



PATIENT PRESENTING CLINICAL SIGNS

Poptart Schaedel History: Acute vomiting, straining to defecate

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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 was 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 3.2 cm in length.

SEX

Female

AGE

3 Months No overt pathology in the area of the left or right adrenal glands.

Adrenal Glands

WEIGHT

3 Pounds The spleen was normal in size with maintained finely textured homogeneous parenchyma with mild medial capsule asymmetry to scalloping. The spleen measured 0.7 cm in width.

Spleen

Liver

INTERPRETED BY

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

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained anechoic pyloric fluid. The pylorus wall measured 0.29 cm.

HOSPITAL NAME

Blue Ridge VC

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no evidence of mechanical/metabolic small intestinal ileus pattern or obvious foreign material. The jejunum wall measured 0.23 cm. The duodenum wall measured 0.22 cm. The ileocolic wall measured 0.30 cm.

REFERRING VET

Dr. Santore

The descending colon at the approximate level of the left kidney, extending caudally to the level of the urinary bladder and into the colorectum, exhibited moderately thickened walls with subjective intact yet indistinct wall layer detail and decreased mural echogenicity. The descending colon wall measured up to 0.64 cm in width. The visualized proximal colon, at the level of the ileocolic junction, was sonographically unremarkable.

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Pancreas

DATE

6/23/22



PATIENT

The left pancreatic limb, caudal to the stomach, exhibited subtle prominent size and minor capsule asymmetry with mild hypochoic parenchyma compared to adjacent omentum.

Poptart Schaedel

Free Abdomen

SPECIES

Intermittent, enlarged jejunocolic lymph nodes were present. These lymph nodes were homogenous, mildly hypochoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of colic lymph node measured 0.65 cm in diameter.

Feline

BREED

Intermittent small pockets of scant peritoneal free fluid were present.

DSH

ULTRASONOGRAPHIC FINDINGS

SEX

- Moderately thickened descending colon/colorectum
- Suspect mild gastritis, sonographically unremarkable small bowel
- Potential mild pancreatitis
- Intermittent, mildly prominent to hypochoic yet nonspecific jejunocolic lymphadenopathy-lymphoid hyperplasia, immunologic immaturity, reactive lymphadenitis, potentially secondary to inflammatory enterocolonopathy, emerging granulomatous lymphadenopathy, while the possibility of emerging neoplastic lymphadenopathy, although thought less likely could not be definitively excluded.

Female

AGE

3 Months

WEIGHT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

3 Pounds

Considerations for the thickened descending colon and colorectal walls may include inflammatory, infectious, granulomatous (FIP) with potential for emerging neoplastic etiologies. Overt evidence of concurrent gastrointestinal involvement was not noted yet given the patients vomiting, some degree of gastrointestinal inflammatory disease could also be present. Dietary intolerance/food hypersensitivity, occult parasitism could also be playing a role.

INTERPRETED BY

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(Canine and Feline)

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. If diarrhea is present, a diarrhea PCR panel is warranted. Endoscopic colonic or enterocolonic biopsies are likely required for a definitive diagnosis.

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ARDMS/RVT

Empirical supportive care may include cobalamin supplementation, broad spectrum deworming, i.e., Panacur x 7-10 days, hydrolyzed versus higher fiber diet trial with potential for initial antibiotic trial and assessment of clinical response.

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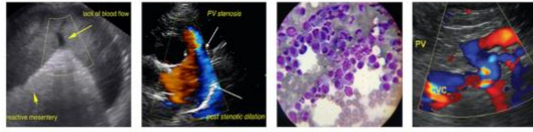
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SPECIES

Feline

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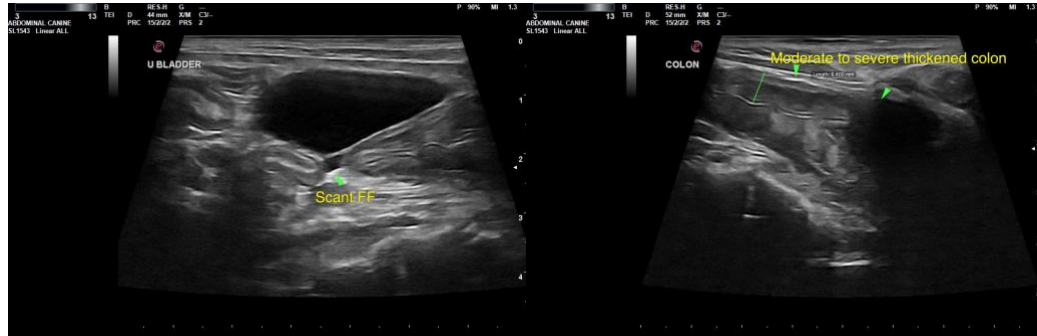
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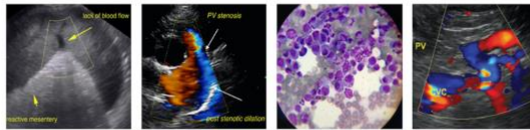
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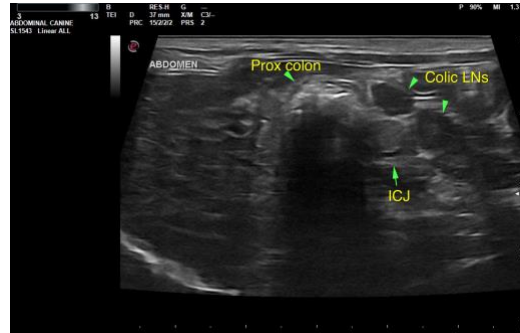
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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