



**PATIENT PRESENTING CLINICAL SIGNS**

Patches Gauthier History: CHRONIC DIARRHEA

Abnormal PE/Chem/CBC/UA Results: BLOOD WORK -WNL

**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 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.

**SEX** 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 3.7 cm in length. The right kidney measured 3.9 cm in length.

**AGE** 11 years The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

**WEIGHT** The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm width. The right adrenal gland was not definitively visualized.

8 pounds

**Spleen**

**INTERPRETED BY** 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.

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

**IMAGING Liver**

**PERFORMED BY** 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 common bile ducts exhibited minor dilation not consistent with post hepatic obstruction. This may indicate age related common bile duct changes or potential cholangitis if previous or current history of hepatic enzyme elevations.

Dr. Sharkaway

**HOSPITAL NAME**

Kew Gardens Animal  
Hospital

**REFERRING VET Gastrointestinal**

Dr. Sharkaway 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.

**INVOICE** The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of generalized mild muscularis hypertrophy.

10362ag Normal visible colon wall layers were present with apparent semi formed feces in lumen.

**DATE**

04/12/2022



**PATIENT** *Pancreas*

Patches Gauthier 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.

**SPECIES** *Free Abdomen*

Feline Multiple variably sized mesenteric, focal pancreatic and duodenal lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic to peri intestinal inflammation was evident. An example of lymph node size was 3 cm. No free fluid was observed.

**BREED**

DSH

**SEX**

Spayed female

**AGE**

11 years

**ULTRASONOGRAPHIC FINDINGS**

- Enteropathy exhibiting altered yet intact wall layering.
- Variably sized to echogenic mesenteric lymphadenopathy.
- Associated perilymphatic and peri intestinal reactive mesentery.
- Mild non obstructive CBD dilation.
- Mild chronic renal changes.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The appearance of the small intestine is compatible with infiltrative enteropathy. Primary considerations may include inflammatory infiltrative enteropathy such as IBD or neoplastic infiltrative enteropathy with round cells such as lymphoma or mast cell disease among potential etiologies. Dry form FIP may also present in this manner. Diagnosis would require full thickness biopsies for histology with an ultrasound guided FNA of an enlarged mesenteric lymph node for screening cytology. A GI Panel to include PLI/TLI/Cobalamin/Folate is recommended. If additional diagnostics are not elected, empirical medical therapy for IBD, which may include a canned limited antigen or hydrolyzed diet, cobalamin supplementation (250 mcg SQ once weekly for 4-6 weeks initially, then every 2-4 weeks), and Prednisolone at lowest effect dose to control clinical signs along with as needed gastrointestinal support would be reasonable. Potential for triad disease could be considered if evidence of hepatobiliary inflammation or pancreatitis.

**INTERPRETED BY**

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

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**REFERRING VET**

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**INVOICE**

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## PATIENT

Patches Gauthier

## SPECIES

Feline

## BREED

DSH

## SEX

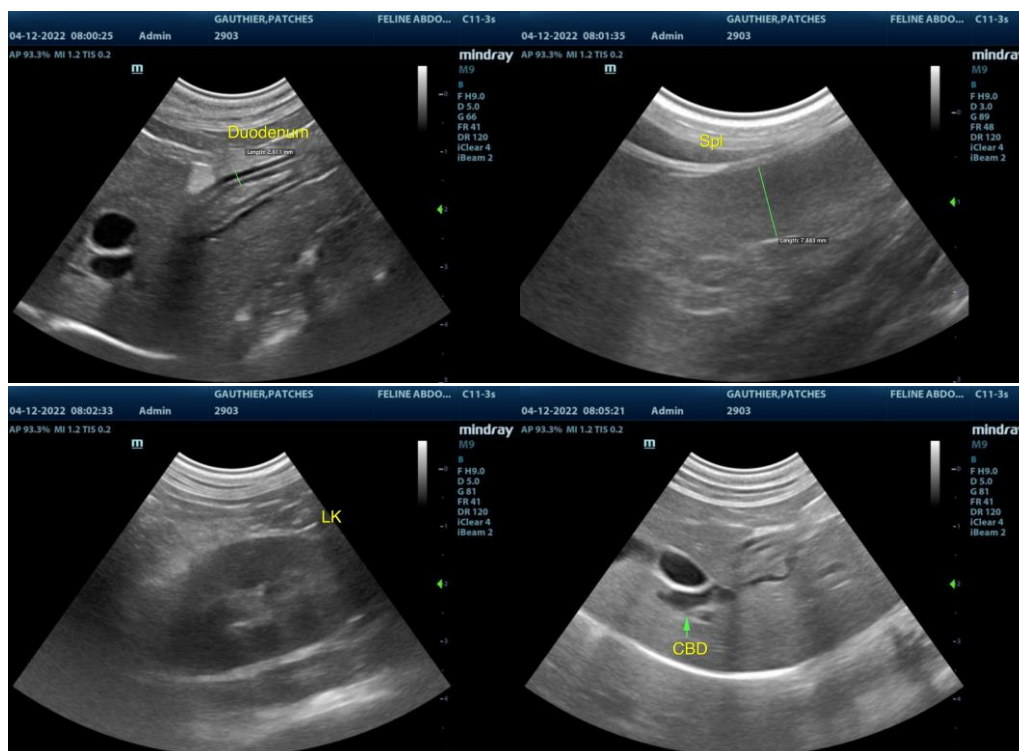
Spayed female

## AGE

11 years

## WEIGHT

8 pounds



## INTERPRETED BY

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## DATE

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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)

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