



PATIENT PRESENTING CLINICAL SIGNS

Fluffy Decaro ADR, coughing, vomiting Cerenia

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline
Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, nondependent, particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

BREED DLH The area of the aortic trifurcation was free of pathology.

SEX FS Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.2 cm in length. The right kidney measured 3.3 cm in length.

WEIGHT 9.5 **Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 cm width.

INTERPRETED BY **Spleen**

R. McKenzie Daniel, DVM, DABVP (Canine and Feline) 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 0.80 cm width.

IMAGING PERFORMED BY **Liver/ Gallbladder**
 Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME Community VP 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 normal in size yet partially divided into two compartments containing anechoic content. The cystic and common bile ducts were normal.

REFERRING VET **Gastrointestinal**
 Dr. Hulshizer

INVOICE 13621 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 0.25 cm.

DATE 4/6/22 The small intestine presented intact wall layering and primarily maintained a 1:3 muscularis/mucosa ratio with segmental propensity for mildly prominent muscularis layer suspected to be within the



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distal small intestine. No evidence of recurrence of intestinal masses or overt evidence of mural hypertrophy. The jejunum wall width measured 0.24 cm.

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

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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.

BREED

DLH

Free Abdomen

Intermittent, mesenteric lymph nodes were present. The lymph nodes were mildly prominent yet not overly enlarged or swollen. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 1.1 cm x 0.3 cm. No effusion was present.

SEX

FS

AGE

2014

ULTRASONOGRAPHIC FINDINGS

Primary Findings

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- Mild segmental inflammatory enteropathy pattern
- Associated intermittent to mild mesenteric lymphadenopathy - mild hyperplasia vs. minor reactive lymphadenitis suspected, not overtly consistent with lymphatic neoplastic criteria
- Mild chronic renal changes

INTERPRETED BY

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

Secondary Findings

- Partial bilobed gallbladder - normal variant in a cat

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the previous history in this patient, the abdomen presented overall mild age-related changes with subjective mild segmental intestinal mural changes suggestive of Inflammation yet without evidence of significant or recurrent pathology.

HOSPITAL NAME

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Continued gastrointestinal supportive care, which may include hydrolyzed diet trial and gastroprotectants would be reasonable. Further assessment may also include a GI panel to include PLI/TLI/Cobalamin/Folate for further assessment of the gastrointestinal tract as well as rule out low-grade to chronic pancreatitis which may present as sonographically normal.

REFERRING VET

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Three view chest radiographs are suggested if not done in light of the coughing.

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If recurrent or continued gastrointestinal signs despite conservative therapy, recheck sonogram to assess for progressive inflammatory intestinal or lymphatic changes would be indicated.

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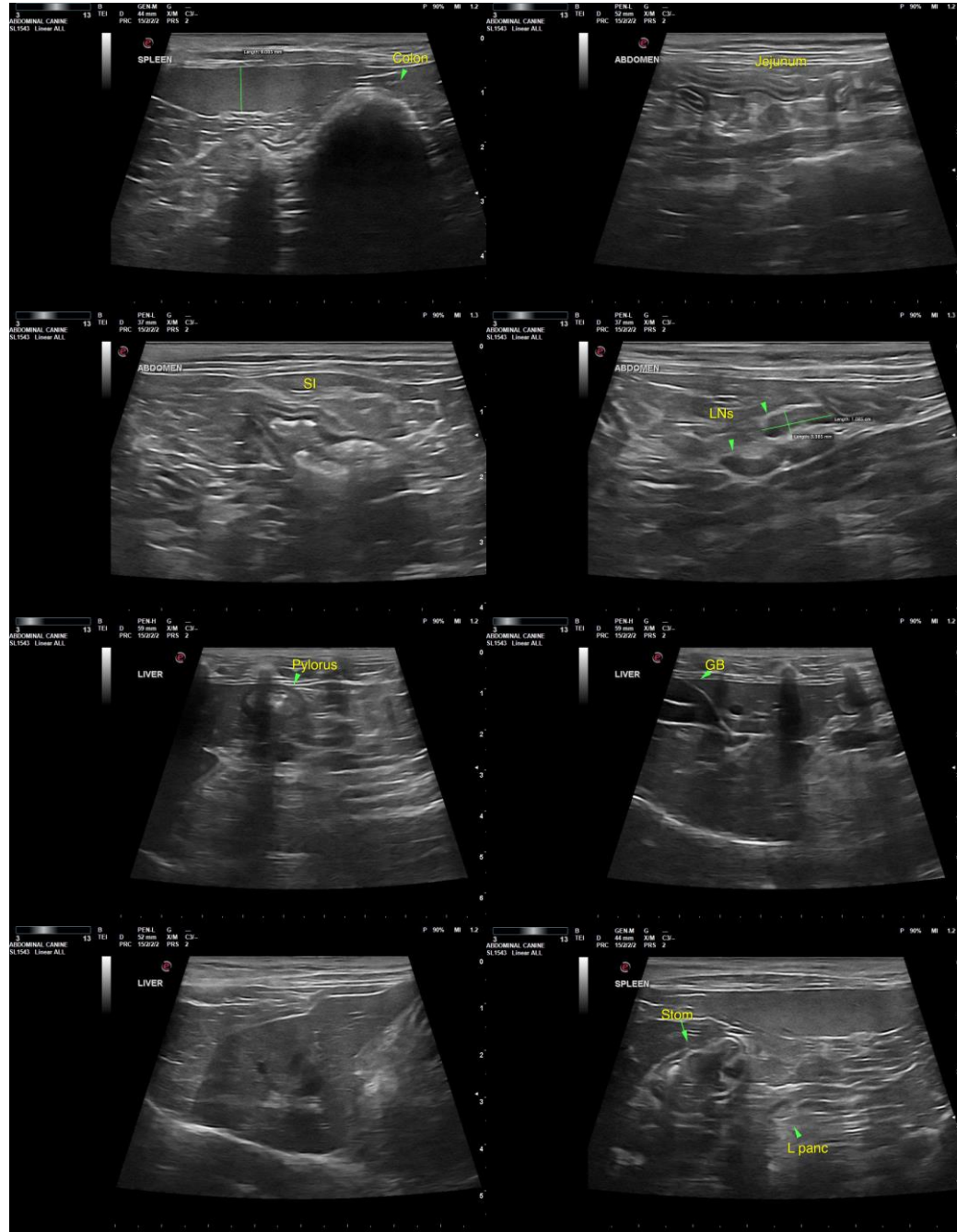
Dr. Hulshizer

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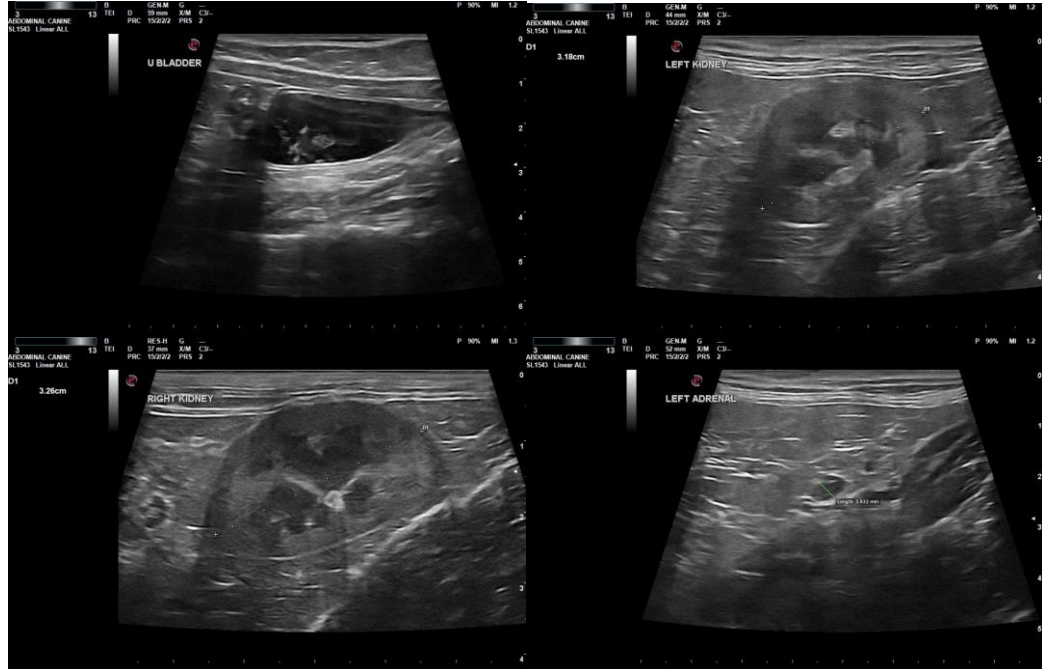
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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