

**PATIENT PRESENTING CLINICAL SIGNS**

BB Ohnstad Chronic Vomiting, Weight Loss, Constipation,  
Meds Cerenia 4mg daily/mirtaz every 48 hrs

**SPECIES**  
Feline Abnormal PE/Chem/CBC/UA Results: WNL

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**DSH Urinary System**

**SEX**  
FS The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent hyperechoic particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

**AGE**  
13yr 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 3.4 cm in length. The right kidney measured 3.1 cm in length.

**WEIGHT**  
3.3kg The area of the aortic trifurcation was free of pathology.

**INTERPRETED BY Adrenal Glands**

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 0.35 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.32 cm width.

**IMAGING PERFORMED BY Spleen**

Loetitia Saint-Jacques, LVT 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 Liver/Gallbladder**

VCA Feline AH The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

**REFERRING VET Gastrointestinal**

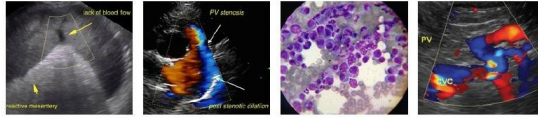
Dr. Fleming

**INVOICE**

13424ag

**DATE**

04/06/2023



**PATIENT**  
BB Ohnstad  
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 0.25 cm in width.

**SPECIES**  
Feline  
The intestinal walls demonstrated intact wall layers with diffusely thickened walls and mild altered 1:3 muscularis / mucosa ratio primarily consisting of generalized muscularis hypertrophy. The duodenum wall measured 0.25 cm width. The jejunum wall measured 0.30 cm width. The ileocolic wall measured 0.35 cm width.

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

**Pancreas**

**SEX**  
FS  
The pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

**Free Abdomen**

**AGE**  
13yr  
Intermittent mildly prominent mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of subtle perilymphatic inflammation was evident. An example of lymph node size was 1.9 cm x 0.34 cm.

**WEIGHT**  
3.3kg

Intermittent scant pocket of peri intestinal free fluid was present.

**INTERPRETED BY**

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

**ULTRASONOGRAPHIC FINDINGS**

- IBD intestinal pattern.
- Associated subjective benign/reactive mesenteric lymphadenopathy and scant peri intestinal free fluid.
- Sonographically normal colon.
- Suspect concurrent low grade to mild pancreatitis.
- Bilateral chronic renal changes.

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques,  
LVT

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

VCA Feline AH

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

**REFERRING VET**

Dr. Fleming

Minor potential for early neoplastic infiltrative enteropathy with round cells such as lymphoma or similar which present in a similar sonographic manner as IBD cannot be definitively excluded. Full thickness intestinal biopsies would be required for a definitive diagnosis. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Triad disease is considered a less likely potential given lack of hepatic enzyme elevations yet could be considered if hepatic enzyme elevations are noted.

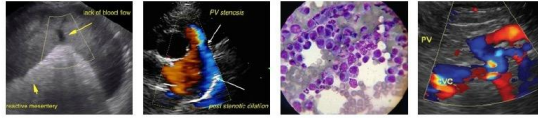
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Empirical IBD protocol with as needed GI support if biopsies are not possible would be reasonable.

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**AGE**

13yr

**WEIGHT**

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**IMAGING PERFORMED BY**

Loetitia Saint-Jacques,  
LVT

**HOSPITAL NAME**

VCA Feline AH

**REFERRING VET**

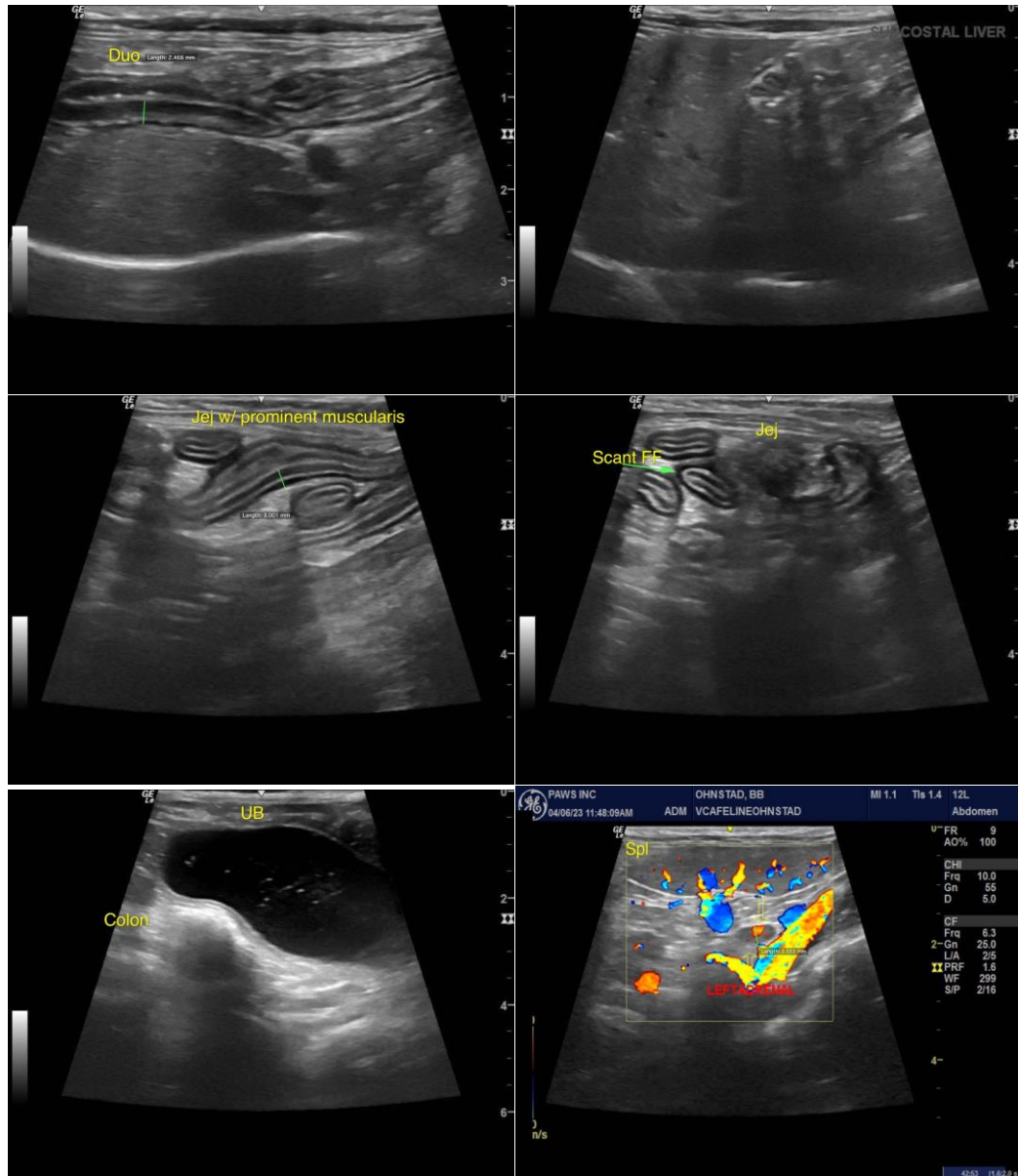
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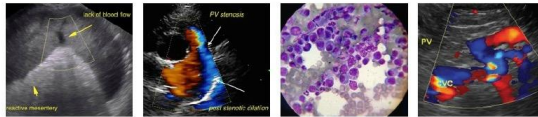
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PAWS INC	OHNSTAD, BB	MI 1.1	Tis 1.4	12L
04/06/23 11:48:09AM	ADM VCAFELINEOHNSTAD			Abdomen
		U <sup>+</sup> FR	9	
		AC%	100	
		CH		
		Frq	10.0	
		Gn	55	
		D	5.0	
		CF		
		Frq	6.3	
		Z- <sup>+</sup> Gn	25.0	
		L/A	2/5	
		PRF	1.6	
		WF	259	
		S/F	2/16	



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BB Ohnstad

**SPECIES**

Feline

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**AGE**

13yr

**WEIGHT**

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**HOSPITAL NAME**

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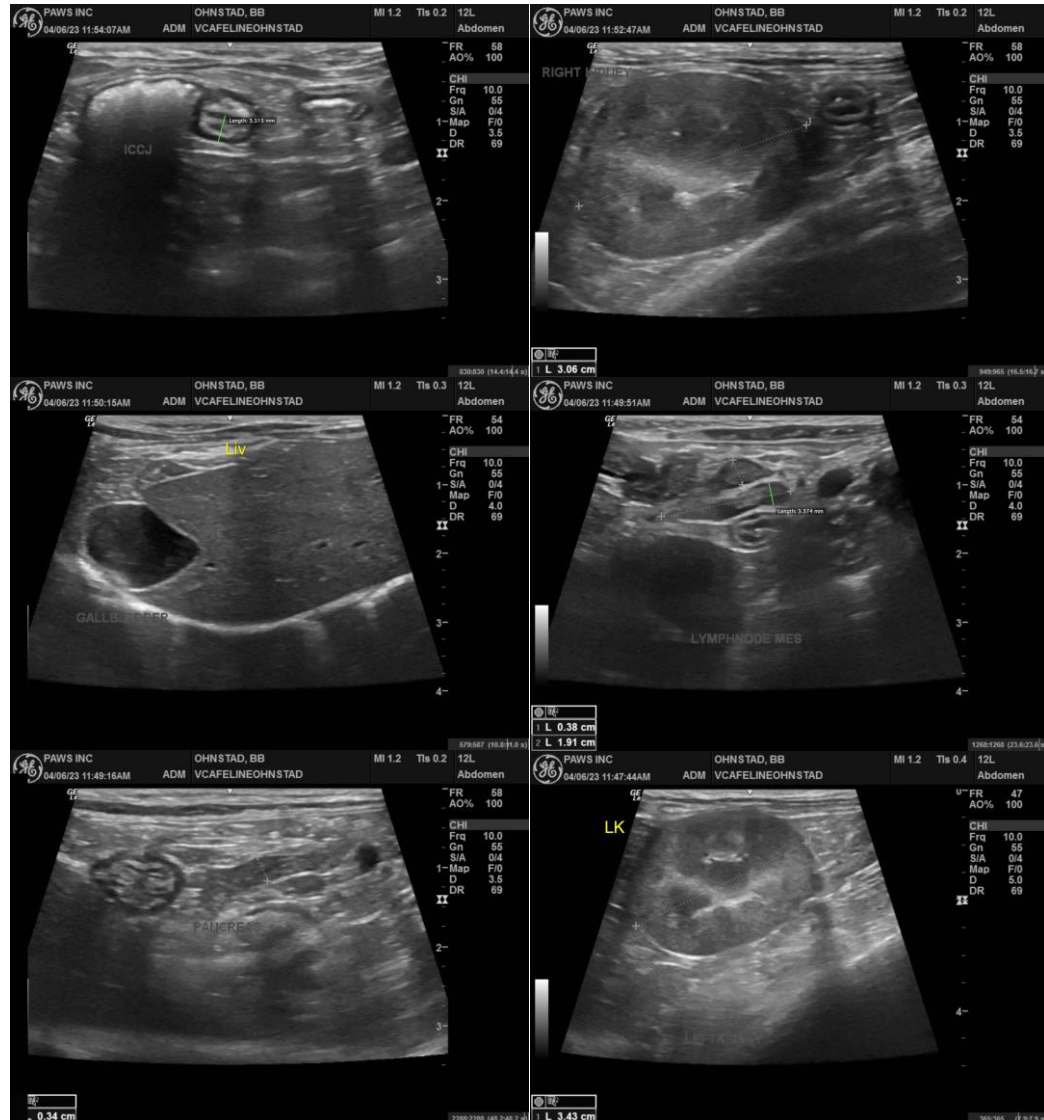
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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