



PATIENT

Emmie Newton

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

10 years

WEIGHT

5 lbs. 6 oz.

PRESENTING CLINICAL SIGNS

Chronic diarrhea, previous vet records show dating back to at least 2017. Soft stools since adopted from shelter (apx. 2015). Has responded to steroids and Tylosin in the past. NOT on any medications currently. Previously has been on Prednisone, DepoMedrol inj, Tylosin and Vit B-12 injections. Has been on several different hypoallergenic diets (Z/D and D/D).

Abnormal PE/Chem/CBC/UA Results: PE: BCS 2/9 with severe muscle wasting. Fecal staining on perineum, rear legs and paws. Yellow/tan diarrhea intermittently during exam. CBC/Chem/T-4: all WNL. Alb 3.6

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.

INTERPRETED BY

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

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 3.5 cm in length. The right kidney measured 3.5 cm in length.

IMAGING PERFORMED BY

Dr. Ebersole

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.5 cm width. No overt pathology was noted in the area of the right adrenal gland.

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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.

REFERRING VET

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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 content with mild luminal debris. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.18 cm width.

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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 0.24 cm.

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 ileus, obstruction, or foreign material. The duodenum wall width measured 0.22 cm. The jejunum wall width measured 0.20 cm.

The colon exhibited intact yet variably prominent wall layering primarily in the visualized descending colon, as well as non-formed to soft feces consistent with reported clinical signs. The descending colon wall width measured from 0.2 cm up to 0.3 cm wall width.

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.

Free Abdomen

Intermittent, mildly prominent, mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). No free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Sonographically unremarkable stomach and small bowel
- Suspect mild chronic colitis

Secondary Findings

- Minor gallbladder debris with concurrent mild nonobstructive proximal common bile duct dilation

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The proximal common bile duct dilation finding may suggest age-related changes or secondary to underlying cholangitis / cholangiohepatitis, especially if previous or current liver enzymes elevations have been noted. No overt signs of post hepatic obstruction.

Potential considerations for the chronic diarrhea in this patient may include dietary intolerance / food hypersensitivity, infectious disease / parasitism, dysbiosis, and structurally insignificant inflammatory bowel with suspected mild chronic colitis. No overt evidence of gastrointestinal neoplastic criteria, which is thought unlikely. A GI panel to include PLI/TLI/Cobalamin/Folate, as well as a diarrhea PCR panel are strongly recommended.

Empirically and pending additional diagnostics, cobalamin supplementation every 2 weeks, blanket



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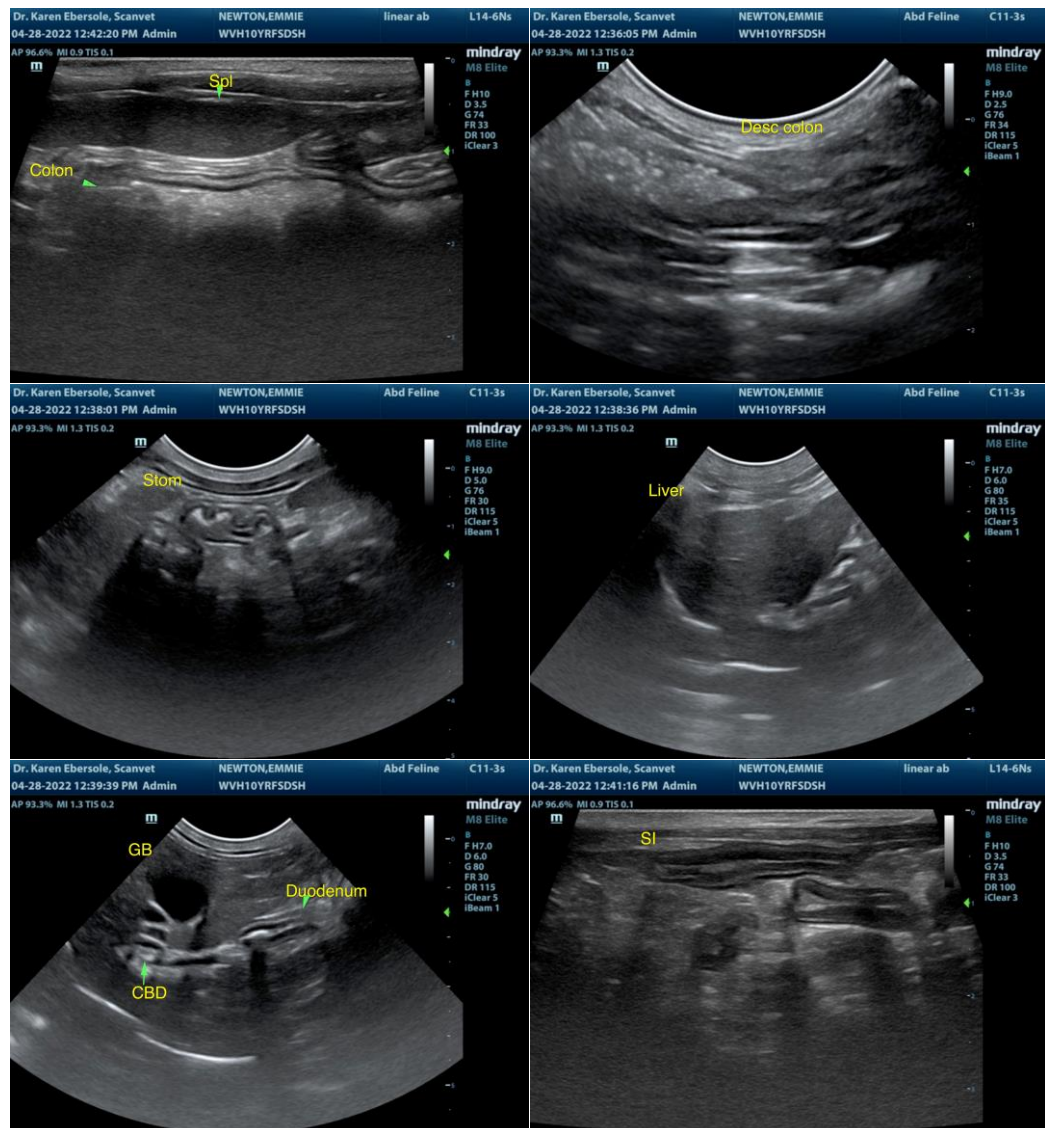
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deworming i.e., Panacur x's 7-10 days, continued hydrolyzed diet therapy vs. higher fiber diet, i.e., WD or similar, or fiber supplementation into a hydrolyzed diet, i.e., nonflavored Metamucil may prove beneficial. Pending additional diagnostics, enterocolic biopsies may be required for a definitive diagnosis. Given the positive response to previous Prednisolone, re-institution of Prednisolone at the lowest effective dose to control clinical signs +/- compounded Metronidazole / Sulfasalazine at appropriate dose BID x's 14 days then SID pending clinical response could be considered. Dietary trial and error with likely long-term diet therapy are likely indicated in this patient.





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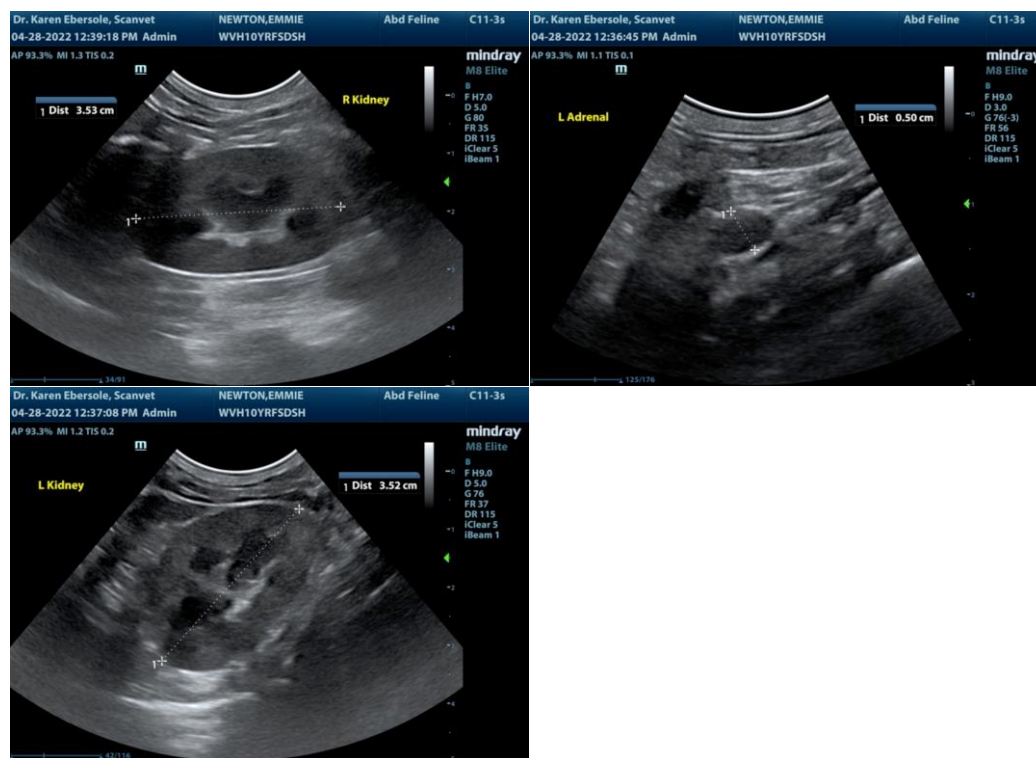
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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