

**PATIENT**

Evey McDonald

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

3 years

WEIGHT

10 lb

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP (Canine
and Feline)**IMAGING
PERFORMED BY**

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Family Pet Practice

INVOICE

10849ag

DATE

06/17/2022

PRESENTING CLINICAL SIGNS

History: Weight loss, vomiting once daily last 10 days (hairballs, digested food, undigested food, bile).

Abnormal PE/Chem/CBC/UA Results: See attached labs. FeLV/FIV negative.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 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. 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 3.6 cm in length. The right kidney measured 4.0 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 0.34 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 0.89 cm in 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 subnormal in size likely owing to the presence of gastric ingesta with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained nonshadowing ingesta/chyme with no signs of ileus, obstruction, or foreign material. The gastric body wall measured 0.27 cm in width.

The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. No evidence of intestinal wall layering or intestinal masses. The small intestinal wall measured up to 0.40 cm wall width.

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Normal visible colon wall layers were present with apparent formed feces in lumen. The ileocolic wall measured 0.32 cm in width.

Pancreas**SPECIES**

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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.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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A solitary mildly shadowing mixed echogenic spherical density was present in the left caudal abdomen consistent with Bates body or focal nodular fat necrosis. This is an incidental finding and not considered pathological.

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ULTRASONOGRAPHIC FINDINGS**Primary Findings**

- IBD intestinal pattern

Secondary Findings

- Solitary incidental Bates body/focal nodular fat necrosis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**INTERPRETED BY**

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

The appearance of the small intestine is consistent with infiltrative criteria with inflammatory infiltrative disease i.e. IBD/eosinophilic enteritis considered not likely. Technically there is a mild potential for neoplastic infiltrative enteropathy with round cells such as lymphoma which may present in similar sonographic manner. Definitive diagnosis would require full thickness intestinal biopsies and should be considered for guidance in treatment considering the young age of the patient. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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Empirically IBD treatment trial which may include hydrolyzed diet, as needed GI support and prednisolone 1-2 mg/kg PO SID with assessment of clinical response would be reasonable if biopsy is not possible/elected.

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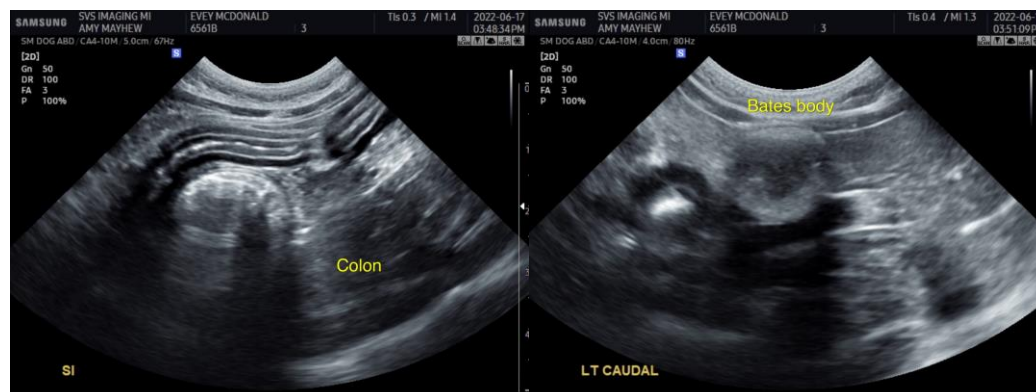
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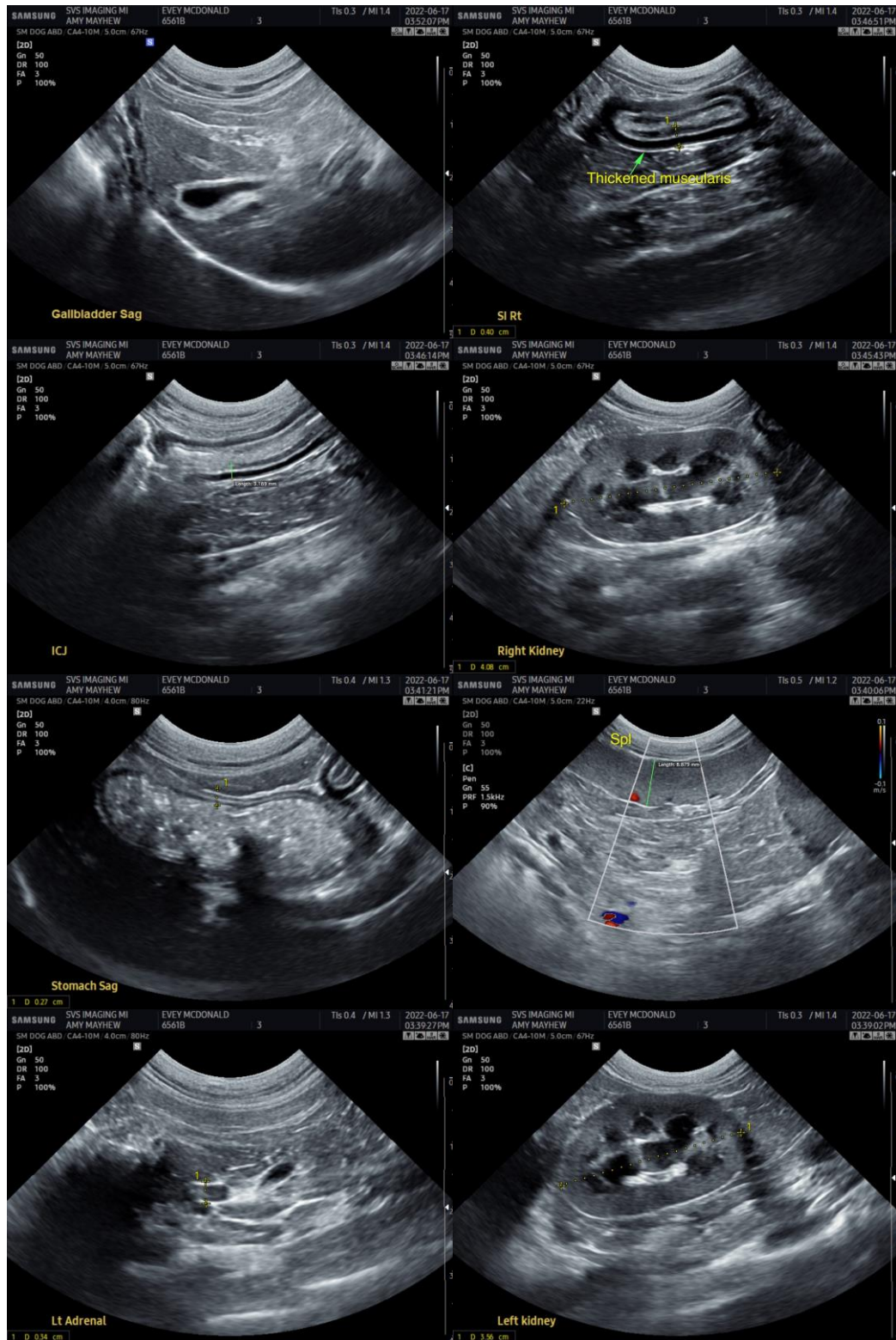
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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1-800-838-4268 info@sonopath.com SonoPath.com

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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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