



PATIENT PRESENTING CLINICAL SIGNS

Henry Rescue Chronic diarrhea. Medication: Metronidazole, Prednisolone, z/d

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: BUN 105 CREAT 2.1 SDMA 39.7 Liver enzymes wnl Na:K 24 PSL 36

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DSH

Urinary System

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 mild to moderate non-dependent particulate to swirling sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

SEX

MN

AGE

2021

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 4.0 cm in length. The right kidney measured 4.2 cm in length.

WEIGHT

6

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The bilateral adrenal glands were mildly prominent in size which is not indicative of underlying adrenal pathology and is likely a patient variant. The left adrenal gland measured 0.52 cm width. The right adrenal gland measured 0.38 cm.

INTERPRETED BY

R. McKenzie Daniel,
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(Canine and Feline)

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.

IMAGING PERFORMED BY
Rebekah Jakum, CVT
ARDMS/RVT

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 common bile duct was mildly dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.30 cm diameter.

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Gastrointestinal

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.

INVOICE

13721ag

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 small intestinal wall measured 0.23-0.24 cm in width. The ileocolic junction measured 0.30 cm and was free of pathology.

DATE

05/05/2023

Normal visible colon wall layers were present with soft in lumen.



PATIENT *Pancreas*

Henry Rescue The pancreas exhibited normal to borderline prominent size, symmetrical contour and isoechoic mildly non-homogenous parenchyma compared to the adjacent omental fat.

SPECIES *Free Abdomen*

Feline No omental masses or peritoneal effusion was present.

BREED 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).

DSH

ULTRASONOGRAPHIC FINDINGS

- SEX**
- Urinary bladder sediment.
 - Normal bilateral kidneys.
 - Structurally unremarkable GI tract.
 - Soft feces in colon.
 - Mild prominent to heterogenous pancreas.
 - Mild non-obstructive common bile duct dilation-nonspecific given no evidence of hepatic enzyme elevation/cholestasis.
- MN**
- AGE**
- 2021

WEIGHT INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

6 The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended. Prednisolone may be masking GI mural changes.

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Dietary indiscretion / food hypersensitivity, dysbiosis, infectious disease, occult parasitism, structurally insignificant inflammatory gastroenteropathy/IBD or low grade to chronic pancreatitis both of which may appear sonographically normal, or infiltrative neoplasia (less likely) are all potentials. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. A diarrhea PCR panel is recommended.

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In addition to current therapy, a canned limited antigen or hydrolyzed diet trial with potential long term dietary therapy, empirical cobalamin supplementation pending assessment of cobalamin levels, +/- fiber supplementation and assessment of GI response may prove beneficial. Potential diet rotation which may include higher fiber diet such as Hill's W/D or similar may be considered.

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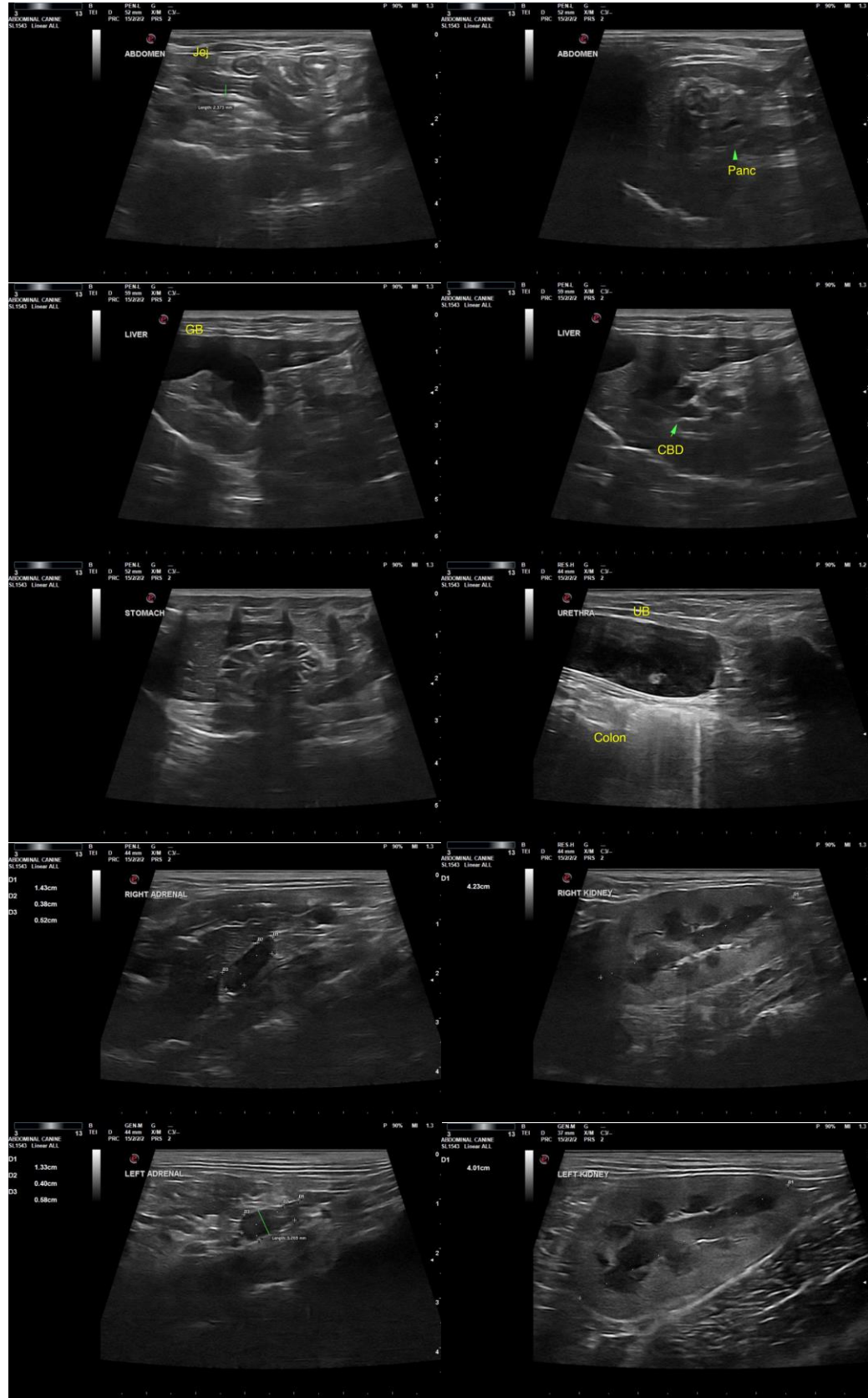
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PATIENT

Henry Rescue

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.

SPECIES

Feline

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.

BREED

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