



**PATIENT PRESENTING CLINICAL SIGNS**

Tau Brooks  
History: Chronic unresponsive loose feces  
Abnormal PE/Chem/CBC/UA Results: Pending

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Feline  
**Urinary System**

**BREED**  
DSH  
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.

**SEX**  
Neutered Male  
Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Minor medullary mineral present in both kidneys. The left kidney measured 3.8 cm in length. The right kidney measured 4.6 cm in length.

**AGE**  
9 Years  
**Adrenal Glands**

**WEIGHT**  
9.6 Pounds  
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.65 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.55 cm.

**INTERPRETED BY Spleen**

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

**IMAGING PERFORMED BY Liver**

A. Rodriguez  
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.

**HOSPITAL NAME**

Foxfield VS

**REFERRING VET Gastrointestinal**

A. Rodriguez  
The stomach presented intact wall layering with a normal wall layer ratio. Mild retained nonshadowing ingesta/chyme present. The ventral gastric body wall measured 0.27 cm.

**INVOICE**  
15908  
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 ileus, obstruction or foreign material. The duodenum wall measured 0.23 cm. The jejunum wall measured 0.22 cm. The ileocolic wall measured 0.31 cm.

**DATE**  
6/6/22  
The descending colon and colorectal walls exhibited intact yet mildly prominent wall layering. Non-formed feces were noted diffusely throughout the colon consistent with loose stool to diarrhea. The descending colon wall measured 0.23 cm wall width.



**PATIENT**

***Pancreas***

Tau Brooks

The left pancreatic limb was indistinctly visualized yet exhibited potential for normal to mildly prominent size and mild hypoechoic parenchyma compared to adjacent omentum.

**SPECIES**

***Free Abdomen***

Feline

Mildly prominent to intermittent enlarged jejunocolic lymph 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). An example of lymph node measured 1.3 cm x 0.46 cm.

**BREED**

DSH

No effusion noted.

**SEX**

**Primary Findings**

Neutered Male

- Overtly normal gastrointestinal tract with mild retained gastric ingesta/chyme
- Mild chronic colitis pattern
- Intermittent minor benign/reactive jejunocolic lymph nodes
- Possible low-grade chronic active pancreatitis

**AGE**

9 Years

**WEIGHT**

9.6 Pounds

**Secondary Findings**

- Bilateral mild chronic renal changes with minor medullary mineral

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the mildly prominent yet intact descending and colorectal walls, mild chronic colitis may be suspected as primary contributing factors to the unresponsive loose feces. However, contributing factors secondary to dietary intolerance/food hypersensitivity, occult parasitism (if the patient is indoor/outdoor), dysbiosis, structurally insignificant inflammatory bowel or low-grade chronic active pancreatitis (both of which may present sonographically normal) cannot be definitively excluded.

**IMAGING PERFORMED BY**

A. Rodriguez

Correlation with pending lab work, GI panel to include PLI/TLI/Cobalamin/Folate, as well as diarrhea PCR panel (if not done) is suggested. Enterocolic biopsies are likely required for a definitive diagnosis.

**HOSPITAL NAME**

Foxfield VS

Pending additional diagnostics, empirical cobalamin supplementation, broad spectrum deworming, even if previous fecal testing is negative (i.e., Panacur SID x 7-10 days), dietary trial (either hydrolyzed diet or potential higher fiber diet, such as WD) and empirical antibiotic therapy, such as metronidazole or metronidazole/sulfasalazine combination +/- prednisolone trial (at lowest effective dose to control clinical signs and assessment of clinical response) could be considered.

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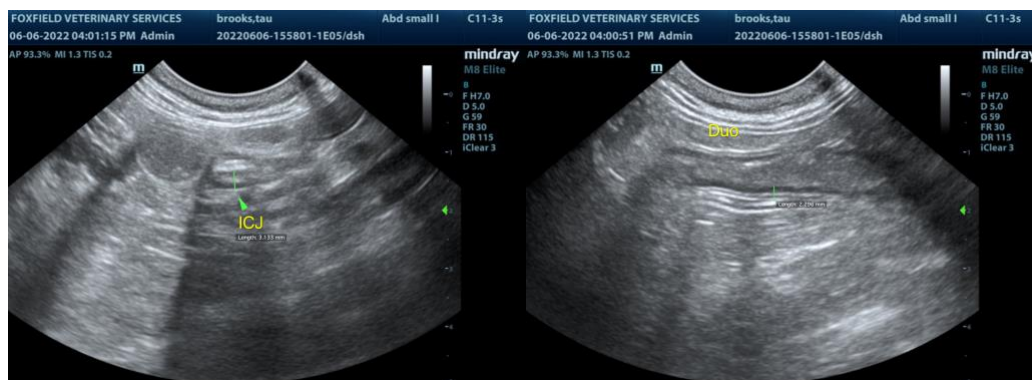
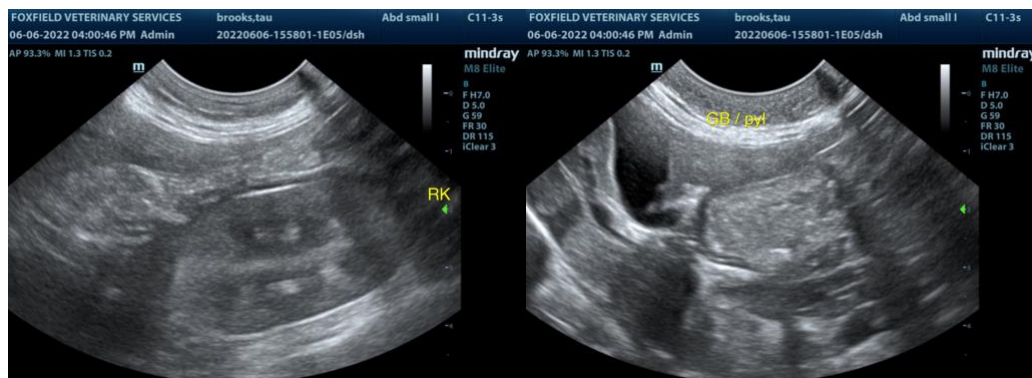
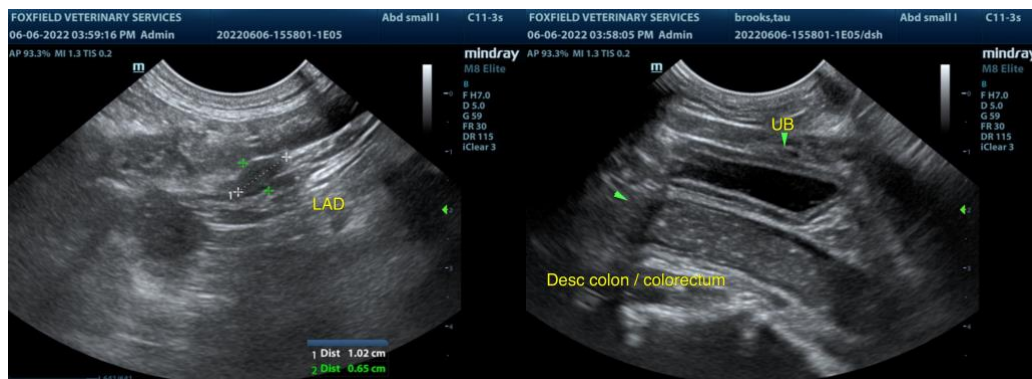
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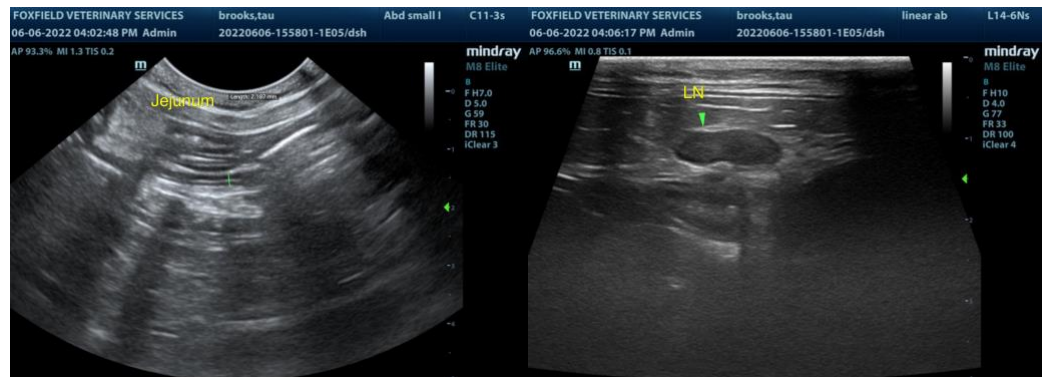
A. Rodriguez

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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