previous positive response to dietary and/or antibiotic therapy) or less likely early gastroenterocolic neoplasia could be considered.

INTERPRETED BY

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

Further assessment may include GI panel to include PLI/TLI/Cobalamin/Folate, fresh fecal analysis to rule out parasitic ova/giardia if not recently done +/- diarrhea PCR panel.

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ARDMS/RVT

Empirically, hydrolyzed diet trial, prophylactic deworming if the patient is indoor/outdoor, high colony count probiotics such as Provable, as needed antibiotics such as metronidazole with assessment of clinical response would be reasonable. Alternatively, a higher fiber diet may prove beneficial.

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If a GI panel is not elected, empirical cobalamin supplementation is recommended.

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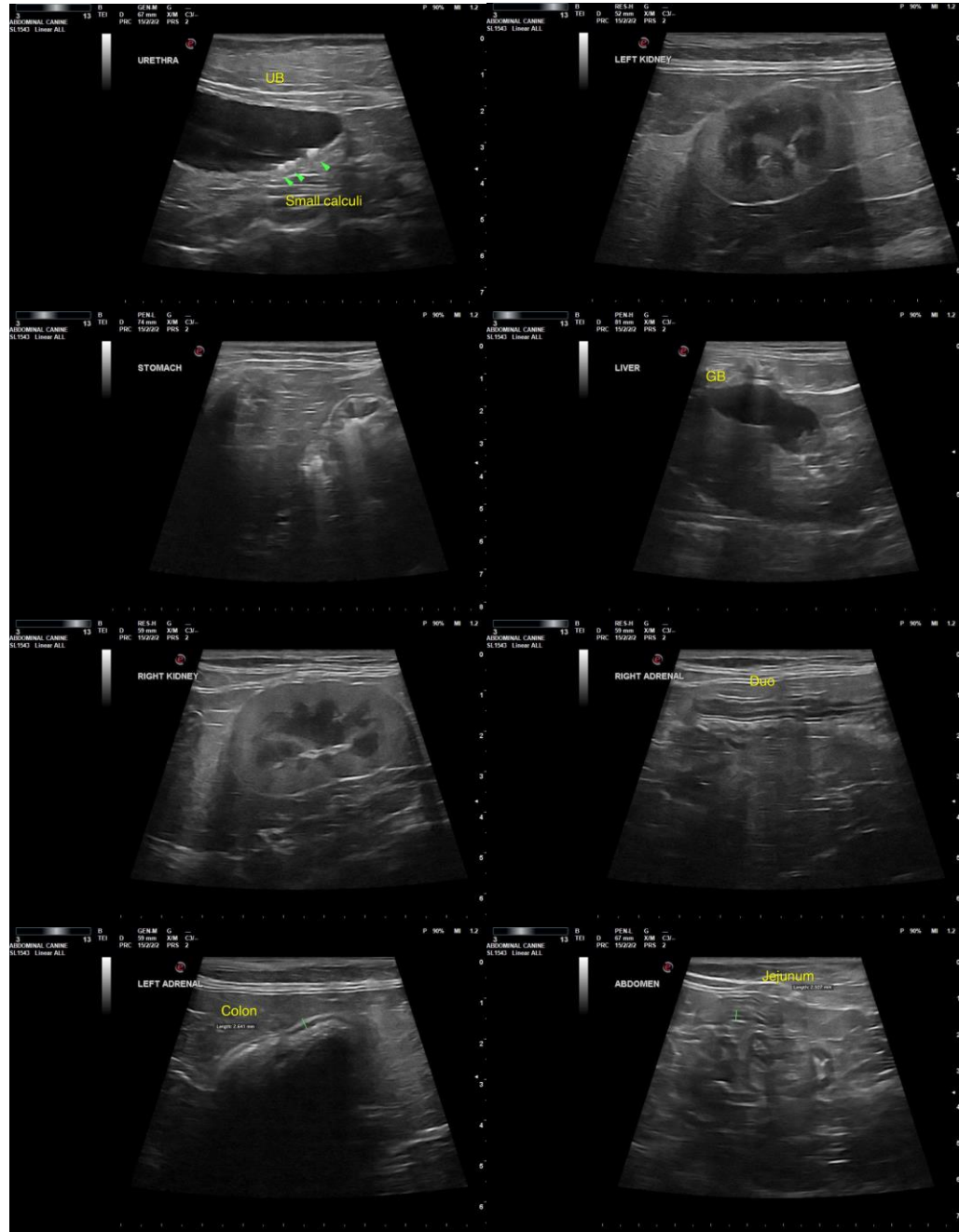
Dr. Coyle

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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



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