



**PATIENT PRESENTING CLINICAL SIGNS**

**Lady Edgar** \_V+ for 2.5-3 days, D+ started today. O believes P has been able to hold water down. One instance of D+ had a blood tinge to it, increased mucous. In 2020 P had a similar episode of D+ but there wasn't a demeanor change like this. D+ is "explosive" at times. Per O when she last vomited P let out a meow that almost sounded like it was painful. P previously had V+ episode in December, rDVM discussed ultrasound vs food trial, O elected to switch P to z/d and P has been better since.

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

DSH

**Urinary System**

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**

Spayed female

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. 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 measured 3.7 cm in length. The right kidney measured 3.8 cm in length.

**AGE**

13 years

The area of the aortic trifurcation was free of pathology.

**WEIGHT**

4.27

**Adrenal Glands**

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.

**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**

Dr. Kristen Petersen

**Liver**

**HOSPITAL NAME**

Wilvet Salem

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.

**REFERRING VET**

Dr. Kristen Petersen

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained very minor retained anechoic fluid with no signs of ileus, obstruction or foreign material. The pylorus wall measured 0.30 cm in width.

**INVOICE**

10392ag

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio with segmental propensity for mildly prominent muscular layer. The lumen of the small intestine was empty with no signs of intestinal masses, ileus, obstruction or foreign material. The jejunum wall measured up to 0.28 cm in width. The duodenum wall measured 0.20 cm in width.

**DATE**

04/16/2022



**PATIENT**

Lady Edgar

Normal visible colon wall layers were present with apparent formed to semi formed feces in lumen. The descending colon wall measured 0.12 cm in width.

**Pancreas**

**SPECIES**

Feline

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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

**SEX**

Spayed female

**ULTRASONOGRAPHIC FINDINGS**

- Probable segmental inflammatory enteropathy with suspect concurrent mild colitis.
- Mild chronic renal changes.

**AGE**

13 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the patient's current GI signs, the SI exhibited subtle mural changes which are suggestive of but not definitive for inflammatory enteropathy/IBD. No overt evidence of intestinal neoplastic criteria such as lymphoma which is a less likely differential diagnosis. Assessment for possible recent dietary indiscretion may be considered. Low grade pancreatitis could be present yet appear sonographically normal. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. A fresh fecal analysis to rule out parasitic ova/giardia +/- diarrhea PCR panel could be considered. Full thickness intestinal biopsies would be required for a definitive diagnosis. Empirically, cobalamin supplementation, high colony count probiotics and as needed GI support +/- prednisolone trial at lowest effective dose to control clinical signs would be reasonable if biopsy is not possible.

**WEIGHT**

4.27

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(Canine and Feline)

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**REFERRING VET**

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**PATIENT**

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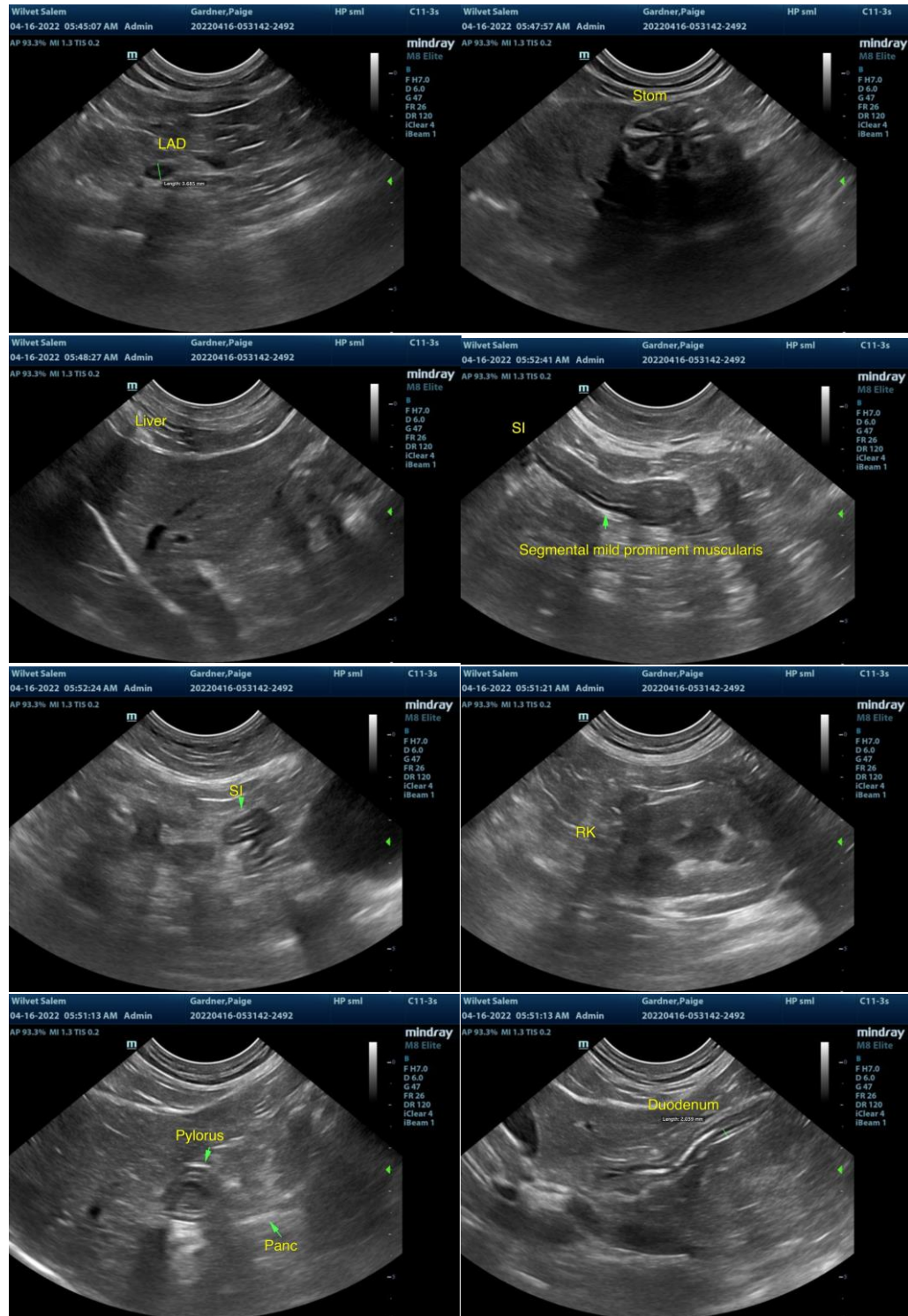
Dr. Kristen Petersen

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**PATIENT**

Lady Edgar

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.

**SPECIES**

Feline

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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DSH

info@SonoPath.com

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**AGE**

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