



PATIENT PRESENTING CLINICAL SIGNS

JoJo Mikkelsen

Patient vomits mostly bile EOD per owner x few months, soft stools but firming up - Chronic weight loss Current Medications mirtazapine transdermal Primary Question/Differential to Be Answered in This Exam suspect IBD+/-chronic pancreatitis vs. GI lymphoma vs. hyperthyroidism vs. DM vs. other

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

DSH

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

SEX

FS

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.1 cm in length. The right kidney measured 4.2 cm in length.

AGE

17yr

WEIGHT

12.75lb

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 cm width.

Spleen

IMAGING PERFORMED BY

Jenna Walsh CVT

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 0.98 cm in width at the level of the hilus.

HOSPITAL NAME

Reid Veterinary
Hospital

Liver/Gallbladder

REFERRING VET

Dr. Reid

The liver presented enlarged in size. 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. A solitary discrete non-disruptive intraparenchymal nodule was present measuring 0.87 cm in diameter. 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.

INVOICE

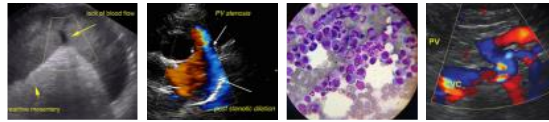
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Gastrointestinal

DATE

05/05/2023

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 0.24 cm in width.



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The small intestine presented generalized intact wall layering and an altered muscularis/mucosa ratio with variably prominent muscularis layer. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.39 cm width. The jejunum wall measured up to 0.40 cm width. The ileocolic wall measured 0.54 cm width.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Minor left limb pancreatic duct dilation was present.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Infiltrative enteropathy pattern-IBD/eosinophilic enteritis, potential for neoplastic enteropathy with round cells which may present in a similar sonographic manner.
- Soft feces in colon.
- Suspect mild chronic pancreatitis.
- Non-specific discrete hepatic nodule.
- Moderate chronic renal changes.

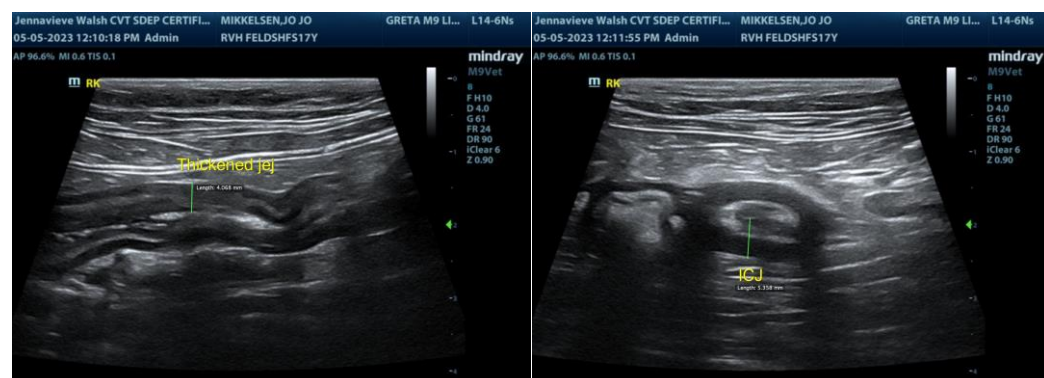
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. A full thickness intestinal biopsy is required for a definitive diagnosis.

Suspect discrete benign liver nodule i.e., vacuolar hepatopathy, inflammatory/immune mediated disease, hematopoiesis, hyperplasia or similar.

The potential for triad disease may be a consideration if previous/future hepatic enzyme elevations. Some contribution to the patient's weight loss may be owing to hyperthyroidism.

Empirically IBD/triad disease protocol with monitoring of weight loss on pending recommended GI panel would be reasonable.





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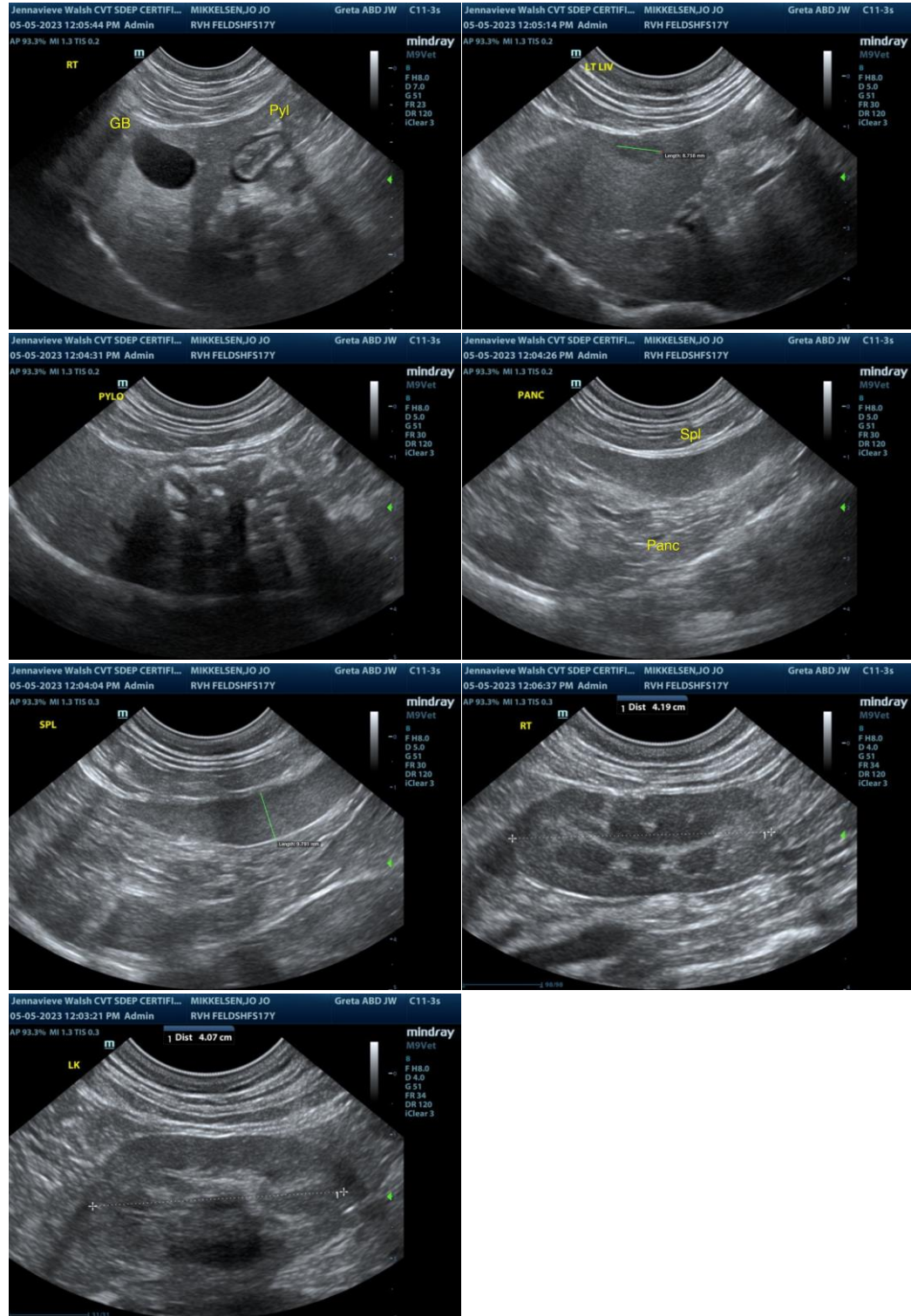
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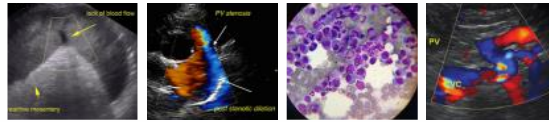
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



PATIENT visible in the image/video clips provided.

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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.

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info@SonoPath.com

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