



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
Lady Johnston  
History: Not eating, losing weight, was vomiting. concerned for foreign body. Got cerenia inj. yesterday.

**SPECIES**  
Abnormal PE/Chem/CBC/UA Results: Glob 2.0

Feline

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**DSH Urinary System**

**SEX**  
Female  
The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Primarily dependent to particulate mild sediment was present-likely consistent with cellular or crystalline debris or potential mucus, without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

**AGE**  
1 year  
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 0.34 cm in length. The right kidney measured 3.3 cm in length.

**WEIGHT**  
5.1 pounds  
**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.31 cm.

**INTERPRETED BY**  
R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)  
**Spleen**

The spleen exhibited mildly subnormal size which may indicate volume contraction and 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**  
Jessica Miller

**Liver**

**HOSPITAL NAME**  
ACC FLanders  
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. Hallihan  
**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of retained fluid, ileus, obstruction or foreign material. The gastric body wall measured 0.25 cm in width.

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10297ag  
The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy.

**DATE**  
04/05/2022



**PATIENT**

Lady Johnston

The lumen of the small intestine was primarily empty with segmental minor nonobstructive ileus to the level of the ileocolic junction. No signs of obstruction or foreign material were observed. The jejunum wall measured 0.26 cm in width.

**SPECIES**

Feline

The proximal colon exhibited mild dilation with non-formed feces and luminal gas. Normal visible colon wall layers were present with semi formed to soft feces in the descending colon and colorectum.

**Pancreas**

**BREED**

DSH

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.

**Free Abdomen**

**SEX**

Female

Intermittent mildly prominent to enlarged jejunocolic 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 0.5 cm width.

**AGE**

1 year

No peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

5.1 pounds

- Generalized inflammatory enteropathy pattern.
- Distended proximal colon containing non formed feces and luminal gas, semi formed to soft feces in the descending colon.
- Intermittent mild jejunocolic lymphadenopathy-subjectively benign/reactive. Potential for low grade jejunocolic lymphadenitis.

**INTERPRETED BY**

R. McKenzie Daniel,  
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(Canine and Feline)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overt evidence of GI obstructive pattern was not definitively present in this study. Technically the possibility of a passing small amount of foreign material is possible yet is not overtly visualized. Alternatively, the small intestine exhibited generalized intact yet altered wall layering suggestive of inflammatory criteria i.e. IBD/eosinophilic enteritis. The possibility of neoplastic infiltrative enteropathy with round cells such as early to low grade lymphoma or less likely dry form FIP cannot be excluded although is thought less likely.

**IMAGING**

**PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

ACC FLanders

Given the clinical signs and young age of the patient laparotomy with gross inspection of the GI tract and proximal colon with full thickness intestinal biopsies regardless of exploratory findings for intestinal histopathology is warranted. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

**REFERRING VET**

Dr. Hallihan

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**PATIENT**

Lady Johnston

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female

**AGE**

1 year

**WEIGHT**

5.1 pounds

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**IMAGING PERFORMED BY**

Jessica Miller

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**REFERRING VET**

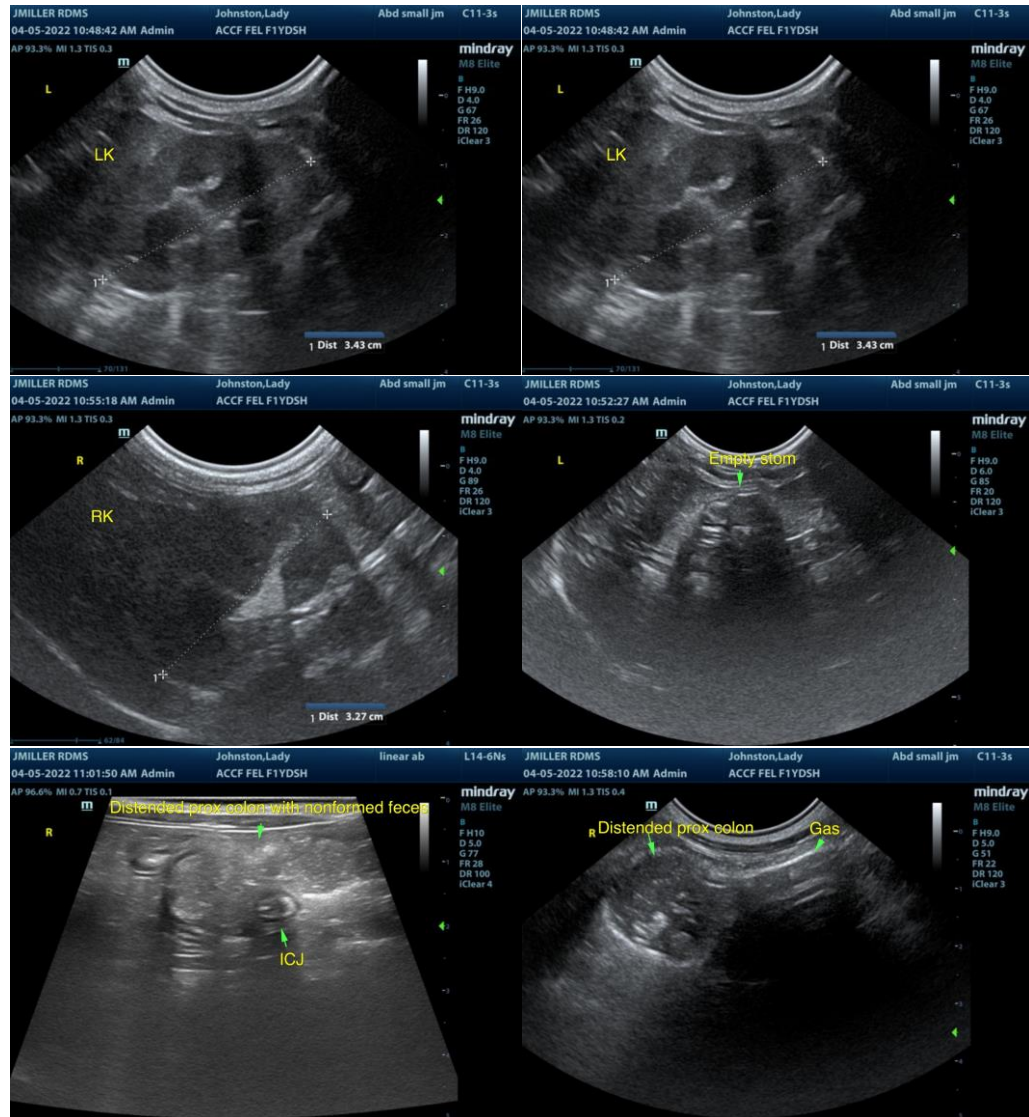
Dr. Hallihan

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## PATIENT

Lady Johnston

## SPECIES

Feline

## BREED

DSH

## SEX

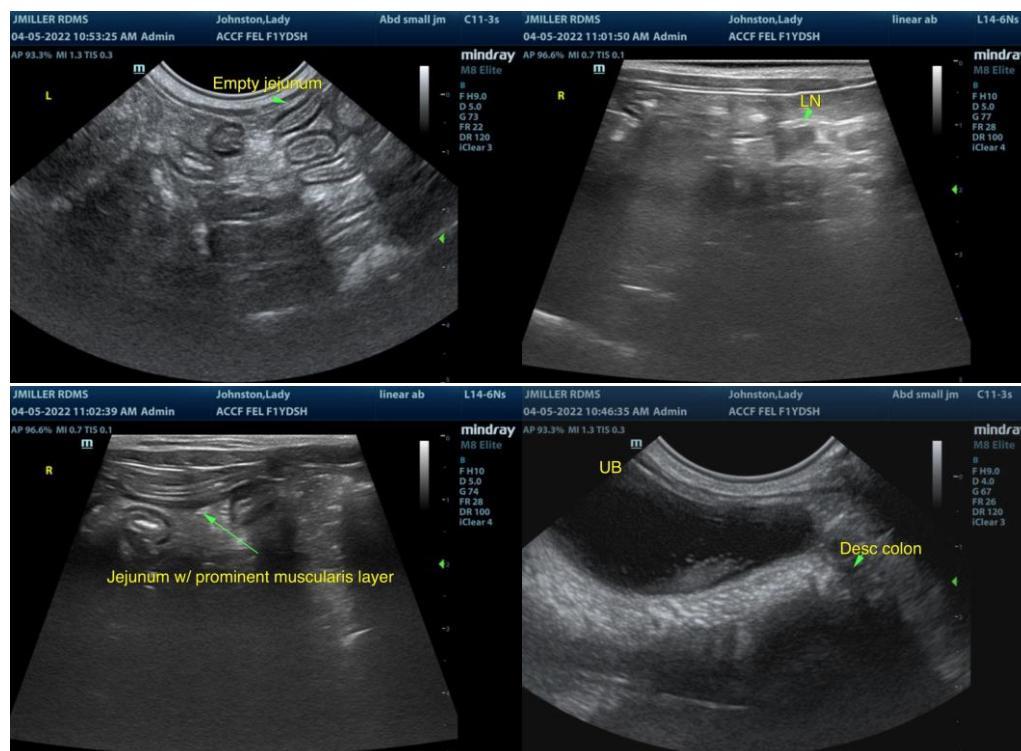
Female

## AGE

1 year

## WEIGHT

5.1 pounds



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DVM, DABVP  
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**IMAGING  
PERFORMED BY**  
Jessica Miller

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

## HOSPITAL NAME

ACC FLanders

## REFERRING VET

Dr. Hallihan

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