



**PATIENT**

Koolau Mattson

**SPECIES**

Feline

**BREED**

DMH

**SEX**

FS

**AGE**

14 years

**WEIGHT**

6.75 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Reid Veterinary  
Hospital

**REFERRING VET**

Dr. Diane Heider

**INVOICE**

13912

**DATE**

5/19/22

**PRESENTING CLINICAL SIGNS**

Vomiting, diarrhea, weight loss (20% body weight in 4 mos)

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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 nondependent particulate sediment 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.

The area of the aortic trifurcation was free of pathology.

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Subtle evidence of pinpoint medullary mineralization was noted primarily around the corticomedullary border, present in both kidneys. No evidence of pelvic dilation was present. The left kidney measured 4.3 cm in length. The right kidney measured 4.5 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 cm width.

**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. The spleen measured 0.7 cm in width at the level of the hilus.

**Liver/ Gallbladder**

The liver exhibited subjective mild enlargement. 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.



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***Gastrointestinal***

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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 width measured 0.25 cm.

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The small intestine exhibited intact to segmentally indistinct wall layering including segmental to variable mural hypertrophy. No overt evidence of intestinal mural masses was noted. The small intestinal wall measured 0.3-0.5 cm in width. The ileocolic wall measured 0.46 cm width.

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

**SEX**

***Pancreas***

FS

The left pancreas was normal in size with areas of capsule asymmetry exhibiting mildly hypoechoic to heterogeneous parenchyma.

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***Free Abdomen***

Intermittent jejunocolic lymph nodes were present. These lymph nodes were mildly enlarged, 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 0.44 cm diameter. Mild generalized reactive mesentery was present. No free fluid was noted.

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**ULTRASONOGRAPHIC FINDINGS**

- Infiltrative enteropathy - inflammatory vs. neoplastic infiltrative enteropathy
- Associated mild jejunocolic lymphadenopathy
- Suspect concurrent low-grade chronic to chronic active pancreatitis
- Subjective mild hepatomegaly - nonspecific
- Bilateral chronic renal changes with pinpoint medullary mineral

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the segmental thickened to indistinct small intestinal wall layering, higher concern for neoplastic infiltrative enteropathy i.e., lymphoma may be indicated, although not definitive. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Fresh fecal analysis to rule out parasitic ova/Giardia could be considered if clinically indicated. Full-thickness intestinal biopsies are required for a definitive diagnosis.

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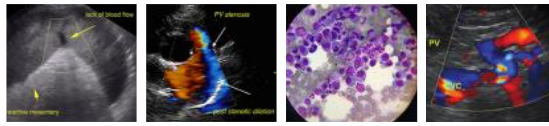
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Assessment of hepatic enzymes is suggested if not recently done +/- screening hepatic FNA, assuming normal clotting status and using a 25-gauge needle, may be considered.

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Empirical IBD protocol, if biopsies are not elected, which may include hydrolyzed diet, empirical cobalamin supplementation pending GI panel, as-needed gastrointestinal support, and Prednisolone 1.0-2.0 mg/kg PO SID, with an assessment of clinical response would be reasonable.



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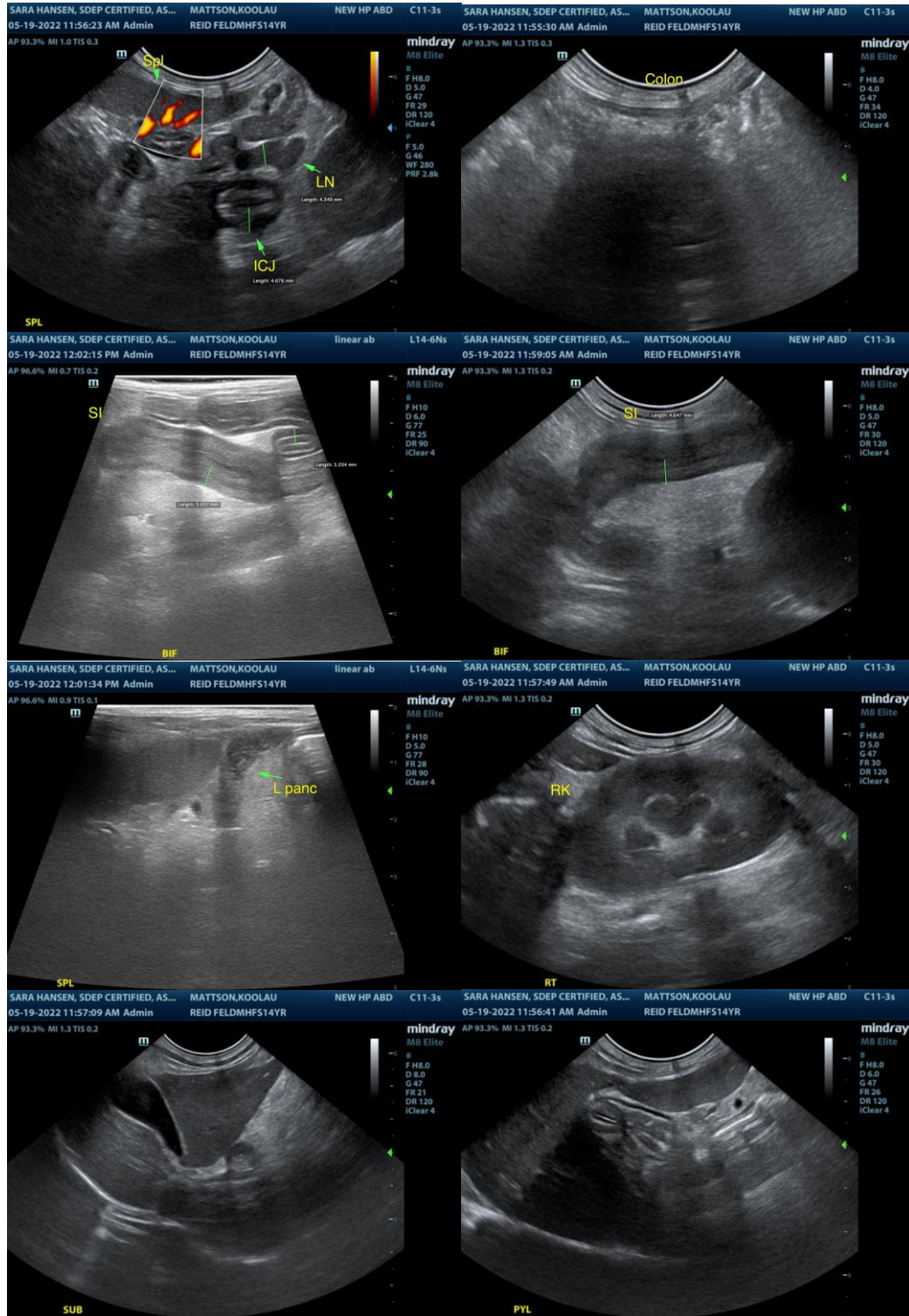
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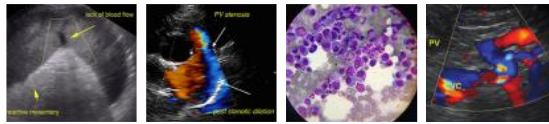
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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