



PATIENT PRESENTING CLINICAL SIGNS

Milo Miller History: Vomiting, diarrhea CBC/Chem unremarkable

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SPECIES

Feline

Urinary System

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.

BREED

DSH

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 3.8 cm in length.

SEX

MN

AGE

9 months

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.28 cm width. No overt pathology in the area of the right adrenal gland.

WEIGHT

8 lb

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.

INTERPRETED BY

R. McKenzie Daniel,
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(Canine and Feline)

Liver

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.

IMAGING PERFORMED BY
Rebekah Jakum, CVT
ARDMS/RVT

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained anechoic pyloric fluid with no signs of ileus, obstruction or foreign material.

REFERRING VET

Dr. Thayer

The duodenum and jejunum to the level ileum presented intact wall layering with 1:3 muscularis/mucosa ratio. Subjectively intact yet mildly prominent wall layering noted in the ileum to the level of the ileocolic junction. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The ileum wall measured 0.43 cm in width. The ileocolic junction wall measured 0.34 cm in width.

INVOICE

10838ag

Focal to regional thickening of the proximal colon or cecal wall exhibiting decreased mural echogenicity and loss of discernible wall layer detail measuring approximately 1.5 cm – 2.0 cm in diameter with wall width up to 0.36 cm was present. Several to multiple mildly prominent symmetrical to hypoechoic colic lymph nodes were present an example measured 1.0 cm x 0.4 cm. Minor evidence

DATE
06/17/2022



PATIENT of peri ileocolic and peri lymphatic reactive mesentery was noted. The remaining visualized colon walls were sonographically normal containing subjective formed feces.

Milo Miller

Pancreas

SPECIES 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 was evident.

Feline

Free Abdomen

BREED

No overt lymphadenopathy or peritoneal effusion was present.

DSH

SEX

ULTRASONOGRAPHIC FINDINGS

MN

- Focal to regionally thickened proximal colon to cecum wall
- Overtly normal stomach and small bowel with mild retained pyloric fluid, possible concurrent ileitis
- Mildly prominent hypoechoic yet nonspecific colic lymphadenopathy-lymphoid hyperplasia, reactive lymphadenitis is suspected

AGE

9 months

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

8 lb

The primary finding in the GI tract is the focal to regional thickening of the proximal colon to cecal wall. Considerations may include inflammatory disease with potential for emerging granulomatous (dry form FIP) or neoplastic infiltrative disease. If accessible, an ultrasound guided FNA of the thickened proximal colon to cecal wall for screening cytology could be considered. Biopsies of the colon/cecal wall as well as lymphatic biopsy are likely required for a definitive diagnosis. Dietary intolerance/food allergy or occult parasitism may also be possible and be contributing factors to the patient's GI signs. Empirically a hydrolyzed diet trial with as needed GI support such as high colony count probiotic +/- metronidazole/Zithromax combo given the potential for colic lymphadenitis and sonographic monitoring of the proximal colon and cecal wall would be a more conservative approach. Broad spectrum deworming is also suggested.

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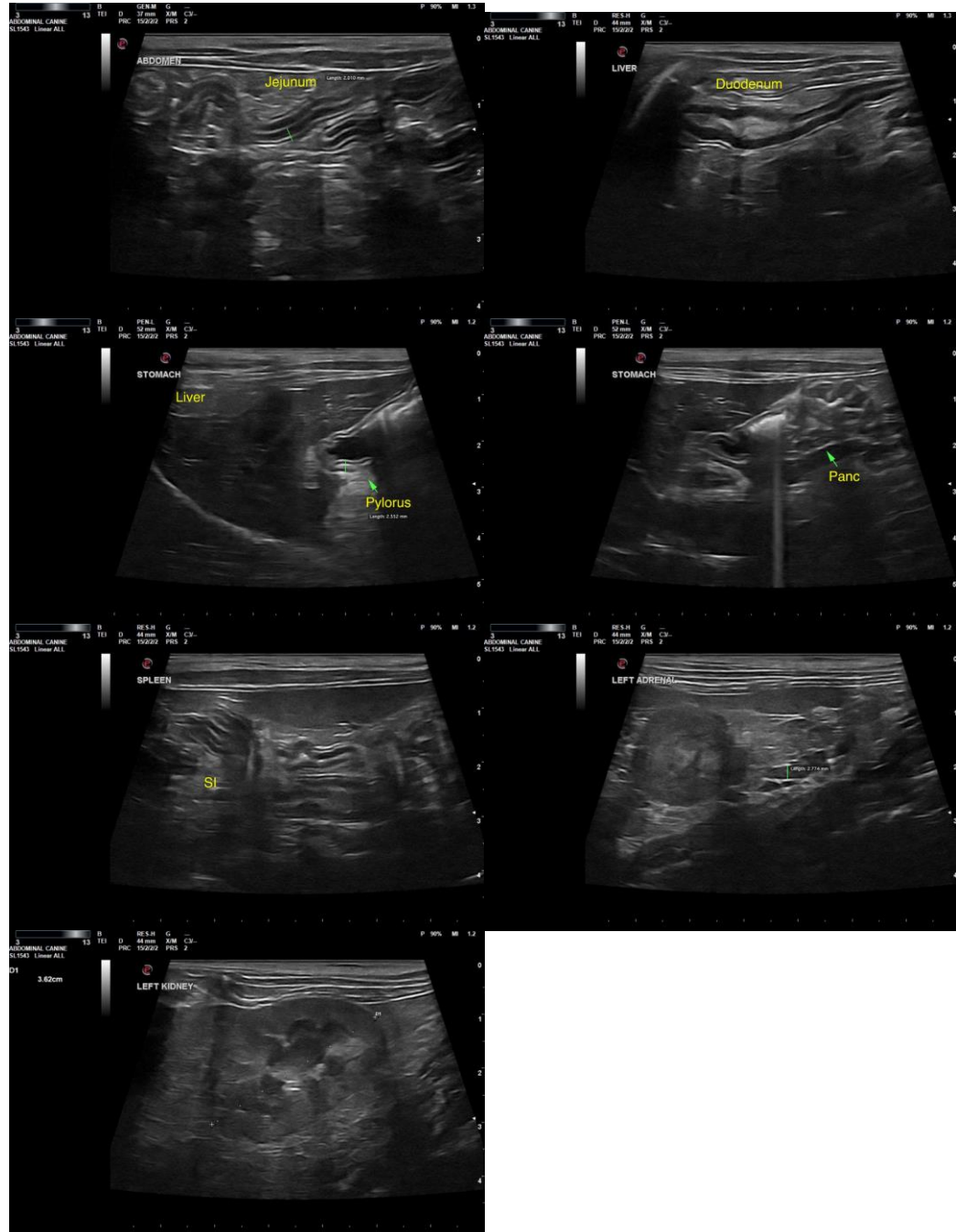
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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