



**PATIENT**

Leo Abernathy

**SPECIES**

Feline

**BREED**

Maine Coon

**SEX**

Neutered Male

**AGE**

8 Months

**WEIGHT**

12 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Trae Cutchin

**HOSPITAL NAME**

Friendship Springs VC

**REFERRING VET**

Trae Cutchin

**INVOICE**

16207

**DATE**

6/20/22

**PRESENTING CLINICAL SIGNS**

History: Patient is licking the floor, walls, carpets, other foreign materials.  
Abnormal PE/Chem/CBC/UA Results: Pt has marked gingivitis (suspect immune-mediated gingivitis-stomatitis syndrome, infectious disease is not ruled out). Pt has a high folate, technically normal cobalamin (600) but may be considered borderline low by some. FeLV/FIV, CBC, chems, fpl, UA are wnl. Slight increase in alpk 69 (12-59), slight increase in phos 6.7 (2.9-6.3) -age-related?

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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 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.

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. A hyperechoic corticomedullary band, consistent with a mild medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 3.9 cm. The right kidney measured 4.0 cm.

**Adrenal Glands**

The left and right adrenal glands were not definitively visualized. No overt pathology in the area of the left or right adrenal glands.

**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 0.9 cm in width at the level of the hilus.

**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.

**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 measured 0.24 cm.

The small intestine presented intact wall layering with maintained 1:3 muscularis/mucosa ratio with segmental propensity for mildly prominent duodenojejunal mucosa. No evidence of loss of intestinal wall layering, intestinal masses or mechanical/metabolic ileus. The duodenum wall measured 0.3 cm. The jejunum wall measured 0.28 cm. The ileocolic wall measured 0.32 cm.



**PATIENT**

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

Leo Abernathy

**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**

Possible prominent to hypoechoic medial iliac lymph node, adjacent to the iliac trifurcation. Possible medial iliac lymph nodes measured approximately 1.3 cm in diameter.

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Intermittent to multiple prominent hypoechoic to mildly swollen mesenteric lymph nodes were present, an example measured 1.7 cm x 1.0 cm.

Neutered Male

Subtle evidence of perilymphatic reactive mesentery was noted. No evidence of peritoneal free fluid.

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

- Bilateral mild nonspecific renal medullary rim sign
- Intermittent to multiple prominent hypoechoic to swollen mesenteric and likely focal medial iliac lymph nodes with perilymphatic reactive mesentery
- Intact yet mild segmentally prominent small intestinal walls

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

The mesenteric and focal medial iliac lymphadenopathy was nonspecific with considerations, including lymphoid hyperplasia, reactive lymphadenitis, potentially owing to underlying enteropathy, while the possibility of emerging neoplastic criteria cannot be excluded. Elevated folate levels in cats are difficult to assess yet may potentially suggest upper small intestinal disease given the patients history and potential pica.

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Assuming normal clotting status, and if accessible, lymph node FNA, for screening cytology +/- culture and sensitivity, if clinically indicated, is recommended for further assessment.

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Empirically, given the potential for lymphadenitis, a low carb or hydrolyzed canned food, high colony count probiotic +/- Zithromax/Metronidazole trial with sonographic monitoring and assessment of clinical response could be considered. Intestinal and lymphatic biopsies may be required for a definitive diagnosis.

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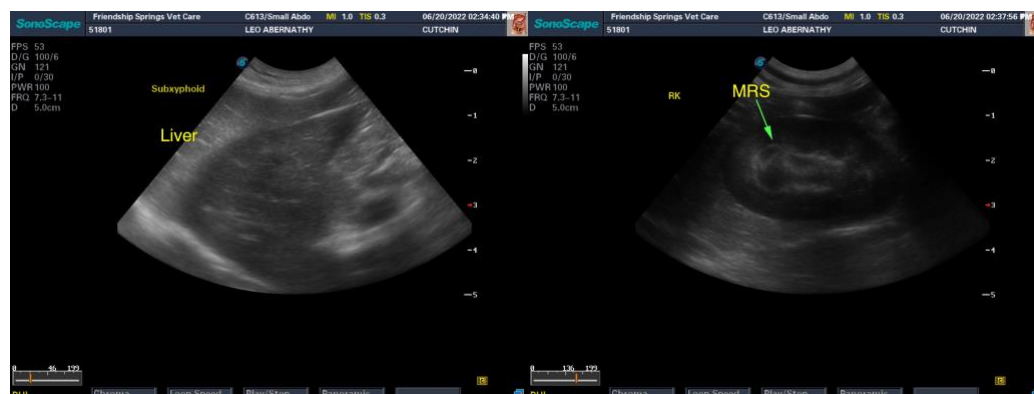
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The information and recommendations provided are based on the images presented by the



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referring veterinarian. 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.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
info@SonoPath.com