



PATIENT	PRESENTING CLINICAL SIGNS
Daisy Subtratee	History: -HISTORY OF TOXOPLASMOSIS CAUSING DIARRHEA, WAS UNDER CLINDAMYCIN TREATMENT, WHICH RESOLVED THE DIARRHEA. - THE DIARRHEA RELAPSED AGAIN BUT WAS NOT CONTROLLED WITH REPEATED TREATMENT OF CLINDAMYCIN.
SPECIES	
Feline	Abnormal PE/Chem/CBC/UA Results: MILD ANEMIA LOW COBALAMIN ELEVATED FOLATE TLI- ELEVATED 178 FPLI- NEG FECAL FLOTATION- PENDING
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
DSH	Urinary System
SEX	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.
Spayed Female	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 3.1 cm in length. The right kidney measured 3.6 cm in length.
AGE	
8 Years	
WEIGHT	Adrenal Glands
4.8 Pounds	The left and right adrenal glands were not definitively visualized.
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 0.56 cm in width.
IMAGING PERFORMED BY	Liver
Dr. Sharkaway	The liver exhibited nonhomogeneous parenchyma echogenicity with evidence of parenchymal remodeling. Potential for mild hepatomegaly possible. The hepatic and portal vasculature were normal in appearance without signs of congestion.
HOSPITAL NAME	The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
Kew Gardens AH	
REFERRING VET	Gastrointestinal
Dr. Sharkaway	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.
INVOICE	
15231	The small intestine exhibited intact wall layering with subjective variable muscularis/mucosa ratio owing to segmental propensity for mildly prominent muscularis, as well as mildly prominent submucosa. No overt evidence of significant intestinal mural hypertrophy, loss of intestinal wall layering or overt intestinal masses. The jejunum wall measured 0.21 cm. The ileocolic wall measured 0.36 cm.
DATE	
5/16/22	



PATIENT

Normal visible colon wall layers were present with semi-formed to soft feces, consistent with reported diarrhea.

Daisy Subtratee

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

Intermittent jejunocolic 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). An example of lymph node measured 0.56 cm in width.

DSH

SEX

Mild generalized reactive mesentery noted. No free fluid.

Spayed Female

ULTRASONOGRAPHIC FINDINGS

AGE

- Enteropathy- likely chronic
- Intermittent subjectively benign/reactive mesenteric lymph nodes- lymphoid hyperplasia or potential minor reactive lymphadenitis suspected. Not overtly consistent with neoplastic criteria.

8 Years

WEIGHT

- Nonhomogeneous liver
- Sonographically unremarkable visualized colon, containing semi-formed to soft feces

4.8 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

The decreased cobalamin and elevated folate levels are consistent with underlying enteropathy and likely indicative of chronic small intestinal disease, which may include chronic inflammatory enteropathy/IBD, potential for neoplastic infiltrative enteropathy is considered a less likely differential diagnosis. Full thickness intestinal biopsies would be required for a definitive diagnosis. Dietary indiscretion/food hypersensitivity, occult parasitism (if the patient is indoor/outdoor) or infectious gastroenteropathy may potentially be contributing factors. Hydrolyzed diet trial, cobalamin supplementation, high colony count probiotics, such as Provable or Visbiome with potential for long-term dietary therapy and cobalamin supplementation recommended with assessment of clinical response. Reassessment of cobalamin levels recommended after supplementation.

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

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens AH

REFERRING VET

Dr. Sharkaway

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DATE

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PATIENT

Daisy Subtratee

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

8 Years

WEIGHT

4.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens AH

REFERRING VET

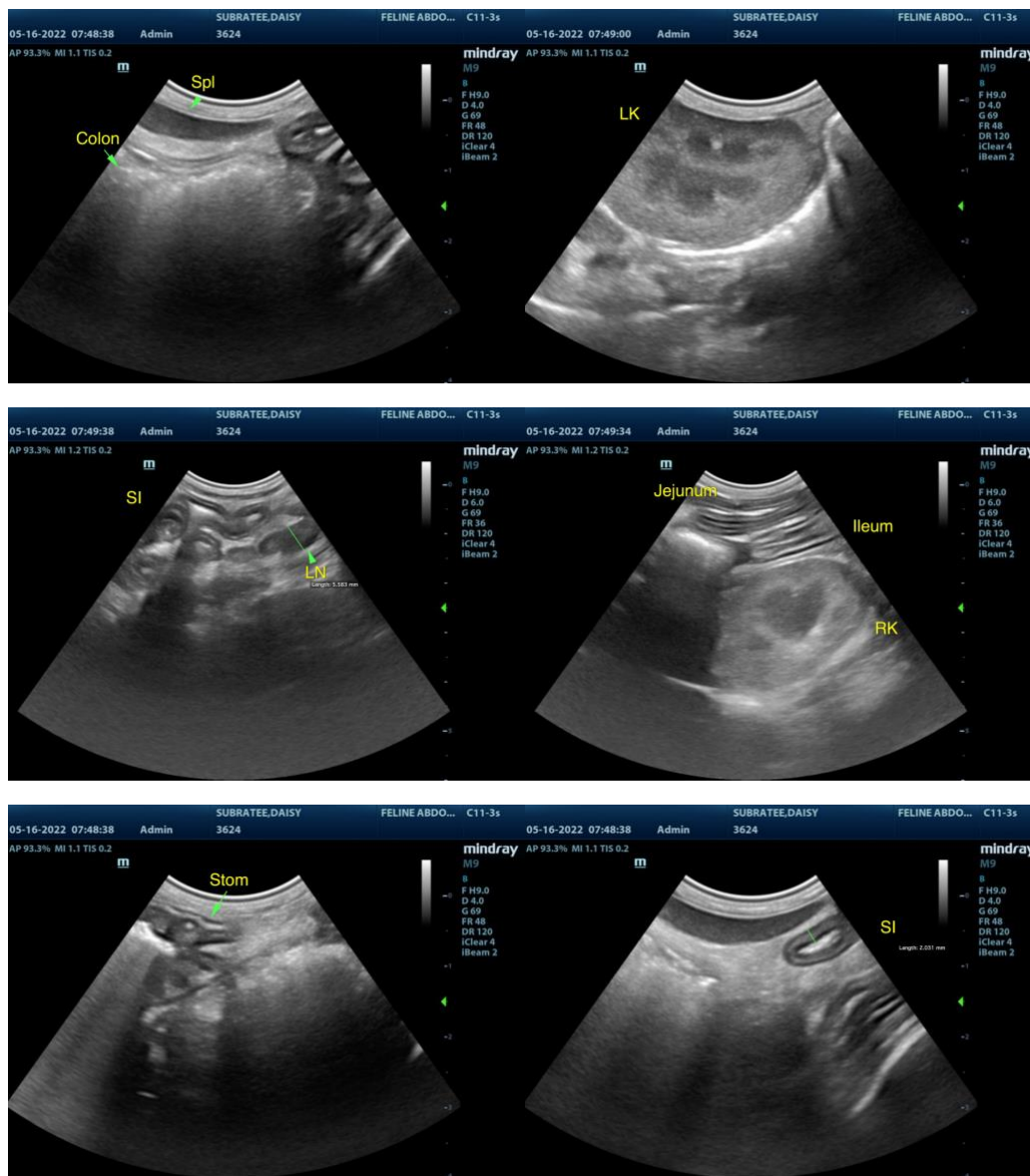
Dr. Sharkaway

INVOICE

15231

DATE

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The information and recommendations provided are based on the images presented by the referring veterinarian. 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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