



PATIENT

Mo Jones

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

10 years

WEIGHT

4.54 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

The Cat Clinic
(Hamilton)

REFERRING VET

Dr. Hall

INVOICE

17204

DATE

6/29/23

PRESENTING CLINICAL SIGNS

Has had ongoing diarrhea and gas off and on for years. Now has marked borborygmi and gas as well as weight loss and some vomiting. Still seems ravenously hungry even though continues to decrease in weight. Has a mixture of large and small bowel diarrhea and has been vomiting (happens right before or right after diarrhea). History of pancreatitis and was a diabetic (now in remission) also diagnosed a new heart murmur Grade 2-3/6. HR 160 RR 26 Has been on Prednisolone and Vit B12.

Abnormal PE/Chem/CBC/UA Results: Mild lymphopenia, normal chemistry with marked increase in CK, mild elevation in fPL. TLI and diarrhea PCR panel and ova and parasite testing pending.

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 was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and contour were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Mild uniform increased cortex echogenicity with mildly enhanced yet indistinct corticomedullary border demarcation. The left kidney measured 4.4 cm in length. The right kidney measured 4.1 cm in length.

Adrenal Glands

The left and right adrenal glands were overtly normal in size, position, and shape. The left adrenal gland subjectively measured 0.35 cm width and the right adrenal gland subjectively measured 0.48 cm width.

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.

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.



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Gastrointestinal

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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. There was no evidence of retained gastric ingesta or fluid. The gastric body wall width measured 0.24 cm.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical / metabolic ileus, obstruction, or foreign material. The small intestinal wall width measured 0.23 cm.

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Normal visible colon wall layers were present with subjective semi-formed fecal matter.

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Pancreas

The pancreas exhibited generalized mild prominent size with mild capsule asymmetry and heterogeneous mildly hypoechoic pancreatic parenchyma. Minor pancreatic duct dilation was noted.

Free Abdomen

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No omental masses or evidence of peritoneal effusion were noted.

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A solitary, mildly prominent, mesenteric lymph node was noted caudal to the left kidney. The lymph node was homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. The lymph node size was 1.1 cm length.

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

- Sonographically unremarkable gastrointestinal tract
- Subjective semi-formed fecal matter in colon
- Suspect focal mild mesenteric lymphadenitis
- Chronic to chronic active pancreatitis pattern

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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No evidence of gastroenterocolic mural pathology, although potential use of Prednisolone may be masking gastrointestinal mural changes. Correlation with pending gastrointestinal testing is recommended. Dietary trial, which may include novel protein, hydrolyzed or potential higher fiber diet, high colony count such as Provable, empirical deworming if clinically indicated, +/- antibiotic trial which may include Metronidazole or Metronidazole/Doxycycline, given suspected focal mesenteric lymphadenitis, may prove beneficial.

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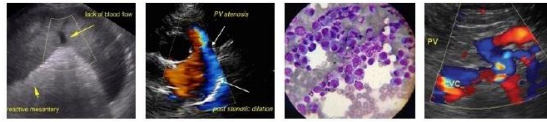
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For an additional charge, internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

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One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>



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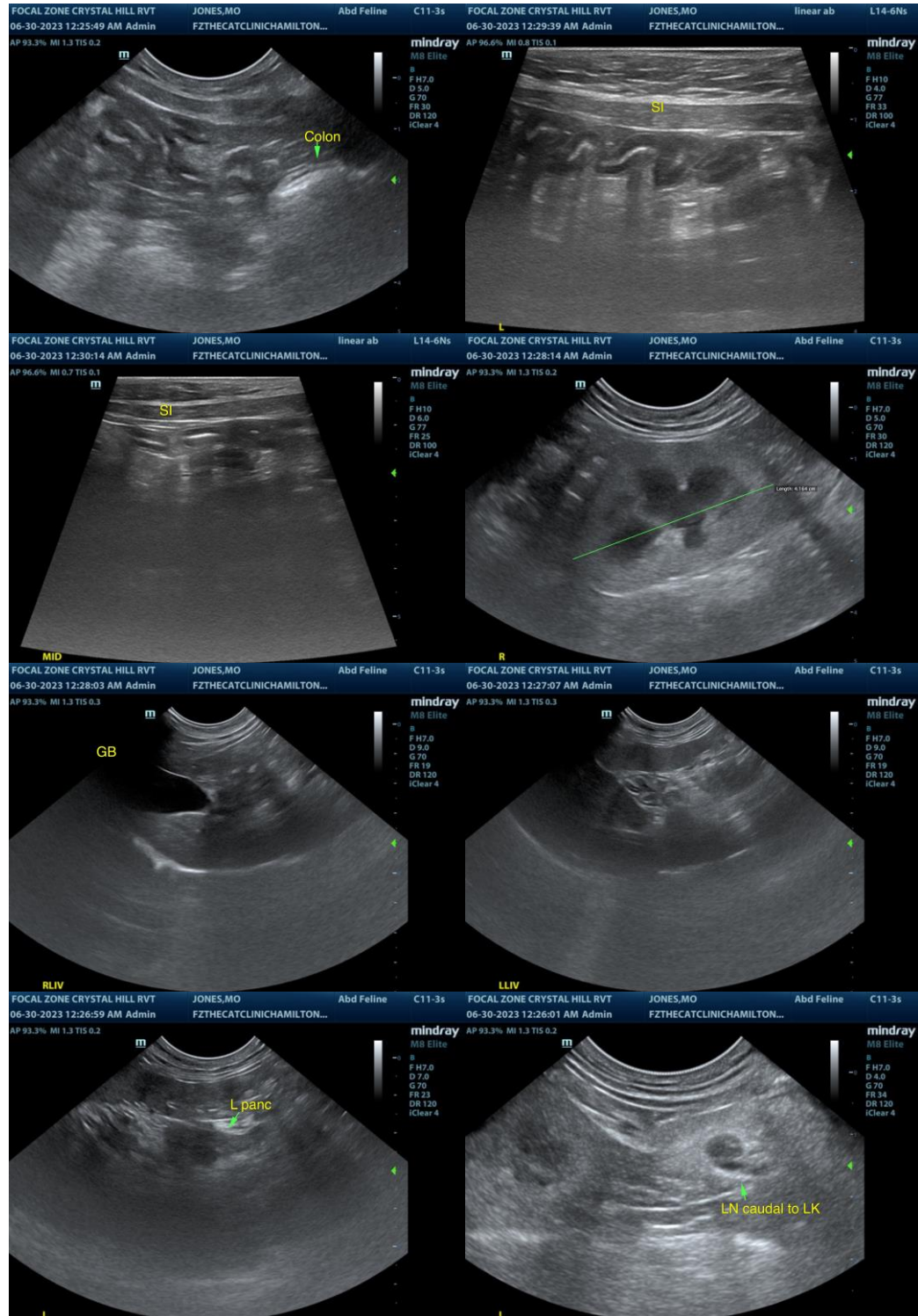
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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

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