



PATIENT

Blue Jean Hall

SPECIES

Feline

BREED

Domestic Short Hair

SEX

F/S

AGE

13

WEIGHT

20

INTERPRETED BY

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

IMAGING PERFORMED BY

Cassidy Braverman,
CVT

HOSPITAL NAME

Bush AH

REFERRING VET

Dr. Newman

INVOICE

16607

DATE

4/13/23

PRESENTING CLINICAL SIGNS

Clinical Exam Findings: ^ vomiting chronically, no weight loss- has tried OTC food trials- concerned with IBD Lab Findings: ^well controlled hyperthyroidism, fpli mild elevation, rest wnl Current Medications: ^methimazole Radiographic Findings: ^none taken

Abnormal PE/Chem/CBC/UA Results: Lab Findings: ^well controlled hyperthyroidism, fpli mild elevation, rest wnl Current Medications: ^methimazole Radiographic Findings: ^none taken

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.

The kidneys exhibited normal size with a maintained normal 1:3 cortex / medulla ratio. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney exhibited symmetrical margination. The left kidney measured 3.9 cm in length. The right kidney exhibited minor asymmetrical margination. The right kidney measured 4.1 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 0.49 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 cm width.

Spleen

The spleen was not definitively visualized potentially owing to volume contraction or splenic displacement owing to increased intraabdominal fat.

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the falciform fat 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. The gastric body wall width measured 0.25 cm.



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The small intestine presented generalized intact wall layering. Propensity for generalized mild prominent small intestinal muscularis layer was noted with borderline intestinal wall thickening. The small intestinal wall width measured 0.29-0.30 cm. No evidence of loss of intestinal wall layering or intestinal masses.

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Sonographically normal visible colon wall layers were present with variable formed to soft fecal matter.

Pancreas

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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

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Intermittent variably sized to enlarged nonhomogeneous mesenteric lymphadenopathy was present. An example of a larger nonhomogeneous mesenteric lymph node measured 2.2 cm x 2.0 cm. No evidence of perilymphatic or peri intestinal inflammation was noted. No omental masses or evidence of peritoneal effusion was present. An increased amount of intrabdominal fat was present.

WEIGHT

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ULTRASONOGRAPHIC FINDINGS

- Sonographically normal empty stomach
- Suspect probable mild inflammatory bowel disease
- Intermittent variably sized nonhomogeneous mesenteric lymphadenopathy
- Sonographically unremarkable pancreas
- Age-related kidneys

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although nonspecific with potential for patient variant, the small intestine exhibited mild mural changes which are suggestive of mild inflammatory criteria. However, without additional gastrointestinal signs or weight loss aside from vomiting, this finding is nonspecific. Potential for low-grade / chronic pancreatitis is possible which may present as sonographically normal. Further assessment may include serum cobalamin / folate, especially if evidence of weight loss going forward.

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Three-view chest radiographs to rule out occult thoracic pathology as a contributing factor, as well as FNA cytology of an accessible mesenteric lymph node, is suggested. A canned hydrolyzed diet with potential long-term dietary therapy, as-needed gastroprotectants, +/- empirical deworming, if the patient is indoor/outdoor, may prove beneficial. Sonographic reassessment of the gastrointestinal tract and mesenteric lymphadenopathy is recommended if evidence of progressive gastrointestinal signs or weight loss going forward.

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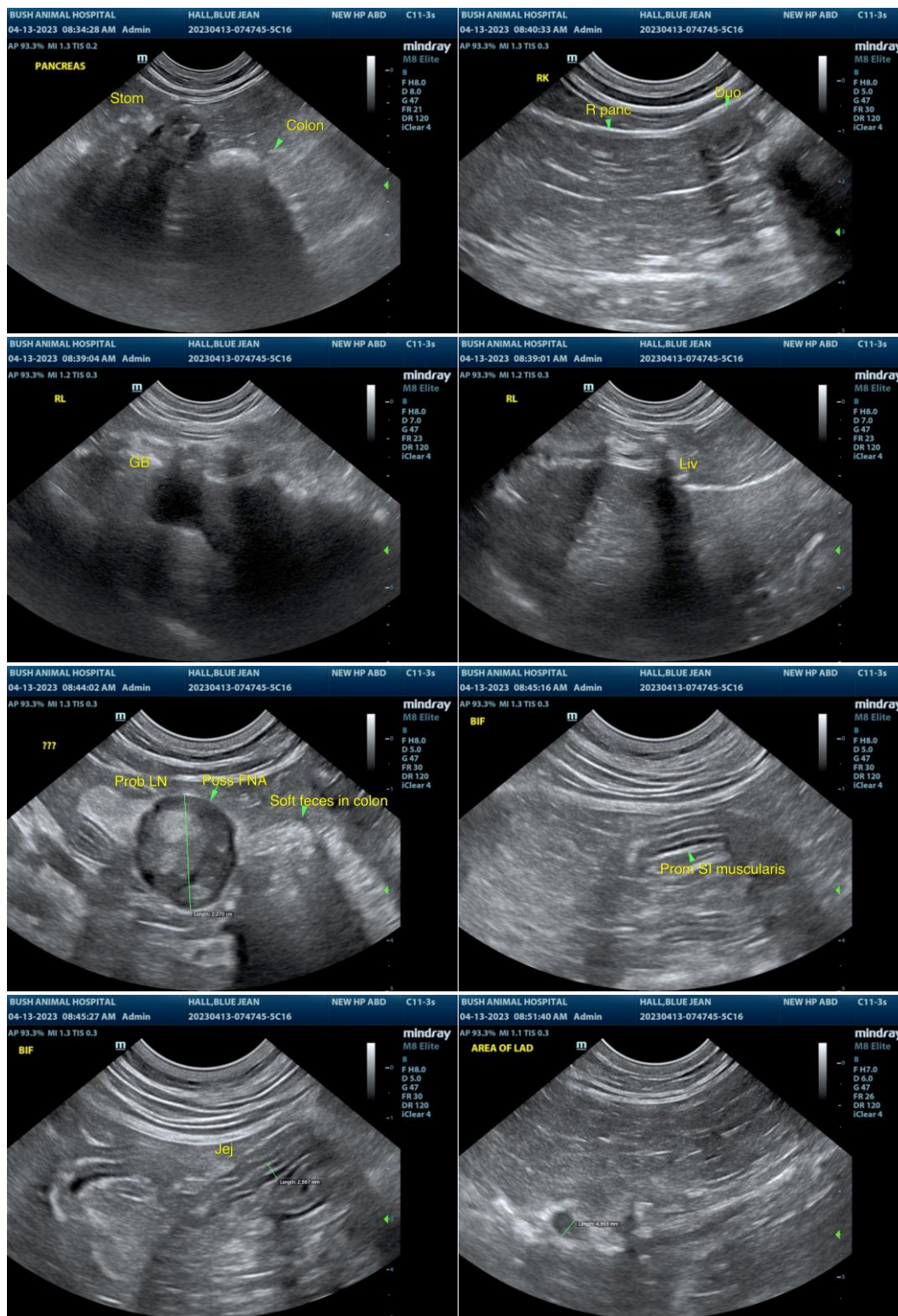
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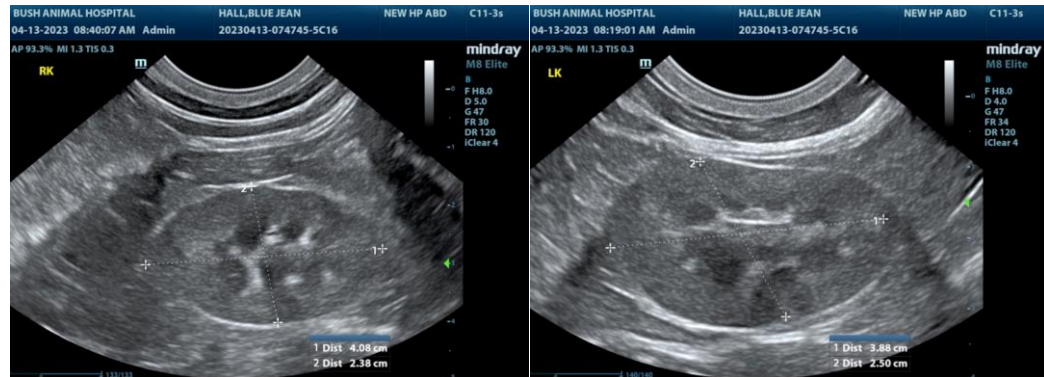
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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