



PATIENT

Monti Murphy

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

7 years 4 months

WEIGHT

4.24

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Michael Roppolo

HOSPITAL NAME

Pennsauken AH
and Urgent Care

REFERRING VET

Dr. Michael Roppolo

INVOICE

15056

DATE

5/5/22

PRESENTING CLINICAL SIGNS

3–4-month history of chronic progressive diarrhea with chronic intermittent vomiting episodes. No hyporexia reported. Patient initially responsive to metronidazole therapy in January. Recent therapy of metronidazole/fenbendazole had no effect on clinical signs.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem/T4 in later January showed mild Monocytosis (585).

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. Mild 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 residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring – cm in diameter.

The area of the aortic trifurcation was free of pathology.

Both kidneys were normal in size and margination, exhibiting subtle cortical hypertrophy and primarily uniform increased cortex echogenicity. The left kidney measured 4.8 cm in length. The right kidney measured 4.7 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 0.38 cm.

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

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/ Gallbladder

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 anechoic content with very minor luminal debris. The common bile duct was dilated and tortuous without overt post hepatic obstruction.

Gastrointestinal



PATIENT	The stomach presented intact wall layering with a normal wall layer ratio. Minor retained anechoic pyloric fluid was noted. The gastric body wall measured 0.25 cm.
Monti Murphy	
SPECIES	The small intestine exhibited intact wall layering with primarily maintained 1:3 muscularis/mucosa ratio with segmental propensity for mildly prominent to echogenic submucosa as well as subtly prominent muscularis layer yet without evidence of mural hypertrophy, loss of intestinal wall layering or intestinal masses. The jejunum wall measured 0.28 cm. Minor segmental jejunal ileus pattern present.
Feline	
BREED	Normal visible colon wall layers were present with apparent formed feces in lumen.
DSH	
SEX	Pancreas
MN	The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.
AGE	Free Abdomen
7 years 4 months	Mid abdominal, prominent, isoechoic to mildly hypoechoic mesenteric lymph nodes. An example measured 2.3 cm x 1.2 cm, some of which exhibited borderline abnormal width to length ratio, approximately 0.5. No evidence of peritoneal free fluid.
WEIGHT	ULTRASONOGRAPHIC FINDINGS
4.24	
INTERPRETED BY	Primary Findings
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Chronic active pancreatitis pattern • Suspect chronic inflammatory enteropathy/IBD • Associated nonspecific mesenteric lymphadenopathy- probable lymphoid hyperplasia or mild mesenteric lymphadenitis. Minor potential for emerging neoplastic lymphadenopathy possible yet thought less likely.
IMAGING PERFORMED BY	Secondary Findings
Dr. Michael Roppolo	<ul style="list-style-type: none"> • Minor urinary bladder sediment • Bilateral nonspecific chronic renal changes
HOSPITAL NAME	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Pennsauken AH and Urgent Care	Subjectively, the small intestine exhibited minor mural changes, which given the patients chronic gastrointestinal signs, are suggestive of chronic inflammatory enteropathy and low-grade to chronic pancreatitis, which is also suspected in this case and often seen concurrently with underlying intestinal disease in cats. In patients with chronic gastrointestinal signs, inflammatory bowel disease, pancreatitis, dysbiosis, dietary intolerance/food hypersensitivity, occult parasitism (if clinically applicable), or less likely early to low-grade intestinal neoplasia could be possible. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate, as well as diarrhea PCR panel.
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5/5/22	Pending additional diagnostics, empirical therapy may include a hydrolyzed diet trial, empirical cobalamin supplementation, high colony count probiotic, prophylactic deworming (if clinically indicated) +/- prednisolone therapy at the lowest effective dose to control clinical signs and assessment of clinical response.



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The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

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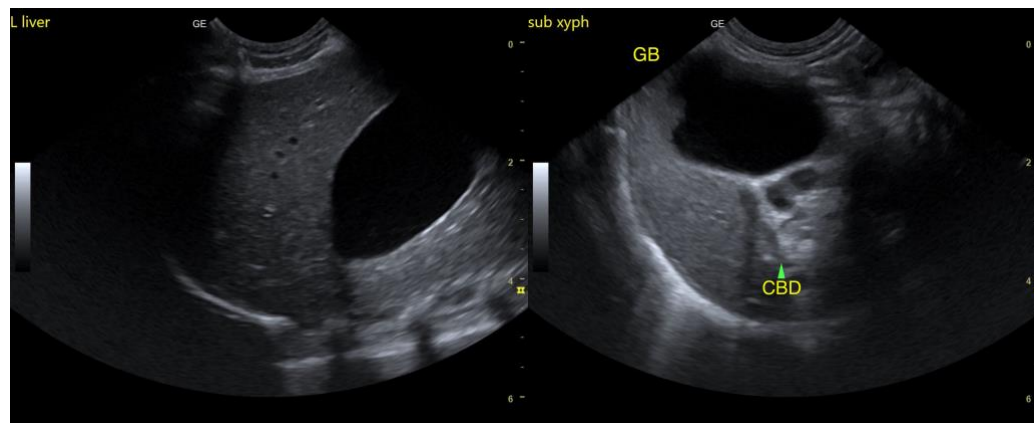
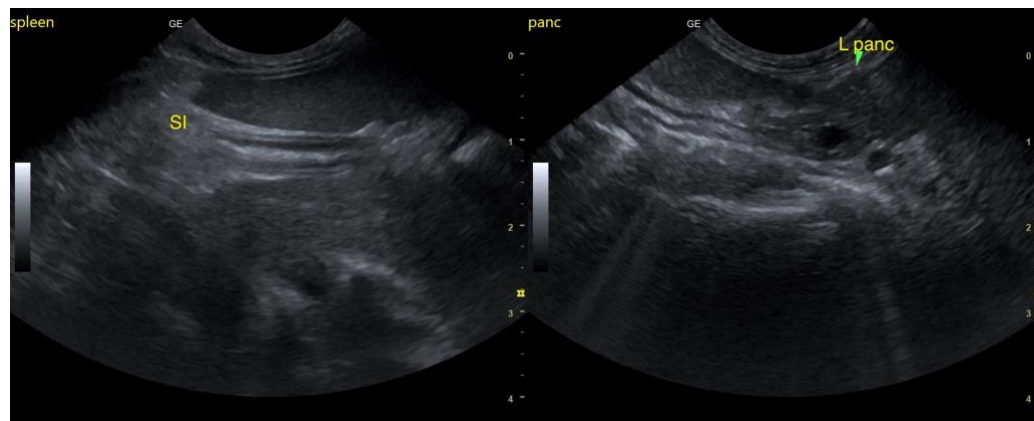
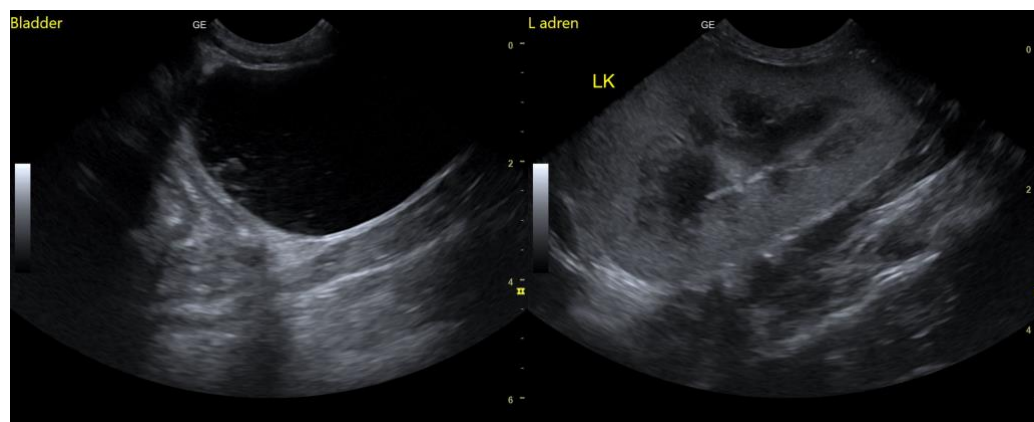
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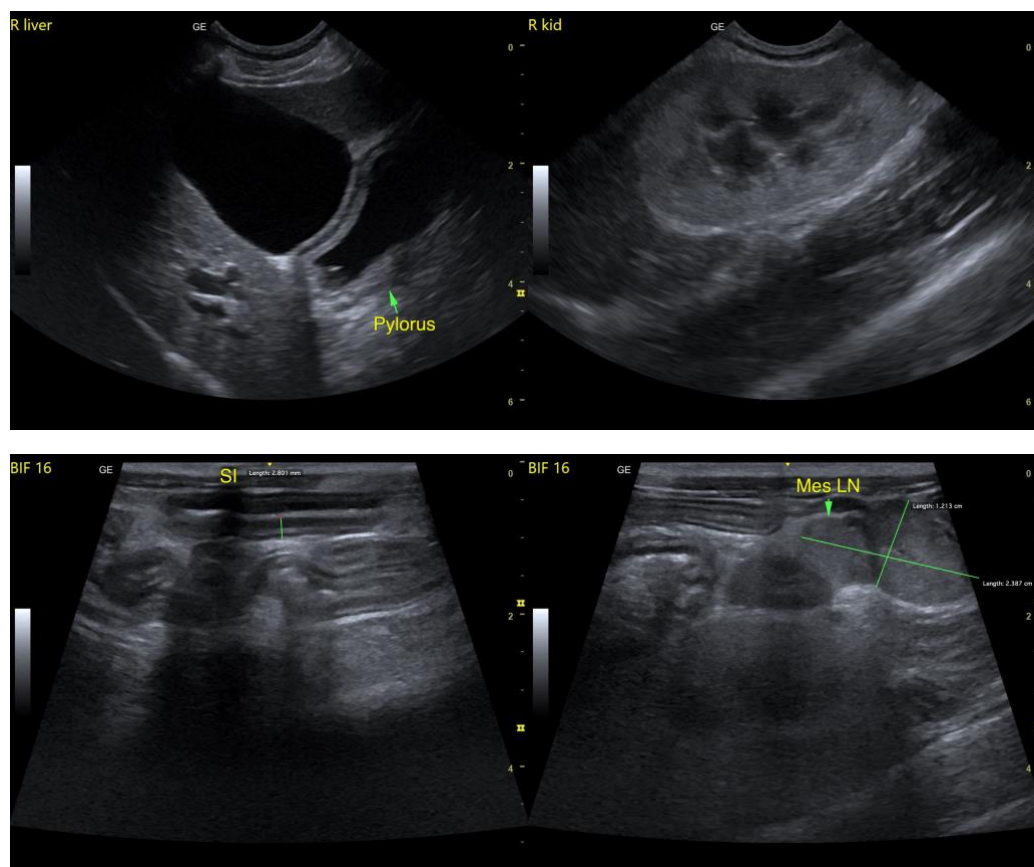
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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