



PATIENT

Alice Corry

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

1y, 8m

WEIGHT

6.4 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dallas Reynolds, LVT

HOSPITAL NAME

Lone Mountain
Animal Hospital

REFERRING VET

Dr. Lilliana Munoz

INVOICE

16329

DATE

3/9/23

PRESENTING CLINICAL SIGNS

Hx of GI issues. V+ 2-3x a week, D+ E.O.D. Not responding to metronidazole.

Drontal given 8/7/2022. Cobalamine/Folate/TLI came back normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 was noted.

The area of the aortic trifurcation was free of pathology.

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.32 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.33 cm width.

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. The cystic and common bile ducts were normal.

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. No evidence of retained ingesta or fluid was noted. The gastric body wall width measured 0.25 cm.



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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 mechanical / metabolic ileus, obstruction, or foreign material. The duodenum wall measured 0.23 cm width. The jejunum wall measured 0.22 cm width.

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Normal visible colon wall layers were present with subjective formed to possible semi-formed fecal matter. The descending colon wall measured 0.21 cm width.

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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 were evident.

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Free Abdomen

Intermittent, variably sized to primarily small mesenteric lymph nodes were present. These lymph nodes exhibited mild asymmetrical contour with primarily uniform mildly hypoechoic parenchyma. Subtle evidence of perilymphatic hyperechoic omentum was noted. A normal width: length ratio was maintained (<0.5). An example of lymph node size was 1.3 cm x 0.54 cm. No omental masses or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

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- Structurally unremarkable gastrointestinal tract / colon
- Sonographically unremarkable pancreas
- Variable to mild intermittent mesenteric lymphadenopathy

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of significant or overt gastroenterocolic mural pathology or evidence of active pancreatitis was noted.

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Dietary intolerance / food allergy, infectious gastroenteritis, inflammatory bowel or low-grade to chronic pancreatitis, both of which may present as sonographically normal, with suspect intermittent associated mesenteric lymphadenitis are all potentials. No overt evidence of intraabdominal or gastro-pancreatic neoplastic criteria was noted.

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Given the normal GI panel, a hydrolyzed diet +/- fiber supplementation or higher fiber diet, high colony count probiotic, re-deworming with recommended Panacur even if fecal testing is negative, and as-needed gastrointestinal support may prove beneficial. In light of suspected mild mesenteric lymphadenitis, a Zithromax / Metronidazole combination may prove more effective, although consideration for possible long-term effects on normal gastrointestinal flora with antibiotic use may be indicated. Recheck sonogram is suggested if progressive gastrointestinal signs and/or weight loss despite dietary and conservative support.

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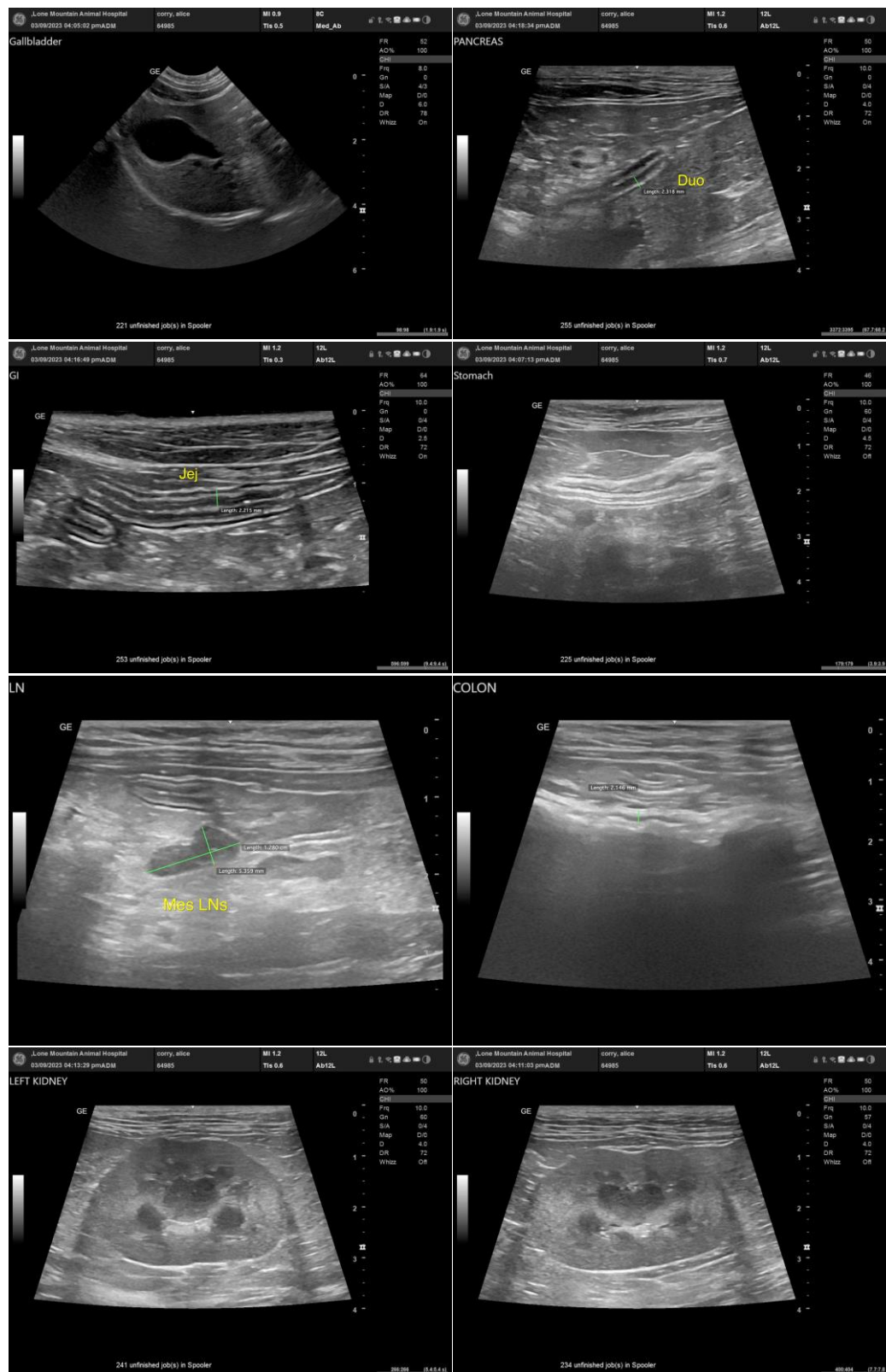
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com