



PATIENT PRESENTING CLINICAL SIGNS

Luna Mull chronic intermittent diarrhea, decreased appetite, mild lethargy

SPECIES Abnormal PE/Chem/CBC/UA Results: Globulins 2.8, ALT 180, cholesterol 87 CBC WNL CPL, TLI, cobalamin, folate WNL intestinal worm and diarrhea PCR neg

Feline **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

BREED *Urinary System*

DSH 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

FS

AGE

6mo

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 4.3 cm in length.

WEIGHT

7.4lb

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

INTERPRETED BY

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

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

Spleen

IMAGING PERFORMED BY

Sara Hansen

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.

HOSPITAL NAME

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Clinic

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 luminal content. The common bile duct was mildly dilated and tortuous without overt post hepatic obstruction.

REFERRING VET

Dr. Fischer

Gastrointestinal

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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 0.24 cm in width.

DATE

04/03/2023



PATIENT 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 0.30 cm width. The jejunum wall measured 0.23 cm width.

Luna Mull

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

Feline **Pancreas**

The left pancreatic limb was normal in size and contour with subtle hypoechoic parenchyma compared to the adjacent omental fat.

BREED

DSH **Free Abdomen**

SEX No omental masses or peritoneal effusion was present.

FS Intermittent mildly prominent to enlarged 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). An example of a lymph node measured 1.7 cm x 0.7 cm.

AGE

6mo

ULTRASONOGRAPHIC FINDINGS

WEIGHT

7.4lb

- Sonographically unremarkable GI tract/colon.
- Subtly hypoechoic left pancreas.
- Intermittent minor benign/reactive mesenteric lymph nodes-likely minor hyperplasia or immunologic immaturity.
- Sonographically unremarkable liver.
- Minor non-obstructive proximal common bile duct dilation.

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**IMAGING
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically there is no evidence of significant or overt visceral pathology. Structurally insignificant mild inflammatory enterocolopathy or dietary intolerance may be primary considerations given the previous diagnostics. Suspect pancreatic patient variant without overt evidence of active pancreatitis.

Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), high colony count probiotic (Provable or Visbiome), and as needed gastrointestinal support with assessment of clinical response may prove beneficial.

No overt suspicion of a extra/intra hepatic shunt, however monitoring of ALT going forward with potential for hepatic sampling if progressive elevation is recommended.



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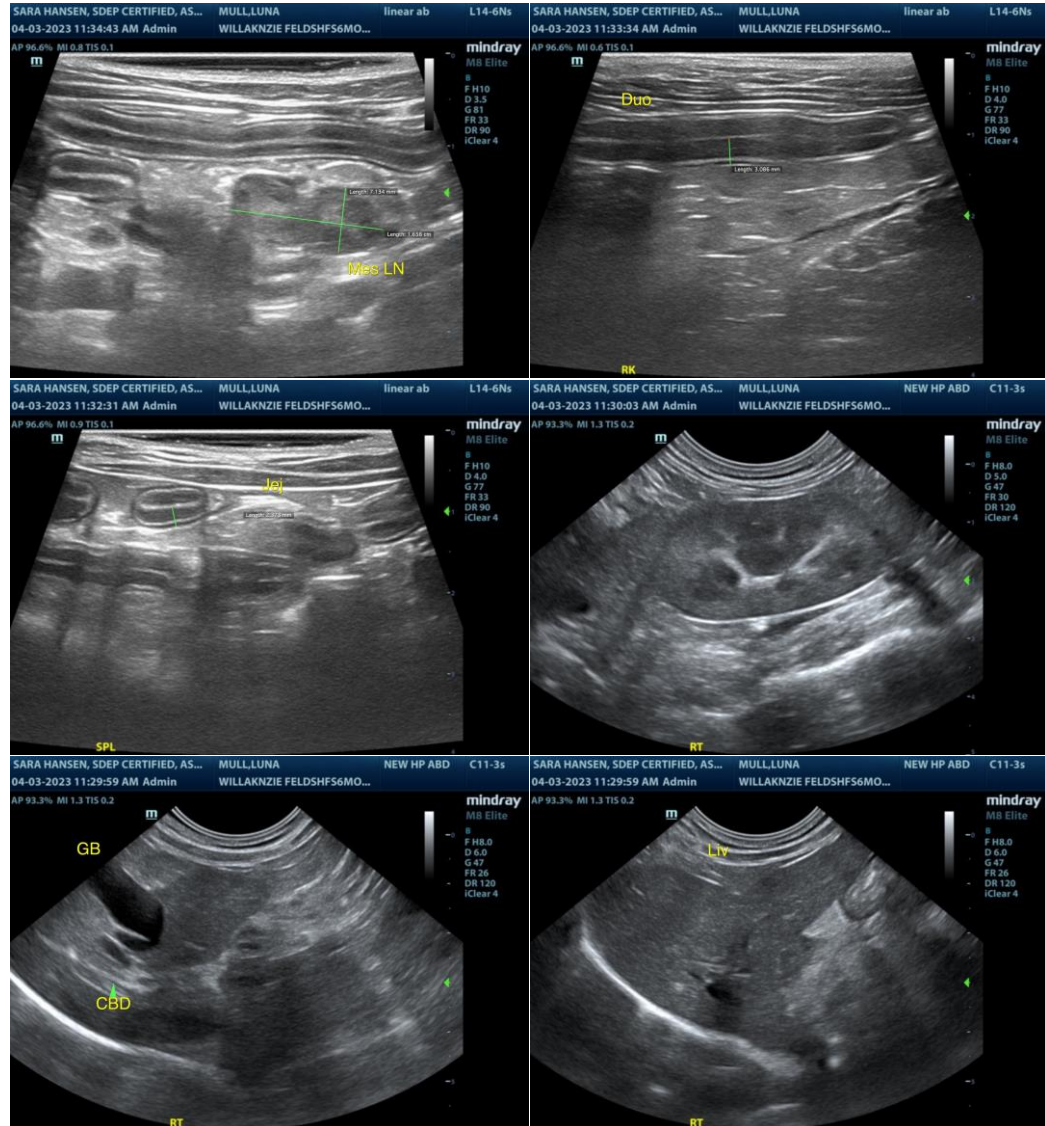
Dr. Fischer

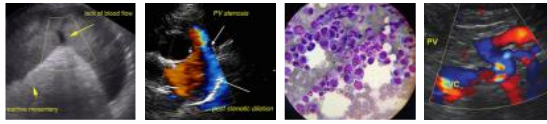
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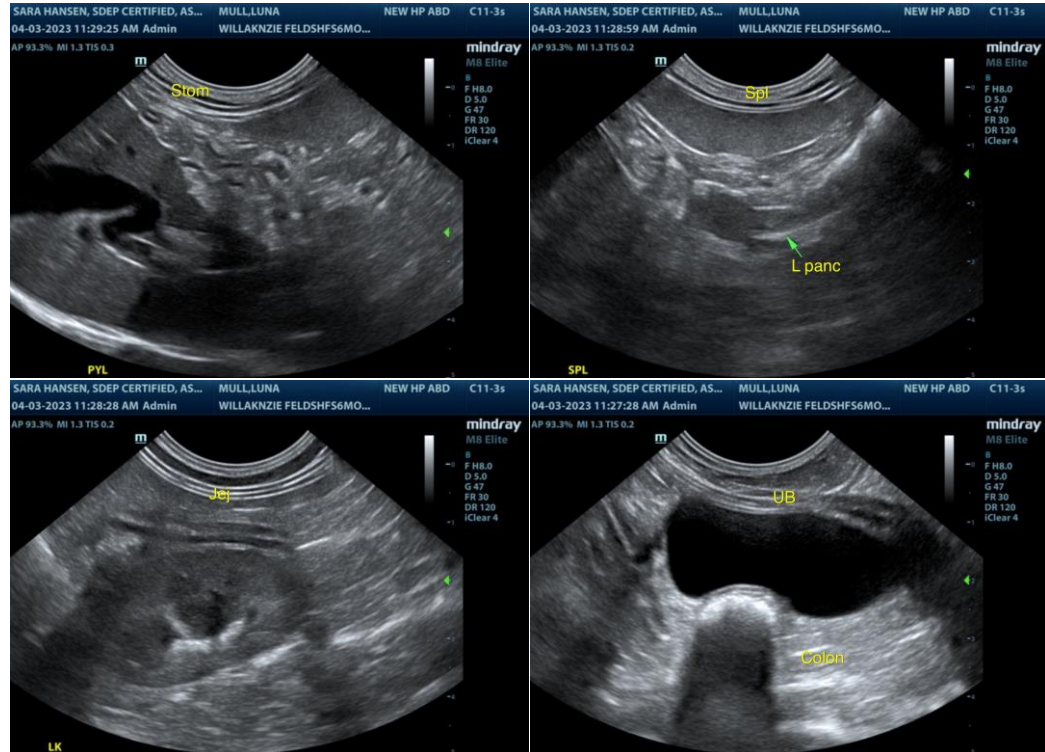
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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