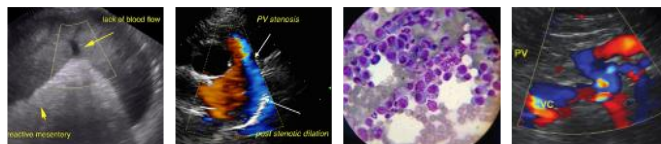


<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Beats Henderson	History of IBD with recurrent bouts of diarrhea. Presented yesterday lethargic and a new bout of diarrhea .
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: Blood work non diagnostic
Feline	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>BREED</b>	<b>Urinary System</b>
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.
<b>SEX</b>	
MN	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 3.7 cm in length. The right kidney measured 4.1 cm in length.
<b>AGE</b>	
10	The area of the aortic trifurcation was free of pathology.
<b>WEIGHT</b>	<b>Adrenal Glands</b>
4.2	The left and right adrenal glands were overtly normal in size, position and shape. The left adrenal gland measured 0.30 cm in width. The right adrenal gland measured 0.38 cm in width.
<b>INTERPRETED BY</b>	<b>Spleen</b>
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.
<b>IMAGING PERFORMED BY</b>	<b>Liver/Gallbladder</b>
Dr. Belan	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.
<b>HOSPITAL NAME</b>	
Fish Creek Animal Hospital	
<b>REFERRING VET</b>	<b>Gastrointestinal</b>
Dr. Brust	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained antrum and pyloric fluid with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.23 cm in width.
<b>INVOICE</b>	
13675ag	The small intestine presented intact wall layering with a primarily 1:3 muscularis/mucosa ratio. Segmental mild prominent to echogenic jejunal mucosa layer as well as mildly prominent to hyperechoic submucosal layer. Minor areas of segmental jejunal ileus were present. No evidence of loss of intestinal wall layering or intestinal masses. The lumen of the small intestine was empty with no
<b>DATE</b>	
05/01/2023	



## PATIENT

Beats Henderson

signs of obstruction or foreign material. The duodenum wall measured 0.25 cm width. The jejunum wall measured 0.24-0.27 cm width. The ileocolic wall measured 0.27 cm width.

Normal visible colon wall layers were present with luminal gas and soft feces in lumen.

## SPECIES

**Pancreas**

Feline

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of inflamed peripancreatic omentum.

## BREED

**Free Abdomen**

DSH

No omental masses or peritoneal effusion was present.

## SEX

MN

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).

## ULTRASONOGRAPHIC FINDINGS

### AGE

10

- Mild retained antrum and pyloric fluid-nonspecific, possible mild metabolic/function gastric hypomotility.
- Chronic enteropathy pattern with segmental mild jejunal ileus vs hypermotility.
- Soft feces in colon.
- Subtle heterogenous pancreas-not sonographically consistent with significant/active pancreatitis, minor benign remodeling or low grade/chronic pancreatitis possible.
- Intermittent minor benign/reactive mesenteric lymph nodes.
- Age related renal changes.

### WEIGHT

4.2

## INTERPRETED BY

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

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine exhibited subtle to mild mural changes which may suggest chronic inflammatory criteria with infiltrative neoplasia which may present in similar sonographic manner, possible yet through less likely. A GI panel to include PLI/TLI/Cobalamin/Folate +/- diarrhea PCR is recommended.

Empirically, a canned limited antigen or hydrolyzed diet trial with potential long term dietary therapy, high colony count probiotic (Provable or Visbiome), empirical cobalamin supplementation pending assessment of cobalamin level and as needed GI support may prove beneficial. The addition of non-flavored fiber to dietary trial or higher fiber diet could be considered. An intestinal full thickness/surgical biopsy is required for a definitive diagnosis.

Triad disease may be a less likely potential in this patient if suspicion of chronic pancreatitis or increased hepatic enzyme levels are noted.

## IMAGING PERFORMED BY

Dr. Belan

## HOSPITAL NAME

Fish Creek Animal  
Hospital

## REFERRING VET

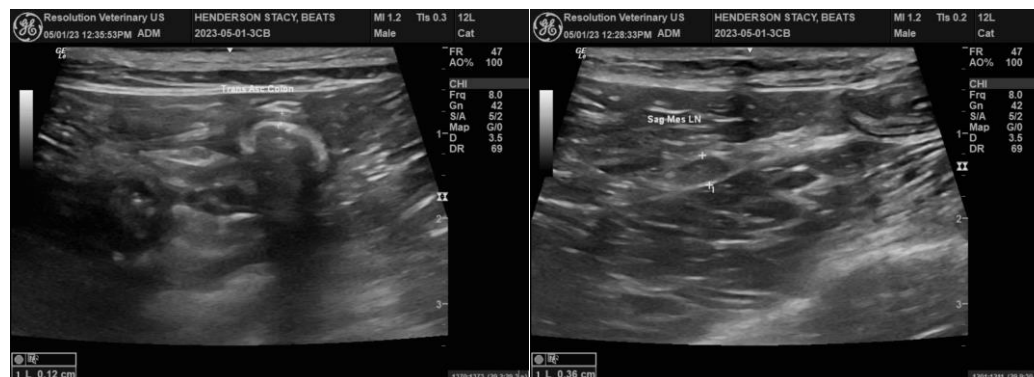
Dr. Brust

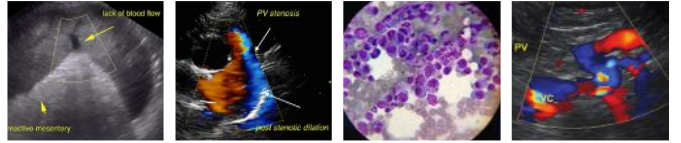
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## DATE

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**PATIENT**

Beats Henderson

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

10

**WEIGHT**

4.2

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP  
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**IMAGING PERFORMED BY**

Dr. Belan

**HOSPITAL NAME**

Fish Creek Animal  
Hospital

**REFERRING VET**

Dr. Brust

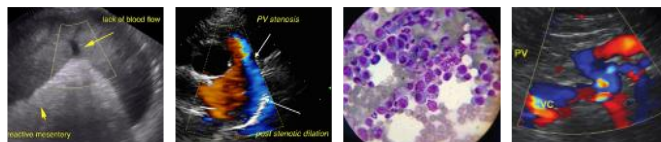
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**DATE**

05/01/2023





**PATIENT**

Beats Henderson

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

10

**WEIGHT**

4.2



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)  
[mac.daniel@sonopath.com](mailto:mac.daniel@sonopath.com)

**INTERPRETED BY**

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Dr. Belan

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