



PATIENT PRESENTING CLINICAL SIGNS

Tyson Pfarrer
History: Chronic history of V+ about twice weekly since May 2020 Mesenteric abscess sx removed (RNA) at ileocecolic junction September 2021. Since then appetite and weight have increased but V+ continues Soft loosely formed BM occ with blood/mucus for ~ 1 month CE NSF except BCS now 7/9 P been on Hills Z/D dry since February, no response

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

2 years 8 months

WEIGHT

13.01 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Lacey-Crook

HOSPITAL NAME

Rivers Edge Pet Medical
Center

REFERRING VET

Dr. Stern

INVOICE

10569ag

DATE

05/10/2022

Abnormal PE/Chem/CBC/UA Results: Fecal - WNL except positive for Feline Coronavirus RealPCR CBC, CHEM, T4 WNL except CK 1027 (74-371) Fasted SpecfPL WNL 1.5 (0-3.5) Cobalamin Fasted WNL >1000 (290-1500) **Folate Fasted ELEVATED 26.2 (9.7-21.6) TLI Fasted WNL 42.8 (12-82) Histology from GI sx: dx mesenteric tissue, chronic abscess, completely excised, no microorganisms observed with routine staining, no evidence of neoplasia, sections of intestine collected from the surgical margins composed of normal tissue

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild to moderate nondependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

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 4.1 cm in length. The right kidney measured 4.6 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.30 cm width. No overt pathology in the area of the right adrenal gland.

Spleen

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.

Liver

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.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Subjective mild prominent yet intact wall layering in the area of the pylorus with scant retained pyloric fluid was present. The pylorus



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wall measured 0.41 cm in width. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The jejunum wall measured 0.26 cm in width. The duodenum wall measured 0.24 cm in width.

BREED

Pancreas

DLH

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.

SEX

Free Abdomen

MN

No peritoneal effusion was present.

AGE

2 years 8 months

Focally enlarged jejunal colic 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 inflammation was evident. An example of lymph node size was 0.57 cm in diameter.

WEIGHT

13.01 pounds

ULTRASONOGRAPHIC FINDINGS

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(Canine and Feline)

- Overtly normal gastrointestinal tract with potential mild pyloric gastritis and semi formed feces in colon
- Intermittent subjectively benign/reactive jejunocolic lymph nodes-mild hyperplasia or reactive lymphadenitis owing to GI inflammation suspected, not consistent with neoplastic criteria

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY
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Overall, no evidence of significant abdominal specifically GI or pancreatic pathology. Clinical GI signs do not at times correlate with sonographic presentation of the GI tract. The elevated folate may be difficult to interpret in cats but could potentially indicate changes in gut flora potentially secondary to underlying structurally insignificant inflammatory process. Dietary intolerance/food hypersensitivity even with recent hydrolyzed diet trial, mild to low grade pancreatitis, dysbiosis, inflammatory bowel disease or intestinal neoplasia (less likely) could be possible. Consider alternative hydrolyzed protein diet with potential for higher fiber lower carbohydrate diet and/or fiber supplementation if persistent loose stool. High colony count probiotic may prove beneficial with as needed GI support.

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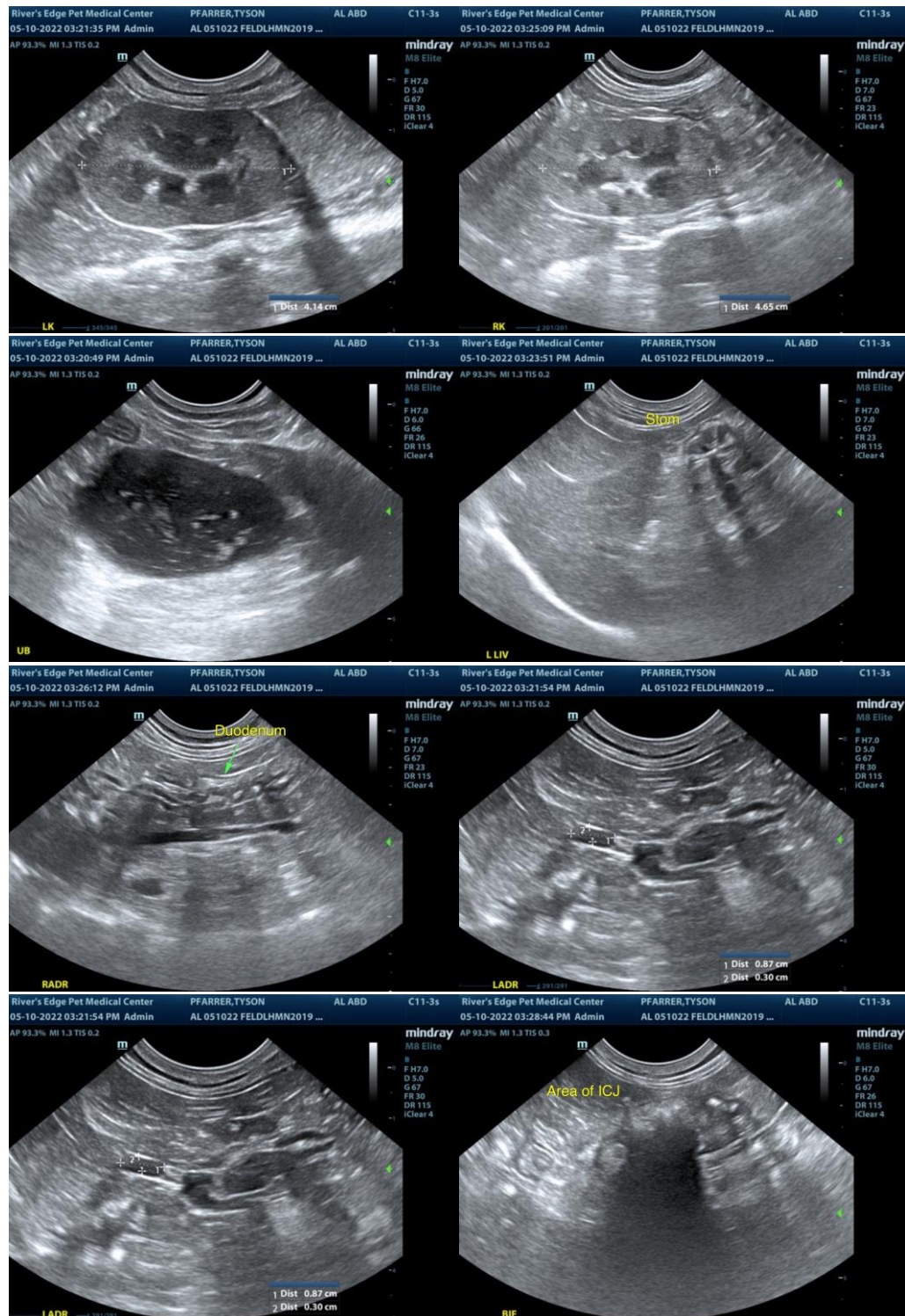
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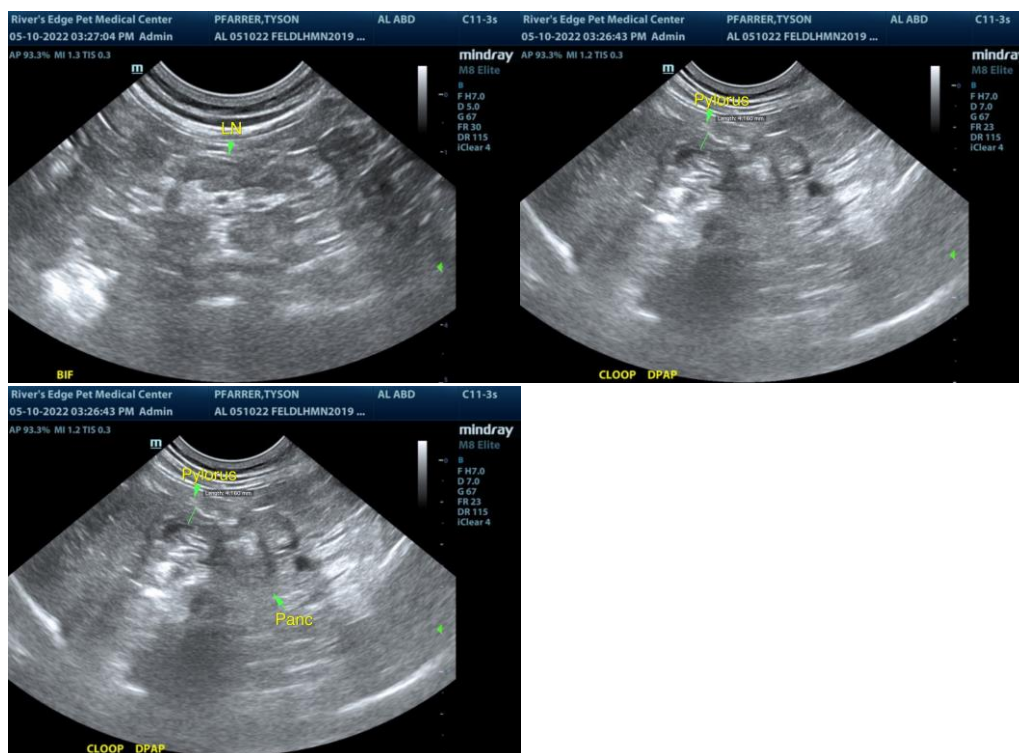
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com