

PATIENT	PRESENTING CLINICAL SIGNS
Wiser Rinehart-Mann	Weight loss, no vomiting but seems very gassy and has had recurrent diarrhea. Multi cat household. Has been on Gabapentin and gets Cartrophen Injections.
SPECIES	Abnormal PE/Chem/CBC/UA Results: CBC within normal limits. Chem Glucose 8.86(3.95-8.84)
Feline	Globulins 52(28-51) FELV FIV negative.
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
DSH	Urinary System
SEX	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with very minor particulate sediment, which may indicate cellular debris / protein, crystalline debris, lipid, or mucus.
MN	The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.
AGE	The area of the aortic trifurcation was free of pathology.
10 years	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 3.8 cm in length. The right kidney measured 4.3 cm in length.
WEIGHT	
5 kg	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP	The left and right adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.34 cm width and the right adrenal gland measured 0.43 cm width.
IMAGING PERFORMED BY	Spleen
Crystal Hill	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.
HOSPITAL NAME	Liver/ Gallbladder
Dog and Cat Clinic of Niagara	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 subnormal in size owing to the presence of gastric ingesta. No overt pathology was noted in the gallbladder. The cystic and common bile ducts were normal.
REFERRING VET	
Nick	
INVOICE	
17082	
DATE	
6/13/23	



PATIENT	<i>Gastrointestinal</i>
Wiser Rinehart-Mann	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate, nonshadowing ingesta without evidence of mechanical pyloric outflow obstruction. The stomach was otherwise normal.
SPECIES	
Feline	The small intestine presented intact wall layering and maintained a 1:3 muscularis/mucosa ratio with segmental nonshadowing intestinal ingesta / chyme. No evidence of an obstructive pattern, loss of intestinal wall layering, or intestinal masses.
BREED	
DSH	Normal visible colon wall layers were present with semi-formed to soft fecal matter, consistent with patient history.
SEX	<i>Pancreas</i>
MN	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.
AGE	<i>Free Abdomen</i>
10 years	Focal to possible intermittent mesenteric lymph nodes present. 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 1.5 cm diameter. No omental masses or peritoneal effusion was noted.
WEIGHT	
5 kg	
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP	<ul style="list-style-type: none"> • Sonographically unremarkable gastrointestinal tract with gastric and segmental intestinal ingesta - ingesta sonographically consistent with food • Focal to possible intermittent mild subjective benign mesenteric lymphadenopathy • Normal pancreas
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Crystal Hill	Sonographically, no evidence of significant visceral, specifically gastroenterocolic, pathology or active pancreatitis as an obvious cause or contributing factor to the patient's gastrointestinal signs and weight loss. Dietary intolerance / food hypersensitivity, dysbiosis, occult parasitism / infectious disease, structurally insignificant inflammatory bowel, or low-grade to chronic pancreatitis, which may present as sonographically normal, and infiltrative neoplasia (less likely) are all potentials. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate, and fresh fecal analysis, +/- diarrhea PCR panel. Three-view chest radiographs are suggested to rule out occult thoracic pathology.
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17082	Novel protein hydrolyzed or higher fiber diet trial with potential long-term dietary therapy, high colony count probiotic (such as Provable), cobalamin supplementation pending assessment of cobalamin levels, and broad spectrum deworming even if fecal testing is negative, +/--antibiotic trial with consideration for possible adverse effects on normal GI flora, may prove beneficial. Intestinal biopsies may be indicated if GI signs and weight loss continue despite empirical therapy and pending additional diagnostics.
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Wiser Rinehart-Mann

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

10 years

WEIGHT

5 kg

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R. McKenzie Daniel,
DVM, DABVP

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Dog and Cat Clinic of
Niagara

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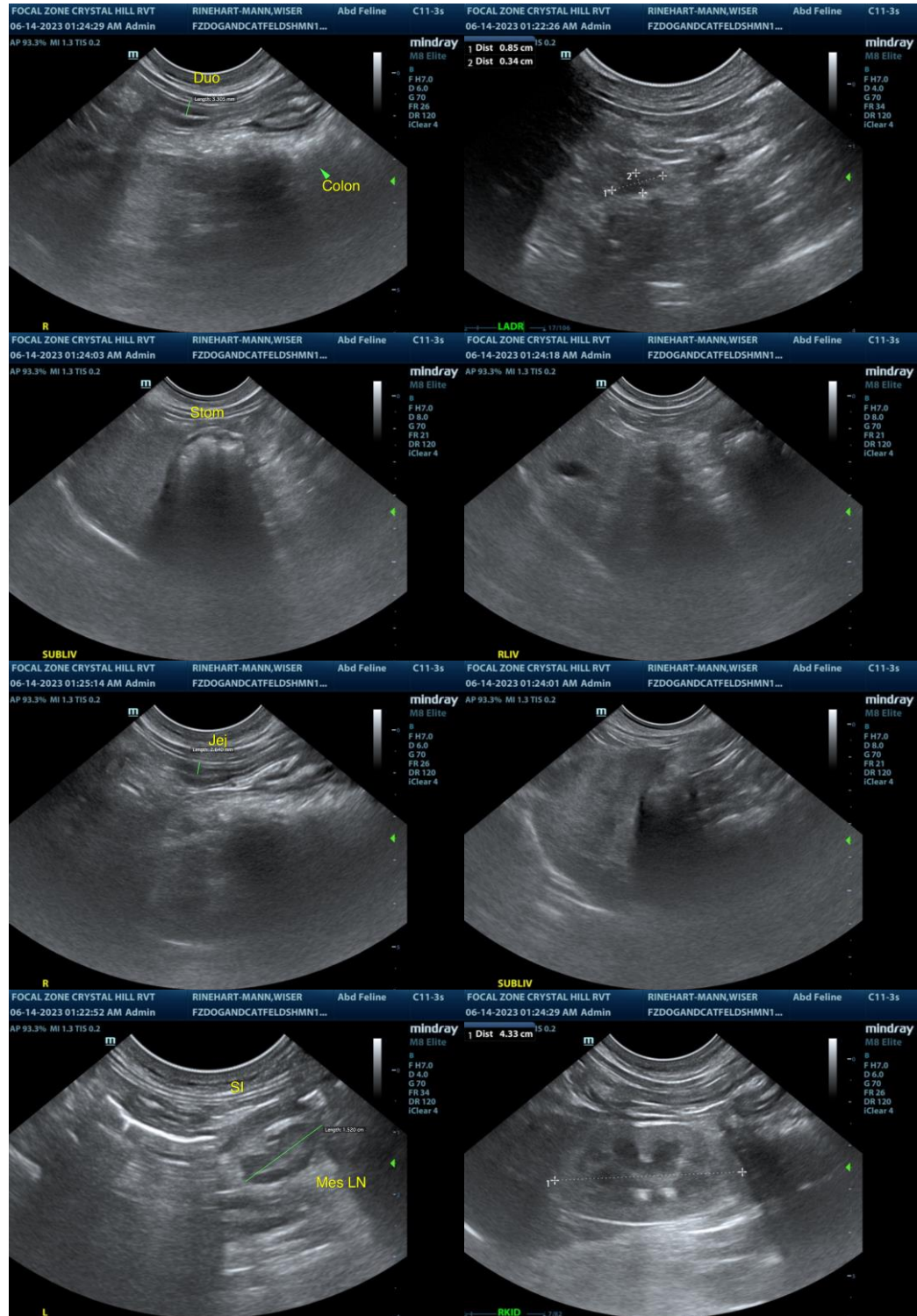
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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