



PATIENT PRESENTING CLINICAL SIGNS

Kampala Moosa History: History of eating foreign objects, vomiting undigested food, diarrhea

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

BREED

DSH 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. The left kidney measured 3.8 cm in length. The right kidney measured 3.6 cm in length.

SEX

Neutered Male

AGE

2020 No overt pathology in the area of the left adrenal gland.

WEIGHT

9.2 Pounds The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 cm.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

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.

HOSPITAL NAME

Maple Hills VH

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

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild luminal gas. No evidence of gastric distention with retained ingesta, fluid or foreign material. The ventral gastric body wall measured 0.27 cm.

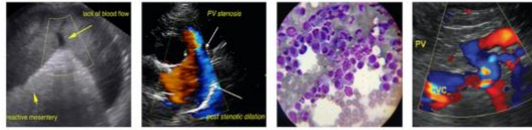
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The small intestine exhibited intact wall layering and maintained 1:3 muscularis/mucosa ratio to the level of the ileum. The ileum exhibited intact yet subjectively prominent wall layering to the level of the ileocolic junction. No evidence of loss of ileal wall layering or ileocolic masses. The duodenum wall measured 0.20 cm. The jejunum wall measured 0.21 cm. The ileal wall measured 0.28 cm. The ileocolic wall measured 0.29 cm.

DATE

6/7/22



PATIENT

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The generalized colon exhibited intact to mildly indistinct prominent to mildly thickened wall layering in the proximal and descending colon. The proximal colon wall measured 0.28 cm. The descending wall measured 0.24 cm. Semi-formed to non-formed feces were present in the colon, consistent with reported diarrhea.

SPECIES

Feline

Pancreas

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.

BREED

DSH

Free Abdomen

Intermittent medial iliac lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. Minor evidence of perilymphatic inflammation was evident. A single medial iliac lymph node exhibited abnormal width to length ratio <0.5, measuring 1.4 cm x 1.2 cm. The majority of the colic and medial iliac lymph nodes were small in size with subjective maintained width to length ratio <0.5.

SEX

Neutered Male

AGE

2020

No free fluid.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

9.2 Pounds

- Sonographically normal stomach- no evidence of gastric retained ingesta, fluid or foreign material
- Generalized sonographically unremarkable small bowel wall layering with probable ileitis
- Colitis
- Associated nonspecific yet subjectively benign/reactive colic and medial iliac lymphadenopathy

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of overt gastroenterocolic foreign material, as well as no evidence of gastrointestinal mechanical obstructive pattern. The possibility of a small amount of nonobstructive or passing foreign material, given the patients history cannot technically be excluded, yet given the lack of a definitive obstructive pattern or foreign material, no indication for immediate surgical intervention. In addition to suspected ileitis and colitis, potential for structurally insignificant generalized inflammatory enteropathy, which may present sonographically normal, could still be possible. Enterocolic biopsies would be required for a definitive diagnosis. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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Initial gastrointestinal support, including a hydrolyzed diet trial with potential long term dietary therapy, broad spectrum deworming (if the patient is indoor/outdoor) even if negative fecal testing, high colony count probiotics, antibiotic trial +/- prednisolone trial at lowest effective dose with assessment of clinical response would be reasonable. Recheck sonogram if persistent/progressive gastrointestinal signs for reassessment of possible progressive inflammatory gastrointestinal or lymphatic changes.

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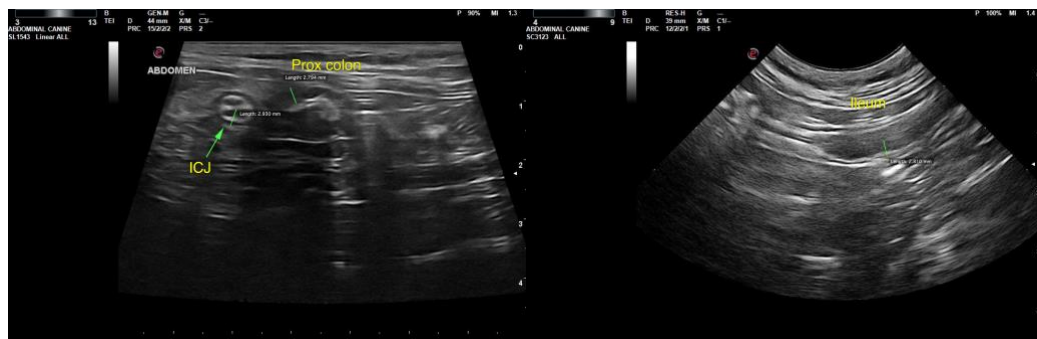
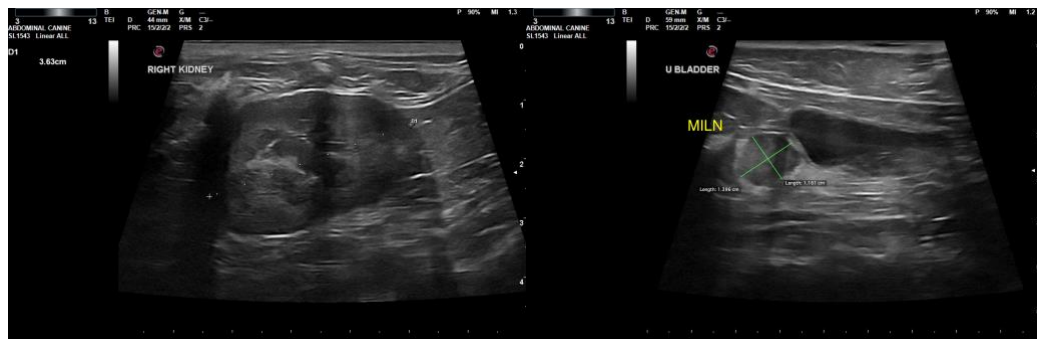
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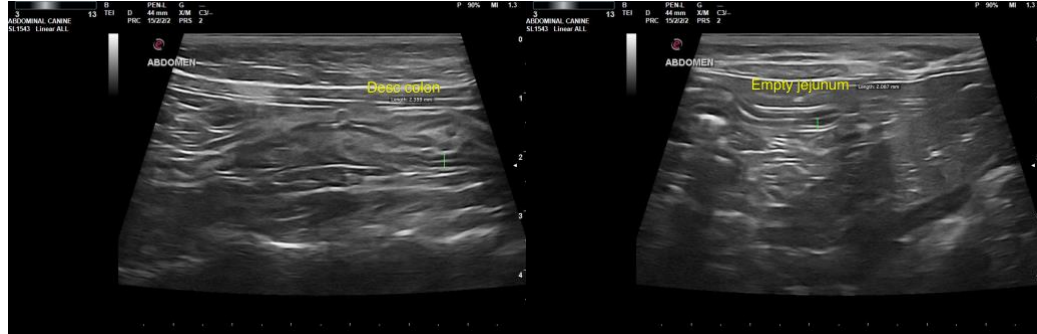
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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