



PATIENT PRESENTING CLINICAL SIGNS

Bitty Bachofer Worsening chronic vomiting for several months, recent hyperthyroid diagnosis.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SPECIES

Feline

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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

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Normal size and minor asymmetrical 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 3.2 cm in length. The right kidney measured 3.4 cm in length.

SEX

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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 0.35 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.33 cm width.

WEIGHT

8.4

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 0.72 cm in width at the level of the hilus.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY
 Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME

Alburtis AH

Gastrointestinal

The stomach presented intact wall layering with subjective borderline prominent pylorus wall. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The pylorus wall measured 0.30 cm in width.

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The small intestine presented intact mild to variably thickened wall layering with 1:3 muscularis/mucosa ratio. No evidence of loss of intestinal wall layering or intestinal masses. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.32 cm width. The jejunum wall measured 0.30-0.34 cm width. The ileocolic wall measured 0.32 cm width.

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

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Pancreas



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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 was evident.

SPECIES

Feline

Free Abdomen

No omental masses or peritoneal effusion was present.

Intermittent mildly prominent to enlarged mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

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ULTRASONOGRAPHIC FINDINGS

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- Intact borderline prominent pylorus wall.
- Intact mildly thickened generalized small intestinal wall.
- Normal pancreas.
- Bilateral mild chronic renal changes.
- Intermittent mild benign/reactive mesenteric lymph nodes.

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine exhibited mild mural changes suggestive of chronic inflammatory criteria. Potential for early or low grade neoplastic infiltrative enteropathy with round cells may present in a similar sonographic manner and cannot be definitively excluded.

WEIGHT

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A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. A full thickness/surgical biopsy is required for a definitive diagnosis.

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Empirically, a canned limited antigen or hydrolyzed diet trial with potential long term dietary therapy +/- IBD protocol with assessment of clinical response and monitoring of weight would be reasonable if biopsies are not elected.

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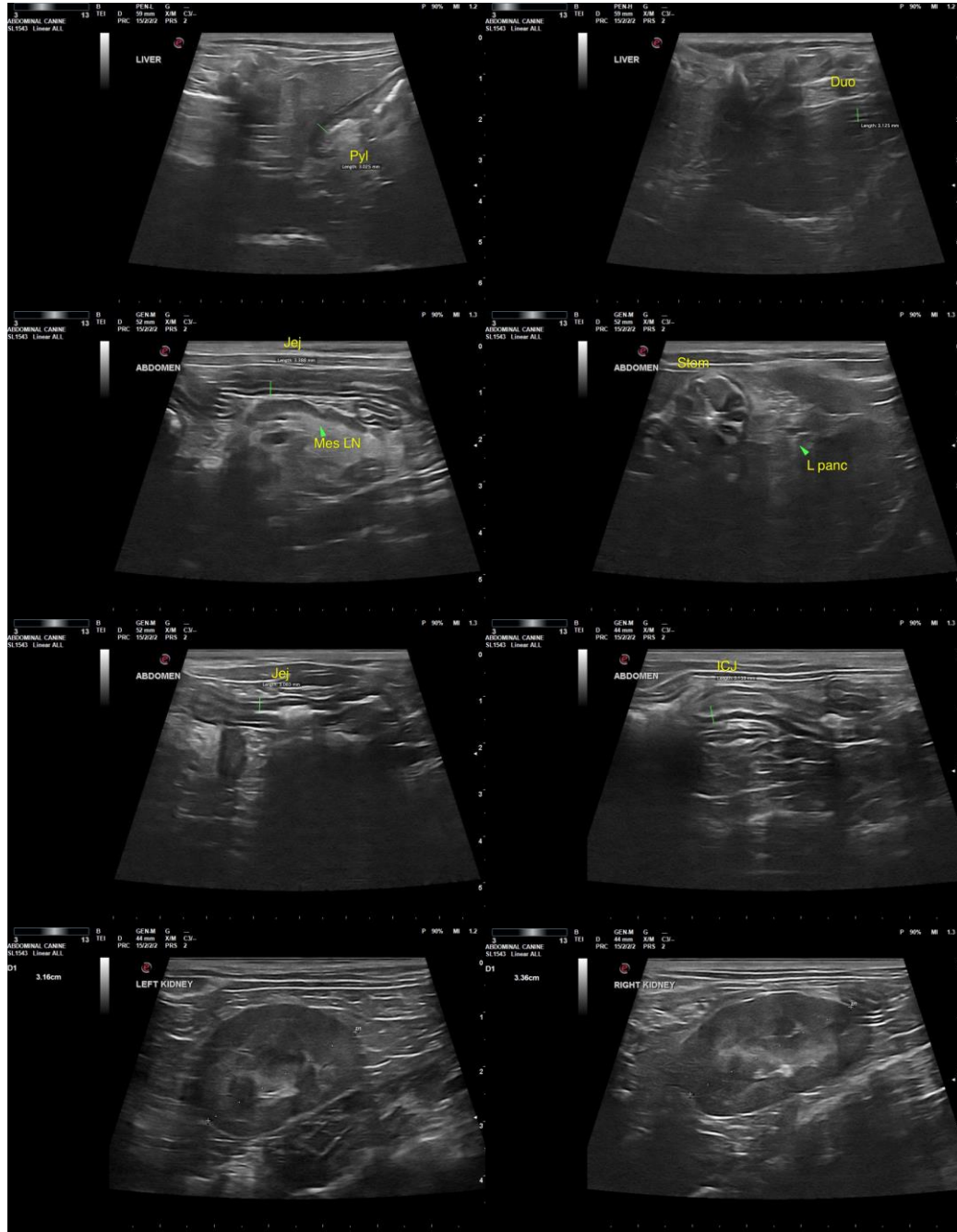
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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