



PATIENT

Sir Edmund Kirkish

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

12 Years

WEIGHT

14.8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Kim Liedberg

HOSPITAL NAME

SVS Imaging WI

REFERRING VET

Dr. Schneider

INVOICE

16404

DATE

6/29/22

PRESENTING CLINICAL SIGNS

History: Chronic diarrhea and vomiting. Antibiotic responsive, no weight loss, good appetite. Radiographs show gas throughout colon with no stool. Large colon. Please confirm any GI issues, pancreatitis, or neoplasia.

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 were noted.

Normal size was present in the left kidney. The right kidney was mildly prominent in size compared to the left kidney yet within normal limits for species. Mild irregular cortical hypertrophy was present with areas of asymmetrical renal margination, consistent with cortical infarcts. Mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint medullary mineral was present in both kidneys. The left kidney measured 3.6 cm in length. The right kidney measured 4.5 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 0.40 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.32 cm.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Intermittent nondisruptive uniform hyperechoic nodules were present throughout the cranial to caudal 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 or neoplastic changes were not noted. The echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas. The spleen measured 1.0 cm in width at the level of the hilus. An example of splenic nodule measured 0.33 cm.

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.



PATIENT	The small intestine presented intact wall layering and primarily maintained 1:3 muscularis/mucosa ratio with segmental to generalized propensity for mildly prominent muscularis layer yet without evidence of small intestinal mural hypertrophy, loss of intestinal wall layering or small. intestinal masses. The jejunum wall measured 0.23 cm.
Sir Edmund Kirkish	
SPECIES	The colon exhibited sonographically unremarkable wall layering. The colon wall measured 0.17 cm. The colon exhibited mild to moderate distention with soft to non-formed feces consistent with reported diarrhea. The ileocolic wall measured 0.28 cm.
Feline	
BREED	<i>Pancreas</i>
DSH	The pancreas was normal in size with subtle hypoechoic to nonhomogeneous parenchyma compared to adjacent omentum.
SEX	<i>Free Abdomen</i>
Neutered Male	No overt lymphadenopathy or peritoneal effusion was present.
AGE	ULTRASONOGRAPHIC FINDINGS
12 Years	Primary Findings
WEIGHT	<ul style="list-style-type: none"> • Bilateral chronic renal changes with cortical infarcts • Intact yet mildly prominent small bowel walls • Sonographically unremarkable colon walls with mild to moderate colon distention containing soft to non-formed feces • Mildly hypoechoic pancreas- nonspecific, patient variant or potential for low grade pancreatic inflammation possible
14.8 Pounds	Secondary Findings
INTERPRETED BY	<ul style="list-style-type: none"> • Benign splenic nodules - consistent with myelolipomas
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
IMAGING PERFORMED BY	The small intestine exhibited subtle mural changes yet without evidence of mural hypertrophy that may indicate normal patient variant given the lack of weight loss, however, potential for low grade inflammatory enteropathy could be present. Dietary intolerance/food allergy, dysbiosis/antibiotic responsive diarrhea or potential low grade to chronic pancreatitis may be contributing factors. Further assessment may include A GI panel to include PLI/TLI/Cobalamin/Folate. Empirically, a hydrolyzed or possible higher fiber diet trial with potential for long term dietary therapy, prophylactic deworming if the patient is indoor/outdoor, even if fecal testing is negative. High colony count probiotics, such as Provable, as needed antibiotics and gastrointestinal support with assessment of clinical response would be reasonable. Empirical cobalamin supplementation is suggested if GI panel is not elected.
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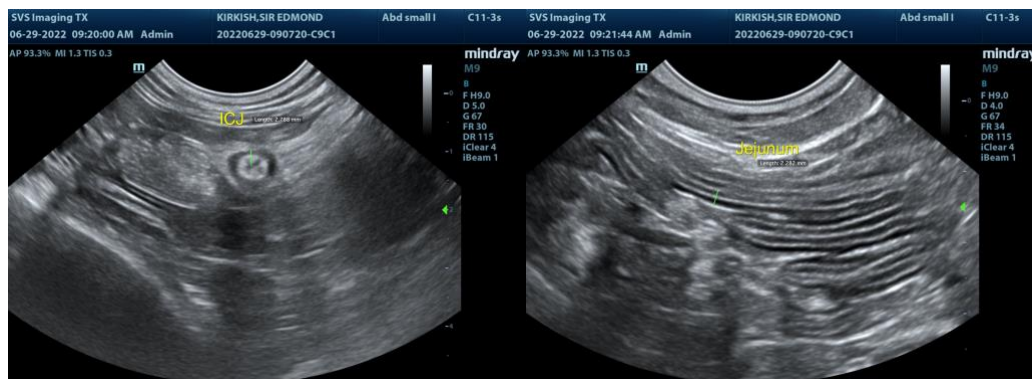
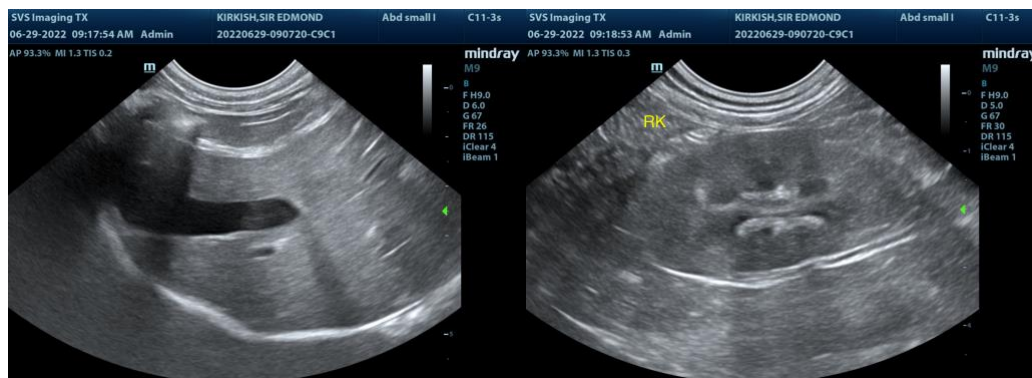
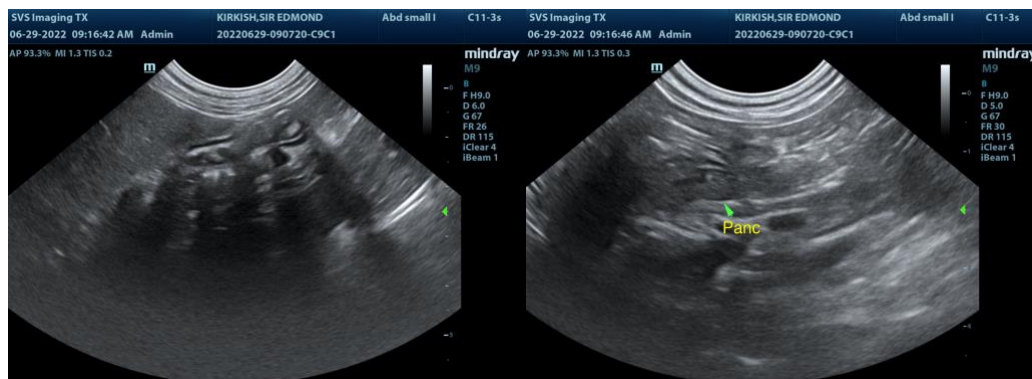
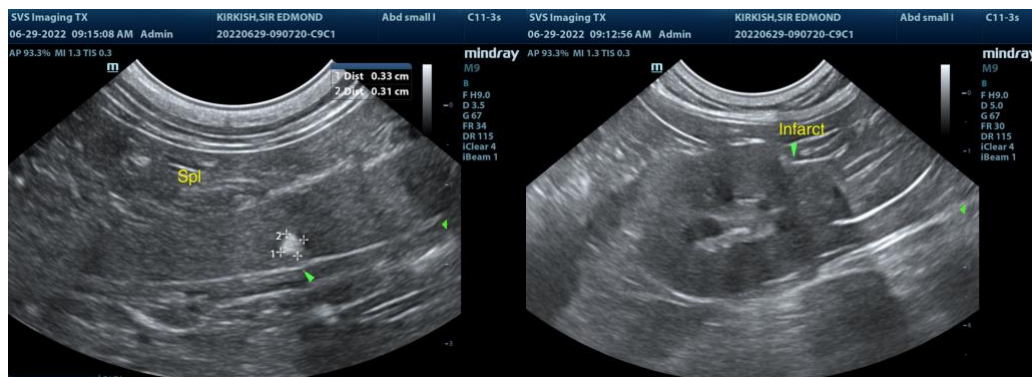
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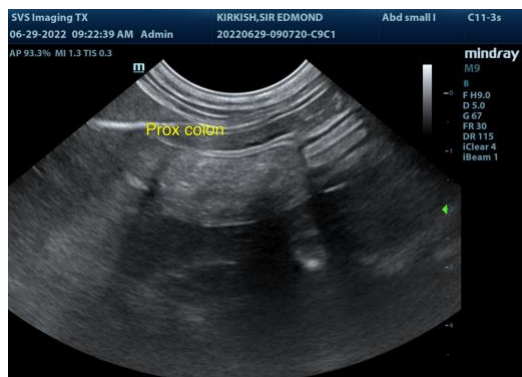
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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