



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Ollie Callie

**SPECIES** Feline

**BREED** DSH

**SEX** MN

**AGE** 6 years

**WEIGHT** 4.95kg

P presented 2 weeks ago with a history of poor appetite, weight loss and vomiting blood despite being on maropitant. They needed to be hospitalized and placed on fluids and a feeding tube and was treated for a gastric ulcer. P spent 4 days in hospital and went home afterwards and has been otherwise doing well except for the development of diarrhea which started in hospital and has continued up to today. P has been on proplan HA because of suspected IBD. Yesterday switched P to proplan EN diet plus tylosin.

Abnormal PE/Chem/CBC/UA Results: CBC, Chem 17 and lytes and fPL performed on the 11th of April, 2022. All values within normal limits except SDMA which was at 40 ug/dL. Rads appeared pretty unremarkable.

**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 with minor particulate, nondependent sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was 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 and normal corticomedullary definition were maintained. Subjective mild increased cortex echogenicity was present with no evidence of pelvic dilation. The left kidney measured 4.1 cm in length. The right kidney measured 3.7 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 width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.32 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 0.99 cm width at the level of the hilus.

**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 primarily anechoic luminal content. The cystic and common bile ducts were normal.

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Acton Vet Clinic

**REFERRING VET**

Dr. Gajadhar

**INVOICE**

13819

**DATE**

5/6/22



**PATIENT**

***Gastrointestinal***

Ollie Callie

The stomach presented intact and sonographically unremarkable wall layering. The gastric body wall width measured 0.24 cm. The stomach contained a mild amount of retained, primarily nonshadowing ingesta / chyme. Focally shadowing ingesta was present in the mid stomach, which is nonspecific. Potential for small hairball density is possible if clinical history of hairballs.

**SPECIES**

Feline

The small intestine presented intact wall layering and maintained a 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained nonshadowing digesta / chyme consistent with normal food without signs of ileus, obstruction or foreign material. No evidence of intestinal wall thickening, loss of intestinal wall layering, or Intestinal masses was noted. The jejunum wall width measured 0.24 cm. The ileocolic wall width measured 0.33 cm.

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

***Pancreas***

**AGE**

6 years

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

**WEIGHT**

4.95kg

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

- Minor urinary bladder sediment
- Overtly normal bilateral kidneys
- Sonographically normal gastrointestinal tract with gastric and segmental intestinal ingesta / chyme, possible small gastric hairball density or similar

**IMAGING PERFORMED BY**

Crystal Hill

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Overall, no evidence of significant visceral pathology, specifically no evidence of gastrointestinal pathology, was noted. Dietary intolerance / food hypersensitivity, occult parasitism (if the patient is indoor/outdoor), structurally insignificant inflammatory enteropathy, and less likely low-grade to chronic pancreatitis (both of which may present as sonographically normal), could be considered. Further assessment, given the patient's weight loss, may include a GI panel to include PLI/TLI/Cobalamin/Folate, fresh fecal analysis to rule out parasitic ova / Giardia, +/- diarrhea PCR panel.

**REFERRING VET**

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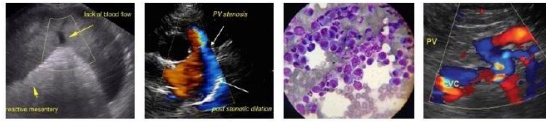
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Empirically, novel protein or hydrolyzed diet and/or higher fiber diet, or addition of fiber supplement, i.e., nonflavored Metamucil to hydrolyzed diet, high colony count probiotic, empirical cobalamin supplementation, with an assessment of clinical response could be considered.

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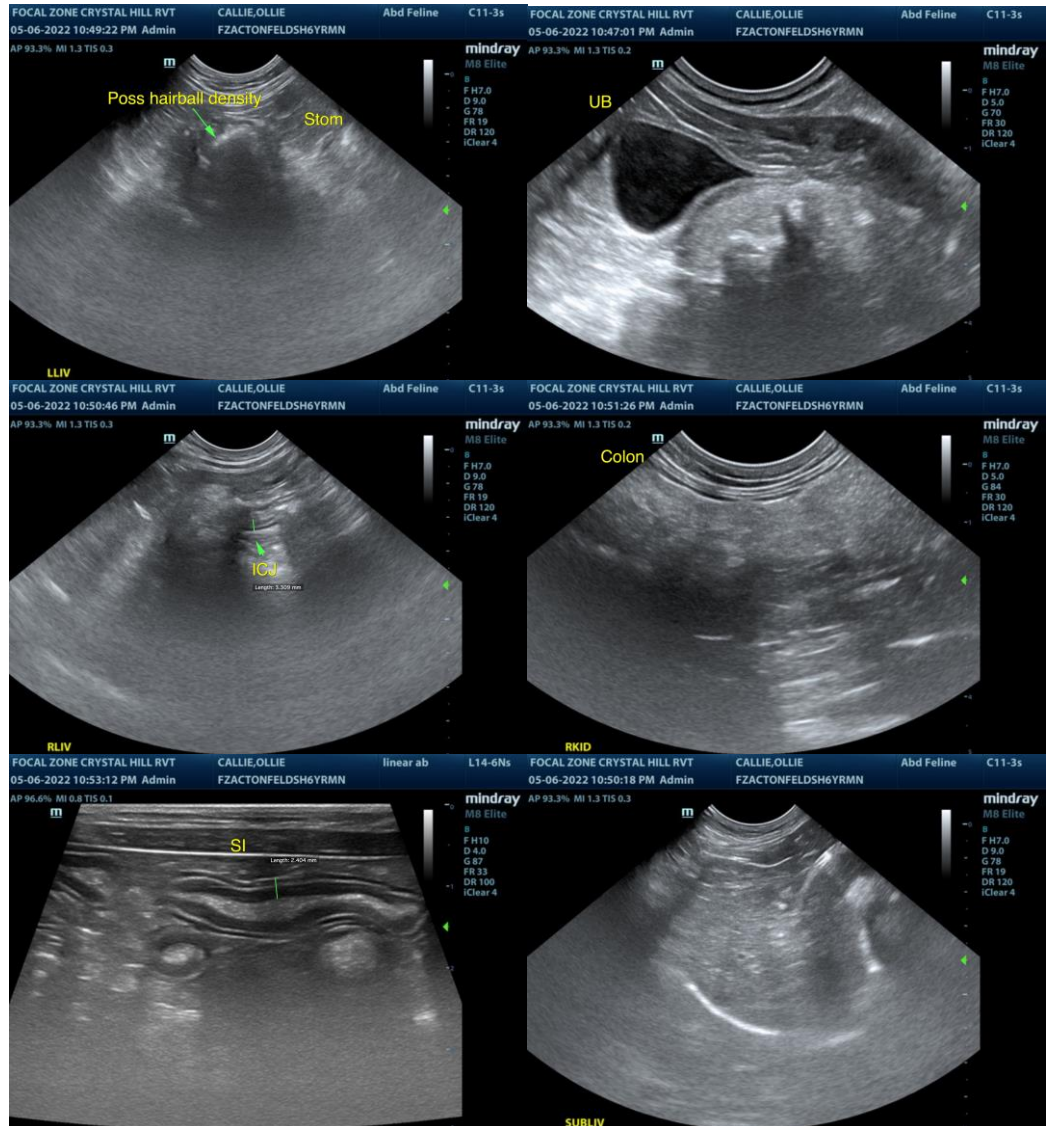
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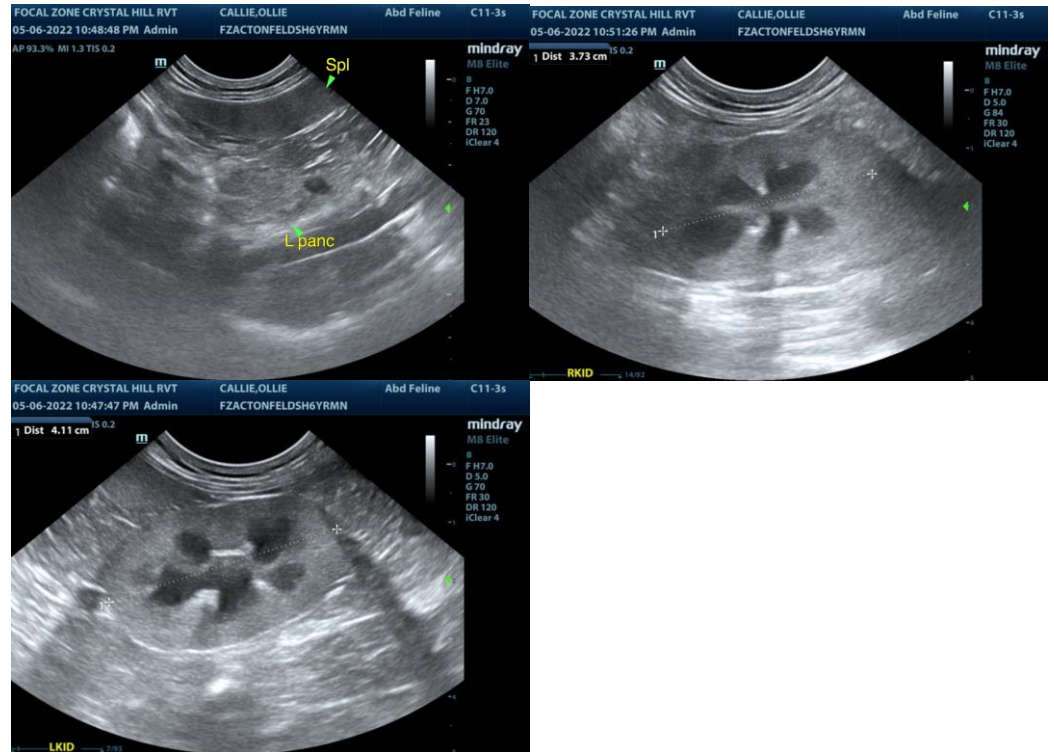
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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