



PATIENT

Sir Nevel Coffin

SPECIES

Feline

BREED

Turkish Van

SEX

MN

AGE

7 years

WEIGHT

11.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Karen Ebersole, DVM,
DABVP (Canine/Feline
Practice)

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Moore

INVOICE

16714

DATE

4/27/23

PRESENTING CLINICAL SIGNS

Cat had a dental in March. Since dental has been having soft to watery BM. Still eating but not as well. O adopted the cat has a kitten, he has had diarrhea since he was a few month old. The past 2 years, he had been well controlled on Provable and EN. He would need the added Metronidazole sometimes. Started Pred-L tapering course recently, has not helped.

Abnormal PE/Chem/CBC/UA Results: PE: WNL ALT 123, Chol 379, Ca 12.9.

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 3.9 cm in length. The right kidney measured 3.8 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 0.37 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland subjectively measured 0.40 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.

Liver/ Gallbladder

The liver exhibited subjective mild generalized enlargement yet maintained a symmetrical capsule contour with normal to subtle generalized increased hepatic parenchyma echogenicity compared to the spleen exhibiting mild coarse echotexture. Normal vascular volume was noted. The gallbladder was non-distended in size containing primarily anechoic content with mild, nonorganized, echogenic gallbladder debris. No evidence of inflammatory criteria was noted. The cystic and common bile ducts were normal.



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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 measured 0.25 cm width. The jejunum wall measured 0.23 cm width. The ileocolic wall measured 0.38 cm width.

Normal visible colon wall layers were present with soft fecal matter, consistent with patient history in lumen.

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

No omental masses or evidence of peritoneal effusion were noted.

Intermittent minor benign / reactive mesenteric lymph nodes were present with an example measuring 0.62 cm diameter. The lymph nodes were not consistent with neoplastic criteria.

ULTRASONOGRAPHIC FINDINGS

- Mild hepatopathy
- Nondistended gallbladder with mild gallbladder debris
- Structurally unremarkable gastrointestinal tract
- Soft fecal matter in colon
- Intermittent minor benign / reactive mesenteric lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, there was no evidence of significant visceral, specifically gastroenterocolic or pancreatic, pathology. Potentially, current Prednisolone may be masking gastroenterocolic mural changes. However, at times, the gastrointestinal sonographic appearance may not correlate with a history of chronic to recurrent gastrointestinal signs. Considerations may include dietary intolerance / food hypersensitivity even on the current diet, dysbiosis, inflammatory / infectious disease, occult parasitism, or infiltrative neoplasia (less likely).

Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate, especially if evidence of weight loss, as well as a diarrhea PCR panel. Empirically, a canned novel protein or hydrolyzed diet with potential long-term dietary therapy, continued high colony count probiotic i.e., Provable, cobalamin supplementation pending assessment of cobalamin levels, empirical deworming if clinically



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indicated, and an antibiotic trial with consideration for possible long term adverse effects on normal gastrointestinal flora, with as-needed gastrointestinal support, may prove beneficial.

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Screening hepatic cytology may be considered if progressive hepatic enzyme elevations or hypercalcemia. Three-view chest radiographs are suggested if not done, given the hypercalcemia.

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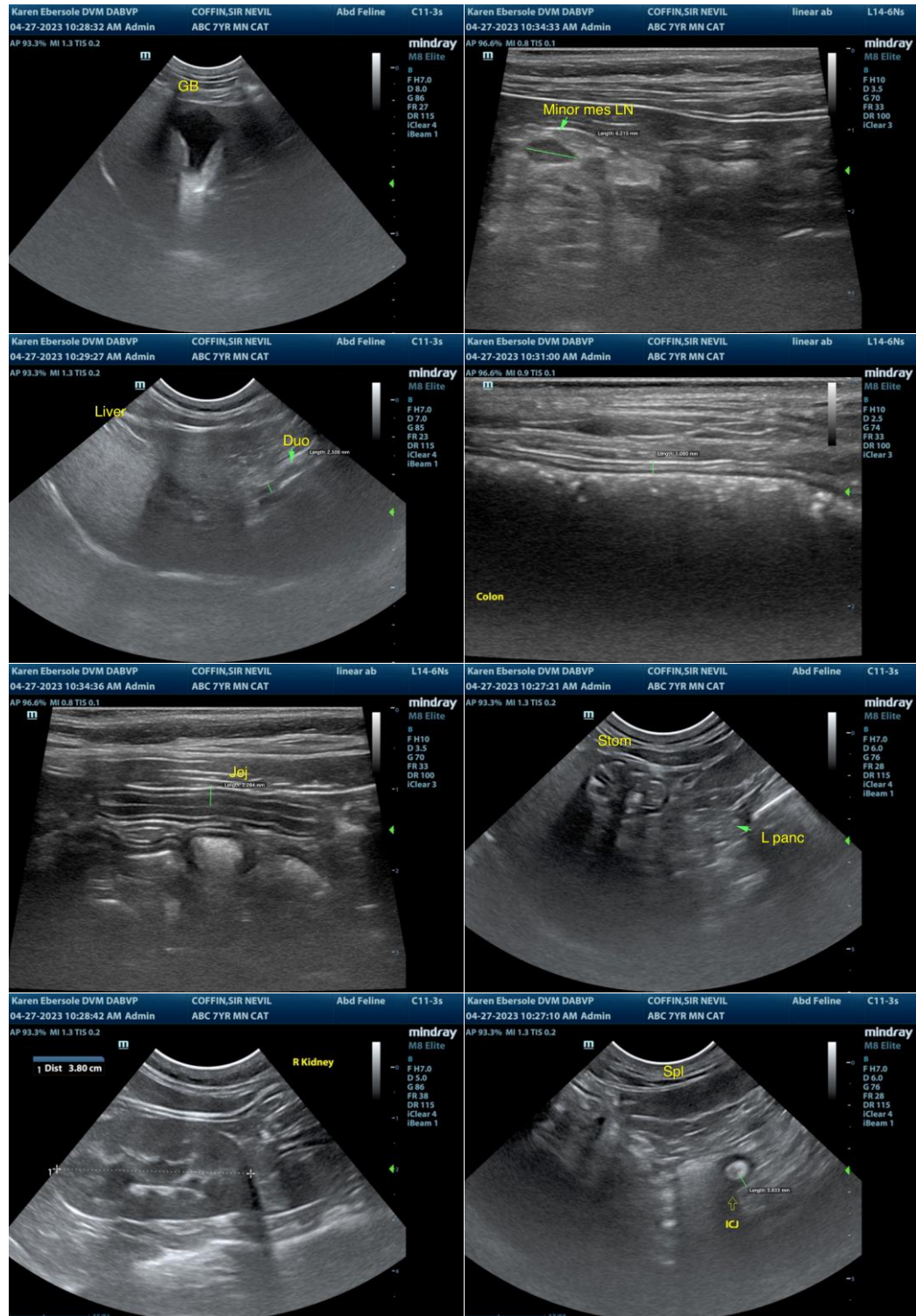
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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