



**PATIENT PRESENTING CLINICAL SIGNS**

Jerry Reish Intermittent vomiting, diabetic, controlled with PZI insulin.  
 Medication: PZI 3u BID

**SPECIES**  
 Feline  
 Glucose 434, Unremarkable liver enzymes, BUN 25, Creatinine 1.3, T4 2.5

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**DSH**  
**Urinary System**  
 The urinary bladder was normal in size and tone exhibiting a normal wall without evidence of inflammatory criteria. No tumors were noted. Anechoic urine was present with mild non-dependent, hyperechoic sand / mineral. The urethra exhibited normal structure and tone to a depth of 2.0 cm.

**SEX**  
 MN  
 The area of the aortic trifurcation was free of pathology.

**AGE**  
 2013  
 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 loss of corticomedullary symmetry and definition expected for the age of the patient. Left kidney lateral cortical infarct was noted. Probable right kidney cranial pole cortical infarct was noted. No evidence of pelvic dilation was present. The left kidney measured 4.3 cm in length. The right kidney measured 4.4 cm in length.

**WEIGHT**  
 15.1

**Adrenal Glands**

The bilateral adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.43 width and the right adrenal gland measured 0.42 width.

**INTERPRETED BY**

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

**Spleen**

The spleen exhibited variably enlargement primarily involving the caudal spleen with possible lateral folding of the splenic tail. The caudal spleen measured approximately 3.5 cm x 2.4 cm with splenic width at the level of the mid-spleen measuring 1.2 cm. The spleen maintained a finely textured homogeneous parenchyma with normal splenic vascularity. Minor splenic capsule asymmetry was noted primarily in the areas of caudal splenomegaly.

**IMAGING PERFORMED BY**  
 Rebekah Jakum, CVT  
 ARDMS/RVT

**HOSPITAL NAME**

The Village  
 Veterinarian

**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 containing anechoic content with mild gallbladder debris. The cystic and common bile ducts were normal.

**REFERRING VET**

Dr. Longenecker

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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. The gastric body wall width measured 0.25 cm.

**DATE**  
 5/9/23



**PATIENT**

Jerry Reish

The small intestine presented primarily intact wall layering and maintained a 1:3 muscularis/mucosa ratio. Segments of midabdominal jejunal exhibited subtle wall thickening with concurrent decreased mural echogenicity and indistinct wall layer detail. The jejunum wall measured 0.25 cm up to 0.27 cm width.

**SPECIES**

Feline

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

**Pancreas**

**BREED**

DSH

The pancreas base extending to the left pancreatic limb was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

**SEX**

MN

**Free Abdomen**

Intermittent mesenteric lymph nodes were present in the mid-abdomen. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example lymph node measured 2.5 cm x 0.67 cm caudal pole width. Subtle perilymphatic to peri intestinal hyperechoic omentum was noted. No free fluid or omental masses were present.

**AGE**

2013

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

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- Mild urinary bladder sand / mineral
- Chronic renal changes with cortical infarcts
- Variable to primarily caudal splenomegaly with possible folding - nonspecific, hyperplasia, hematopoiesis, splenitis, infiltrative neoplasia possible
- Mild gallbladder debris
- Subtly heterogenous pancreas - not sonographically consistent with significant / active pancreatitis
- Segmental nonspecific borderline jejunal mural hypertrophy with decreased mural echogenicity, associated subjective benign / reactive mesenteric lymphadenopathy and peri intestinal / perilymphatic mildly hyperechoic omentum

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Urine C/S is suggested on a sterile urine sample, especially if evidence of glucose urea on urinalysis. Correlation of the spleen with pending cytology is recommended.

Although nonspecific with potential for patient variant, the segmental mildly prominent to hypoechoic jejunum may indicate inflammatory criteria, i.e., nonspecific segmental jejunitis, IBD, or similar with early infiltrative round cell neoplasia thought less likely. A GI panel to include PLI/TLI/Cobalamin/Folate could be considered to assess for low-grade / chronic pancreatitis or underlying intestinal disease. Given no reported weight loss or additional gastrointestinal signs such as diarrhea, gastroprotectant protocol with dietary therapy such as canned novel protein or hydrolyzed diet trial, assessment of gastrointestinal response, and potential sonographic monitoring of the small intestine would be reasonable.



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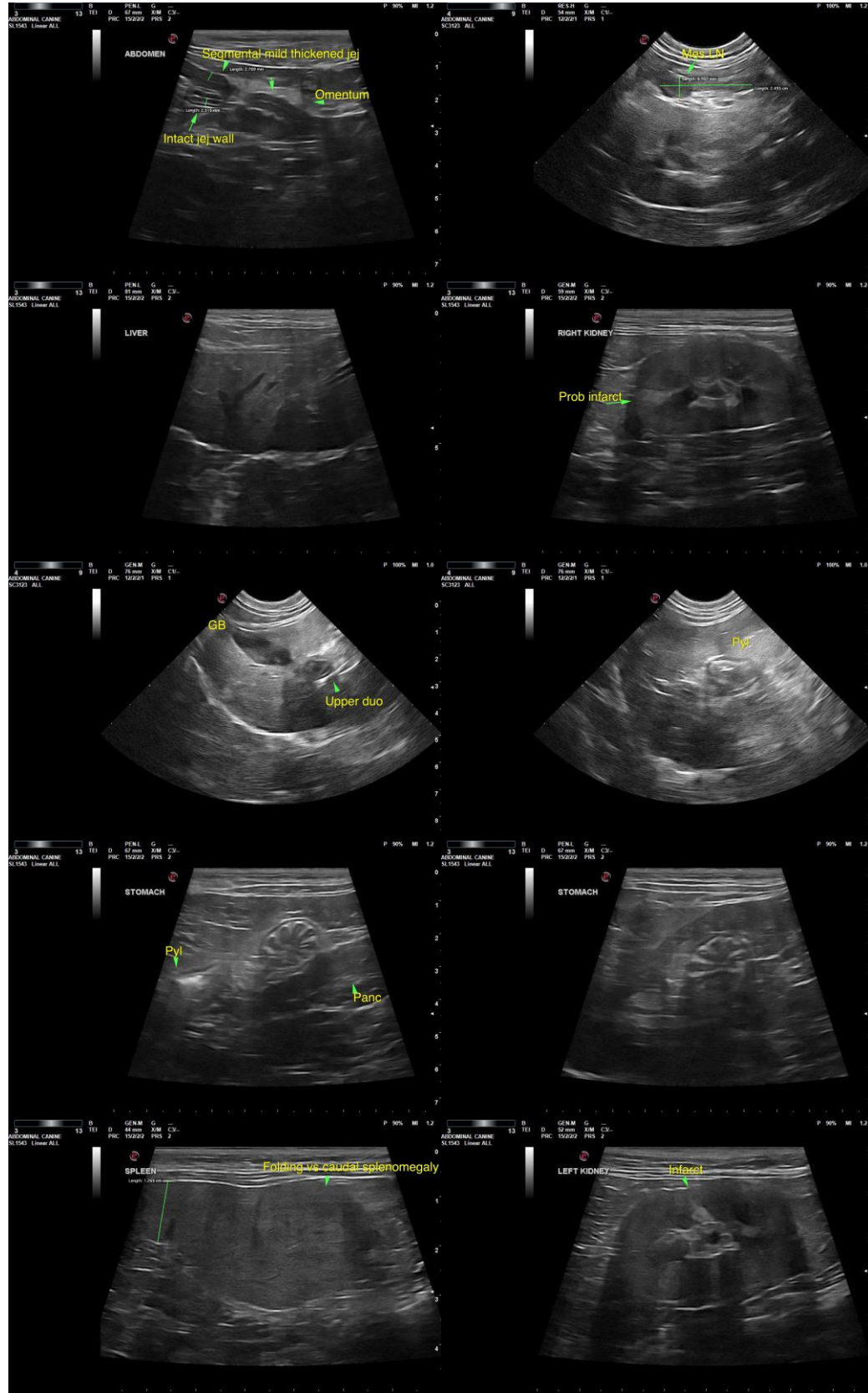
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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