

**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Marley Runkle  
**SPECIES** Feline  
History: Presented for 1 month history of vomiting 2-3 times weekly. Exam unremarkable last week, bloodwork pulled to evaluate for underlying cause. Recommended abdominal ultrasound and dietary trial as next step. Owner's reschedule ultrasound to sooner date as vomiting seemed to increase in frequency at home.

Abnormal PE/Chem/CBC/UA Results: Amylase - 2,482 (623-2,239) No other significant changes Full Feline GI maldigestion panel pending

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**DSH** *Urinary System*

**SEX** FS  
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.

**AGE** 10 years  
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 3.8 cm in length. The right kidney measured 3.4 cm in length.

**WEIGHT** 12.3 pounds  
The area of the aortic trifurcation was free of pathology.

*Adrenal Glands*

**INTERPRETED BY** R. McKenzie Daniel, DVM, DABVP (Canine and Feline)  
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.30 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 cm width.

*Spleen*

**IMAGING PERFORMED BY** Jack Reese  
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 0.60 cm in width at the level of the hilus.

**HOSPITAL NAME** *Liver*

Willow Run Veterinary Clinic  
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** *Gastrointestinal*  
Dr. Anna Leppien

**INVOICE** 10489ag  
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 measured 0.26 cm in width.

**DATE** 04/29/2022  
The small intestine presented intact wall layering with segmental to generalized propensity for mildly prominent muscularis layer yet without evidence of mural hypertrophy, loss of intestinal wall layering or



**PATIENT**

Marley Runkle

intestinal masses. The duodenum wall measured 0.20 cm in width. The jejunum wall measured 0.25 cm in width.

Normal visible colon wall layers were present with apparent formed feces in lumen.

**SPECIES**

**Pancreas**

Feline

The pancreas base and left pancreatic limb exhibited subtle prominent size with minor areas of capsule asymmetry. Nonhomogeneous to subtly hypoechoic parenchyma compared to adjacent nonreactive omentum was noted.

**BREED**

**Free Abdomen**

DSH

No overt lymphadenopathy or peritoneal effusion was present.

**SEX**

FS

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

- Mild IBD intestinal pattern
- Possible low grade to chronic pancreatitis

10 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

12.3 pounds

The small intestine exhibited subtle mural changes which although nonspecific, in light of the patient's GI signs are suggestive of underlying mild inflammatory enteropathy/IBD. The appearance of the pancreas was not consistent with active or significant pancreatitis yet low grade to chronic pancreatitis may present sonographically normal. Empirically novel protein or hydrolyzed diet, cobalamin supplementation if clinically indicated, as needed GI support +/- prednisolone trial at lowest effective dose to control clinical signs and assessment of clinical response could be considered. Intestinal biopsies would be required for definitive diagnosis.

**INTERPRETED BY**

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DVM, DABVP  
(Canine and Feline)

No overt evidence of intestinal or abdominal visceral neoplastic criteria was present.

**IMAGING**

**PERFORMED BY**

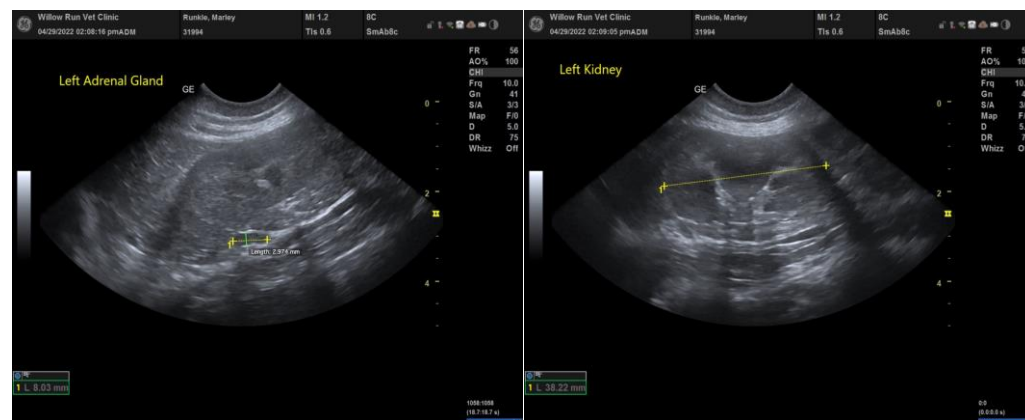
Jack Reese

**HOSPITAL NAME**

Willow Run Veterinary  
Clinic

**REFERRING VET**

Dr. Anna Leppien

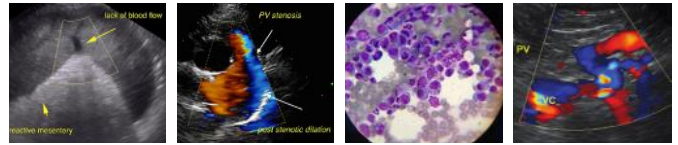


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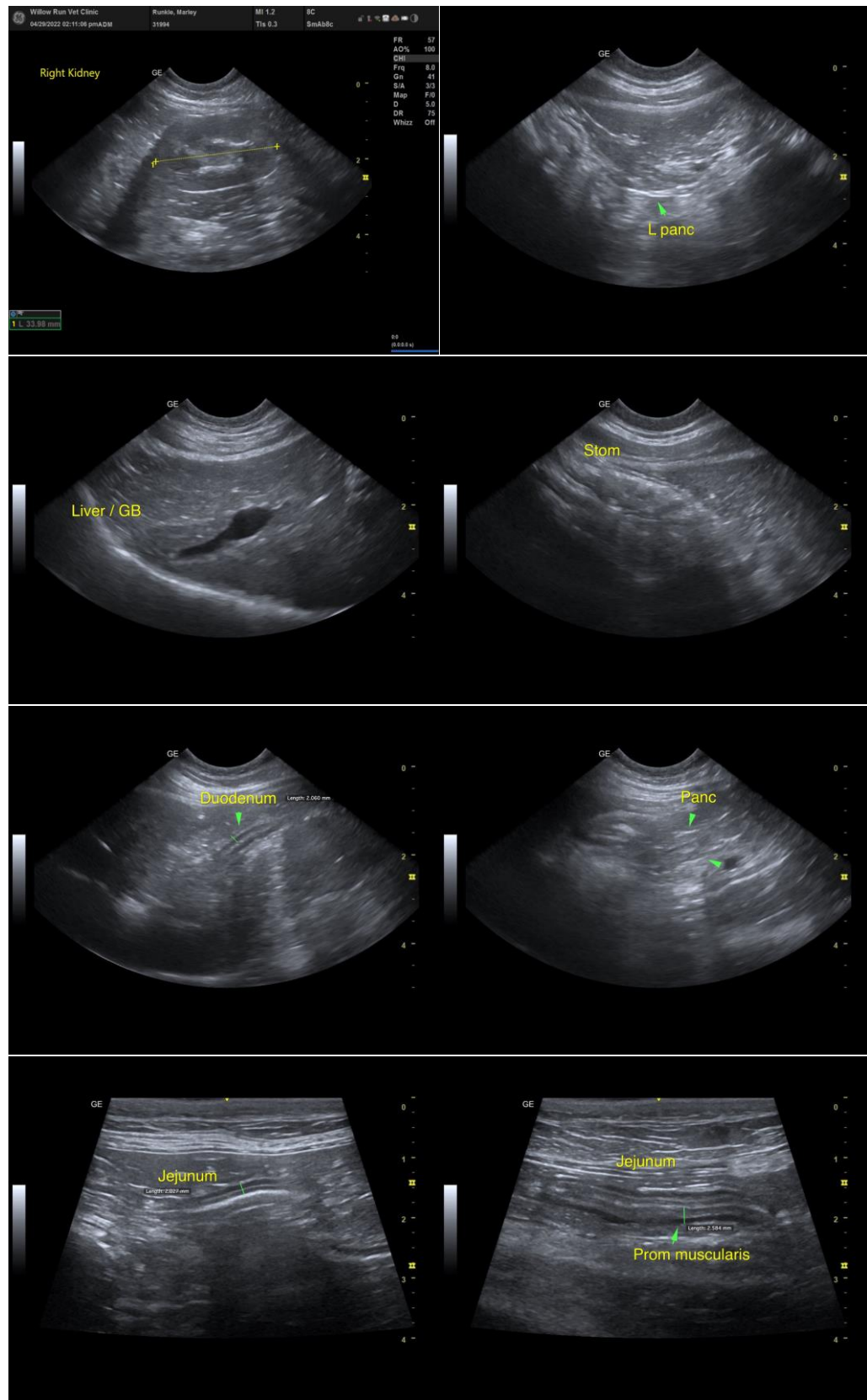
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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