



PATIENT	PRESENTING CLINICAL SIGNS
Mia Richardson	Recheck aus. Chronic vomiting, slight improvement w/i/d diet.
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Feline	Urinary System
BREED	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Minor hyperechoic sediment, which may indicate a potential for minor cellular debris / protein, crystalline debris, lipid, mucus, or pinpoint mineral, 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.
DSH	
SEX	
FS	
AGE	The area of the aortic trifurcation was free of pathology.
12 y	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. Pinpoint to discrete medullary mineral was noted. No evidence of pelvic dilation was present. The left kidney measured 3.2 cm in length. The right kidney measured 3.2 cm in length.
WEIGHT	
9.4 lbs.	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	No overt pathology was noted in the area of the left or right adrenal glands.
IMAGING PERFORMED BY	Spleen
Val Shumskaya	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
Millburn VH	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. Turowsky	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.
INVOICE	
16529	
DATE	
4/6/23	The small intestine presented generalized intact wall layering with subjective subtle mural changes including a subjective propensity for subtly prominent muscularis layer, yet without evidence of intestinal mural hypertrophy, loss of intestinal wall layering, or intestinal masses. No evidence of an intestinal obstructive pattern was noted. The duodenum wall measured 0.26 cm width. The jejunum wall measured 0.27 cm width. The ileocolic wall measured 0.37 cm width.



PATIENT

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

Mia Richardson

Pancreas

SPECIES

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Feline

Free Abdomen

BREED

Multiple, primarily small 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 perilymphatic hyperechoic omentum with areas of mild hyperechoic peri intestinal omentum were evident. An example of a lymph node measured 1.3 cm diameter. No evidence of peritoneal free fluid or omental masses was noted.

DSH

SEX

FS

AGE

12 y

ULTRASONOGRAPHIC FINDINGS

- Chronic enteropathy pattern with associated subjective static mesenteric lymphadenopathy
- Subtle heterogeneous pancreas
- Mild age-related kidneys
- Minor urinary bladder sediment / pinpoint mineral

WEIGHT

9.4 lbs.

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IBD or other chronic inflammatory enteropathy with associated static mesenteric lymphoid hyperplasia or reactive lymphadenitis is suspected. Less likely potential for neoplastic infiltrative enteropathy and associated neoplastic lymphadenopathy, given the patient's history and previous ultrasound, is possible. The possibility of concurrent low-grade pancreatitis or Triad Disease, if a previous or current history of hepatic enzyme elevations, is possible. Definitive diagnosis would require intestinal biopsies for histopathology.

IMAGING PERFORMED BY

Val Shumskaya

HOSPITAL NAME

Millburn VH

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Empirically, cobalamin supplementation pending assessment of cobalamin levels, canned hydrolyzed diet, Zithromax trial at the appropriate dose given potential for mild mesenteric lymphadenitis +/- Prednisolone at the lowest effective dose to control clinical signs with as-needed gastrointestinal support and clinical reassessment could be considered.

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HOSPITAL NAME

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REFERRING VET

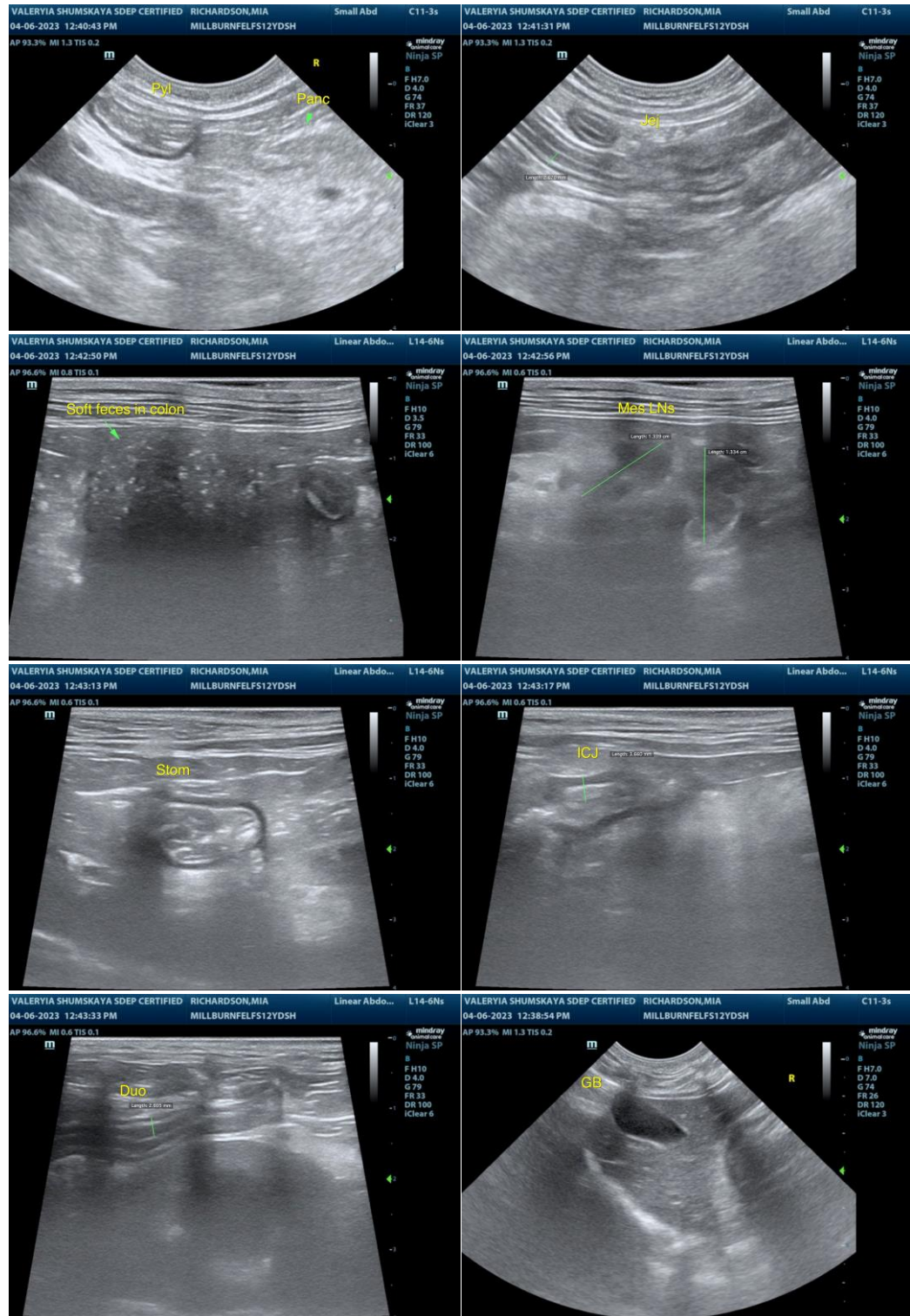
Dr. Turowsky

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PATIENT

Mia Richardson

SPECIES

Feline

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DSH

SEX

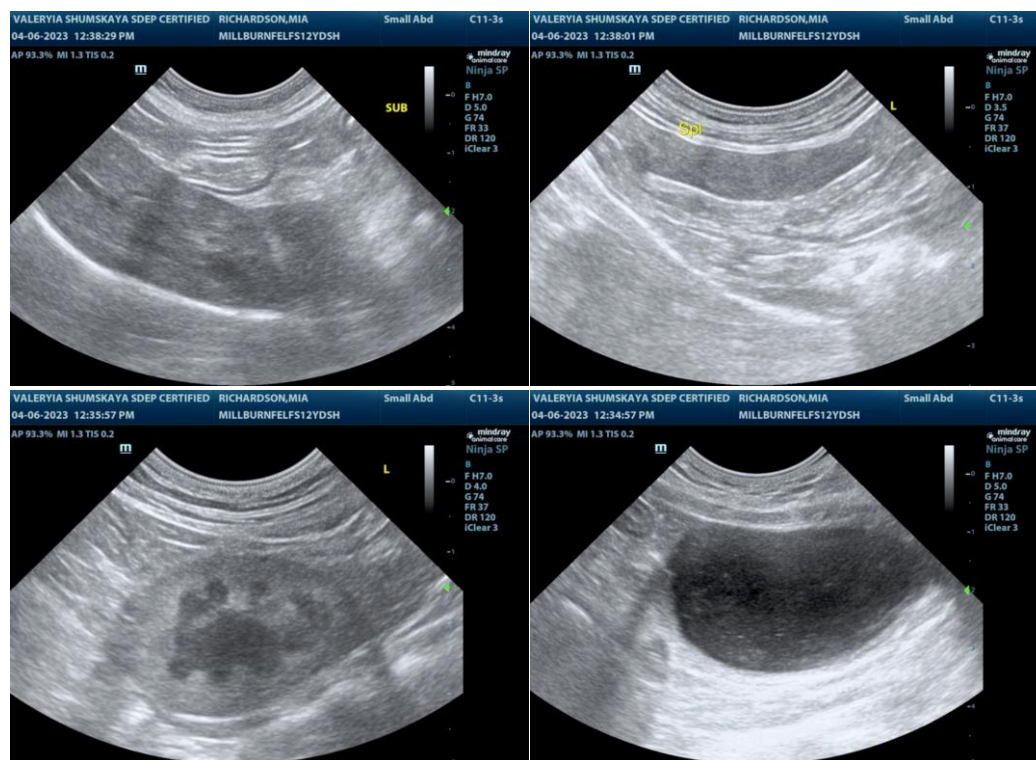
FS

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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