



PATIENT

Waffles Gerke

SPECIES

Felined

BREED

DSH

SEX

FS

AGE

13 years

WEIGHT

15.1 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sorbo

HOSPITAL NAME

Mill Brook Animal
Clinic - VBF

REFERRING VET

Dr. Sorbo

INVOICE

16589

DATE

4/12/23

PRESENTING CLINICAL SIGNS

Vomiting and diarrhea ladt week, which resolved. Since then P developed hyporexia and later anorexia. Ladt at 48hrs ago. No known medical history of concerns.

Abnormal PE/Chem/CBC/UA Results: Lost 0.9lbs in 7 days. Hydrated, BAR, no over concerns other than being overconditioned at 7/9. Biochemistry still pending at the reference lab. CBC wnl.

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 4.2 cm in length. The right kidney measured 4.2 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 0.42 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 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. The spleen measured 0.9 cm width at the level of the hilus.

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. The gastric body wall width measured 0.25 cm.



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The small intestine presented intact wall layering and overall maintained a 1:3 muscularis/mucosa ratio with no obstructive pattern. Potential subjective mild prominent wall layering in the area of the ileum and ileocolic junction. The small intestinal wall width measured 0.27 cm. The ileocolic wall width measured potentially measured 0.45 cm.

Overtly normal visible colon wall layers were present with formed to shadowing fecal matter. No evidence of enterocolic masses or obstructive pattern was noted.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

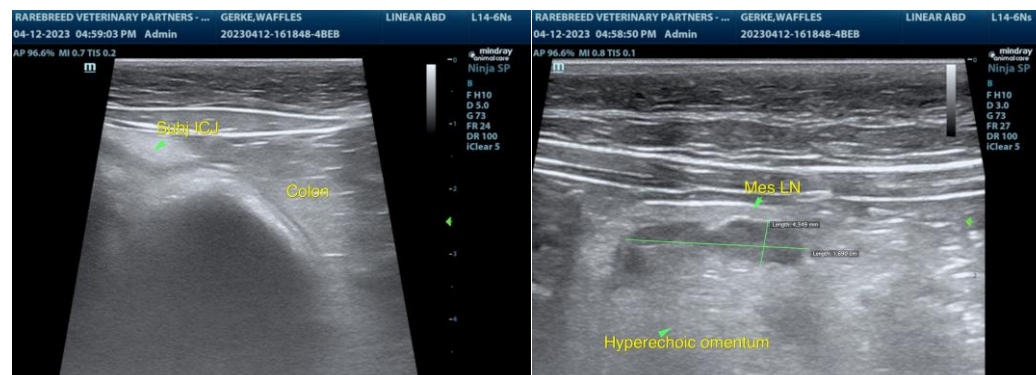
Midabdominal mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic to regional peri intestinal hyperechoic omentum was evident. Intermittent small pockets of scant peritoneal free fluid were noted. No omental masses were noted.

ULTRASONOGRAPHIC FINDINGS

- Intact gastrointestinal wall layering with possible ileitis
- Midabdominal mesenteric lymphadenitis with associated perilymphatic / peri intestinal hyperechoic omentum - suspect secondary to inflammatory bowel episode
- Intermittent scant pocket of peritoneal effusion
- Subtle heterogeneous pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend supportive care and therapy for inflammatory bowel episode and lymphadenitis with as-needed gastrointestinal support and potential antibiotic therapy such as Zithromax or potentially Zithromax/Metronidazole combination +/- hydrolyzed diet trial over time. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three-view chest radiographs are suggested to rule out occult thoracic pathology as a contributing factor. No overt suspicion of emerging neoplastic criteria, yet sonographic reassessment of the gastrointestinal tract and lymphadenopathy is indicated if evidence of persistent / progressive gastrointestinal signs and/or weight loss.





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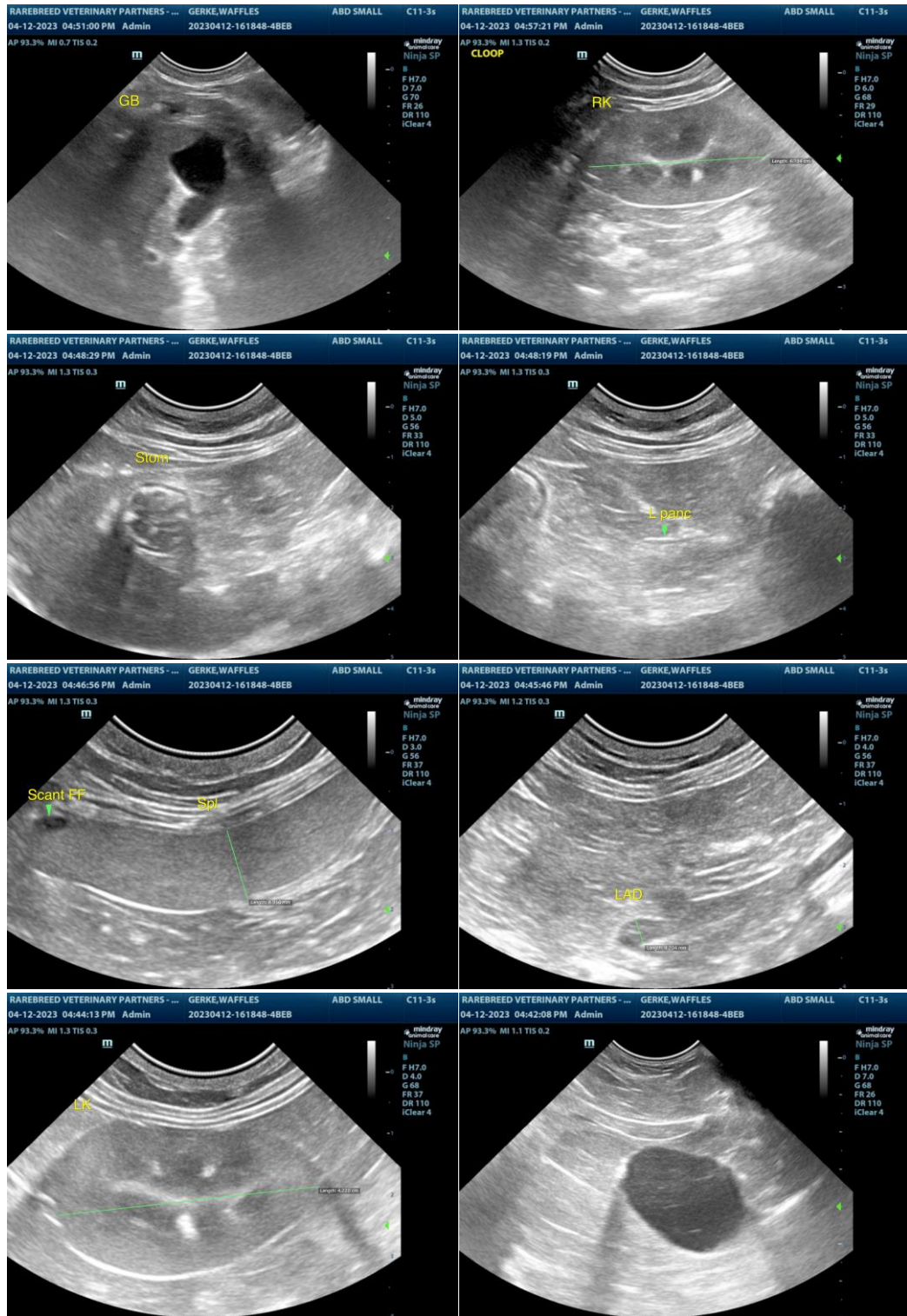
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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