



PATIENT

Stymie Glazier

SPECIES

Feline

BREED

DSH

SEX

CM

AGE

14 YO

WEIGHT

6.5 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Jose

HOSPITAL NAME

Animal Clinic of
Queens

REFERRING VET

Dr. Kwasnik

INVOICE

15948

DATE

6/8/22

PRESENTING CLINICAL SIGNS

Stymie had hx of chronic diarrhea on/off for few month. no vomiting, unresponsive to treatment (metronidazole, prednisolone). ravenous appetite.

Abnormal PE/Chem/CBC/UA Results: Muscle waste, loss weight, 5% dehydrated, SI thickening on abdominal palpation, Fecal Test: Negative Feline GI PCR panel: Negative for all. BW 5/31/22: CHEM: BUN: 40 (H) 14-36 POTASSIUM: 6.1 (H) 3.4-5.6 CBC: WBC: 24.3 (H) 3.5-16.0 NEUTROPHILS: 15,552 (H) 2,500-8,500 MONOCYTES: 1,701 (H) 0-600 EOSINOPHILS: 1,701 (H) 0-1,000 T4: 0.7 (L) 0.8-4.0

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.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.0 cm in length. The right kidney measured 4.2cm in length.

Adrenal Glands

The bilateral adrenal glands were normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age-related finding and not pathological. The left adrenal gland measured 0.52 width and the right adrenal gland measured 0.47 width.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. The spleen measured 0.73 cm in width.

Liver/ Gallbladder

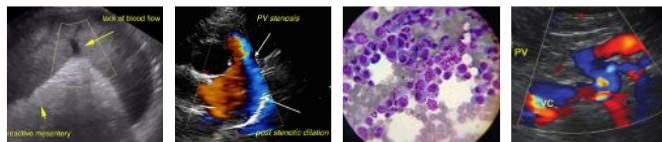
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with focal mineralized debris. The cystic duct and common bile ducts were normal. No evidence of common bile duct dilation.

Gastrointestinal



PATIENT	The visualized gastric walls were overtly normal. The lumen of the stomach contained gastric ingesta. The ingesta exhibited mild progressive distal acoustic shadowing, along with areas of gastric luminal gas.
Stymie Glazier	
SPECIES	The small intestine exhibited overall intact yet prominent to mildly thickened wall layering, owing to propensity for segmental to generalized prominent mucosa. No overt evidence of loss of intestinal wall layering or intestinal masses. Segmental nonshadowing small bowel chyme was present. The small intestinal wall measured up to 0.35 cm wall width. The ileocolic wall measured 0.31 cm.
Feline	
BREED	
DSH	The colon revealed intact and sonographically unremarkable visualized wall layering. Semi formed to soft feces, consistent with diarrhea present diffusely throughout the colon.
SEX	<i>Pancreas</i>
CM	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
AGE	<i>Free Abdomen</i>
14 YO	Intermittent probable mild to moderately enlarged nonhomogeneous mesenteric lymph nodes were present. an example of lymph node size measured 3.8 cm x 1.0 cm. The lymph nodes appeared to maintain normal width to length ratio <0.5.
WEIGHT	Small pockets of scant peritoneal free fluid were present. No overt omental masses noted.
6.5 lbs.	
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Gastric ingesta • Intact yet prominent to mildly thickened small intestinal walls • Probable associated nonhomogeneous mesenteric lymphadenopathy • Heterogenous pancreas • Bilateral nonspecific chronic renal changes
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATION
Jose	The overall appearance of the gastrointestinal tract was nonspecific with considerations, including nonspecific enteritis (viral, bacterial, parasitic, toxin), dietary intolerance/food hypersensitivity, dysbiosis, suspect inflammatory bowel disease, while the possibility of neoplastic infiltrative enteropathy with round cells, which may present in similar sonographic manner, could be possible.
HOSPITAL NAME	A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. In addition to previous antibiotic and corticosteroid therapy, cobalamin supplementation and dietary therapy, which may include a hydrolyzed diet and/or higher fiber diet, such as WD, may prove beneficial. High colony count probiotics, such as Provable could also be considered. Intestinal biopsies, +/- screening lymphatic FNA, if accessible, and assuming normal clotting status, likely required for further assessment.
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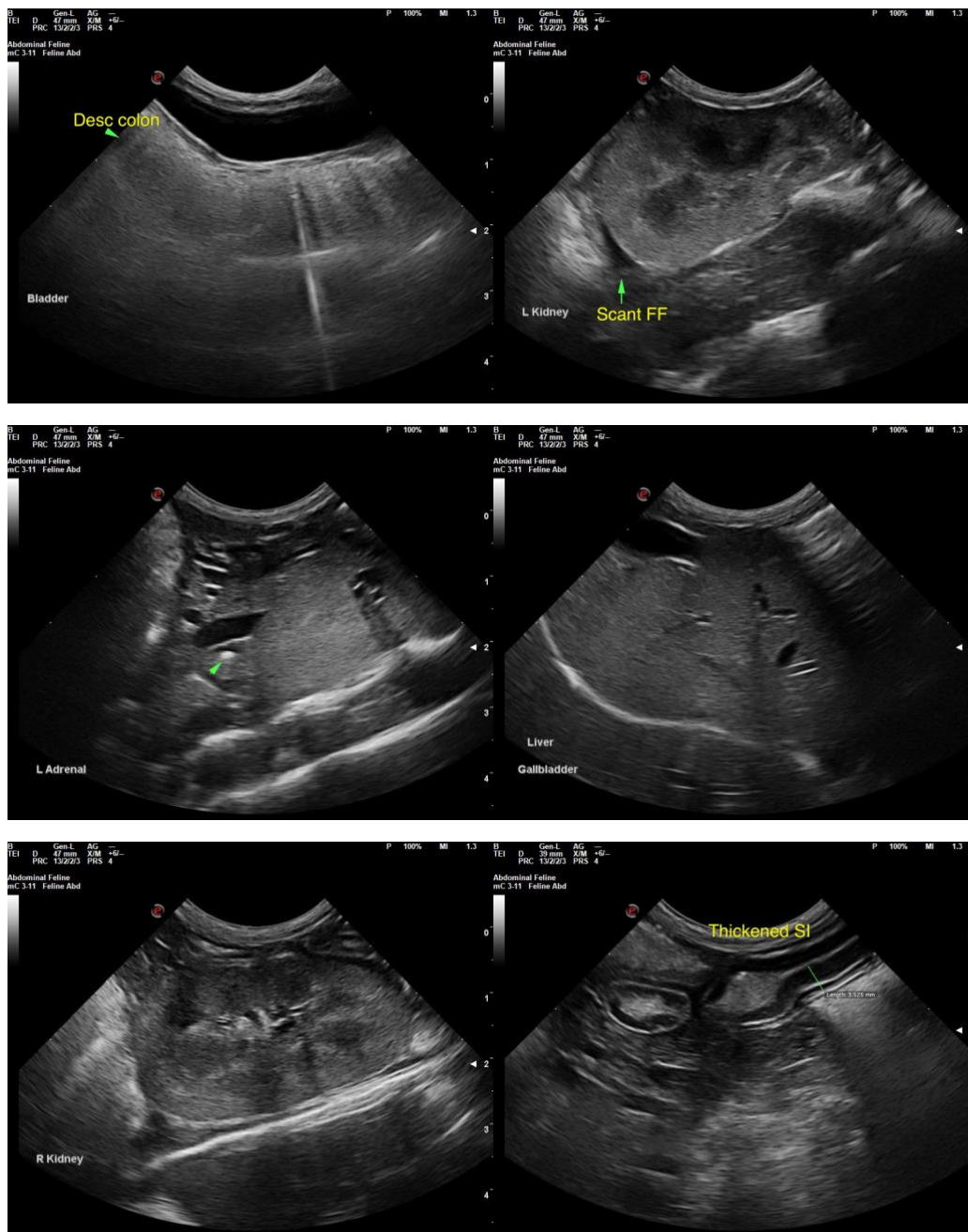
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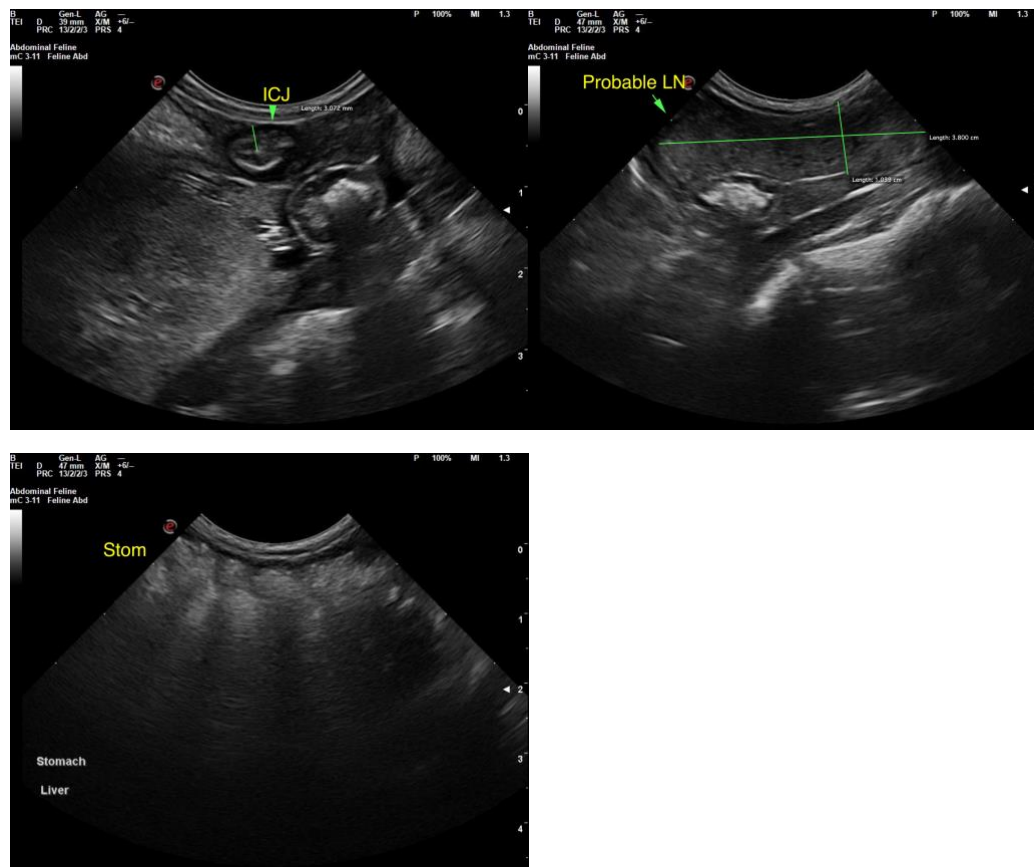
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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