



PATIENT	PRESENTING CLINICAL SIGNS
Atticus Hattis	History: History of IBD, chronic pred use, recurrent elevated ALT (922), TT4 and SDMA WNL. Grade III left mitral murmur. Weight loss and vomiting recently too.
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Feline	Urinary System The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild dependent particulate 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	
SEX	
MN	Mildly prominent size and normal margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and mild loss of corticomedullary definition were present. 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 4.5 cm in length. The right kidney measured 5.1 cm in length.
AGE	
11yr	The area of the aortic trifurcation was free of pathology.
WEIGHT	Adrenal Glands No overt pathology in the area of the adrenal glands.
10.5lb	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.
INTERPRETED BY	Liver The liver was subjectively mildly enlarged in size with normal structure and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a moderate coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was potentially mildly distended in size with thin walls and primarily anechoic luminal content with mild nonobstructive luminal debris in the neck and cystic biliary duct. Pinpoint areas of luminal mineral were present in the gallbladder. The proximal common bile duct was mildly tortuous to dilated measuring 0.38 cm.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Gastrointestinal The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained ingesta/chyme with no signs of ileus, obstruction or foreign material. 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.
IMAGING PERFORMED BY	
Tracy Nyberg	
HOSPITAL NAME	
Tracy Nyberg	
REFERRING VET	
Tracy Nyberg	
INVOICE	
11122ag	Normal visible colon wall layers were present with apparent formed feces in lumen.
DATE	Pancreas
07/11/2022	



PATIENT

Atticus Hattis

The left pancreatic limb appeared normal in size and contour with isoechoic to mildly heterogeneous parenchyma with minor pancreatic duct dilation.

Free Abdomen

SPECIES

Feline

No overt lymphadenopathy or peritoneal effusion was present.

BREED

DSH

ULTRASONOGRAPHIC FINDINGS

- Cholangitis/cholangiohepatitis pattern with mild gallbladder debris and focal mineral
- Overtly normal GI tract
- Mild heterogeneous pancreas
- Mild nonspecific chronic renal changes
- Minor urinary bladder sediment

SEX

MN

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

11yr

An ultrasound guided FNA of the liver assuming normal clotting status and using a 25g needle could be considered for screening cytology to assess for inflammatory cell type if present. Given chronic prednisolone use GI mural changes may potentially be masked given the history of weight loss, vomiting and IBD. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

WEIGHT

10.5lb

Chronic IBD without current mural changes or triaditis is considered a primary differential diagnosis.

Pending GI panel results, a hydrolyzed diet trial, cobalamin supplementation and empirical triad disease protocol would be reasonable.

INTERPRETED BY

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

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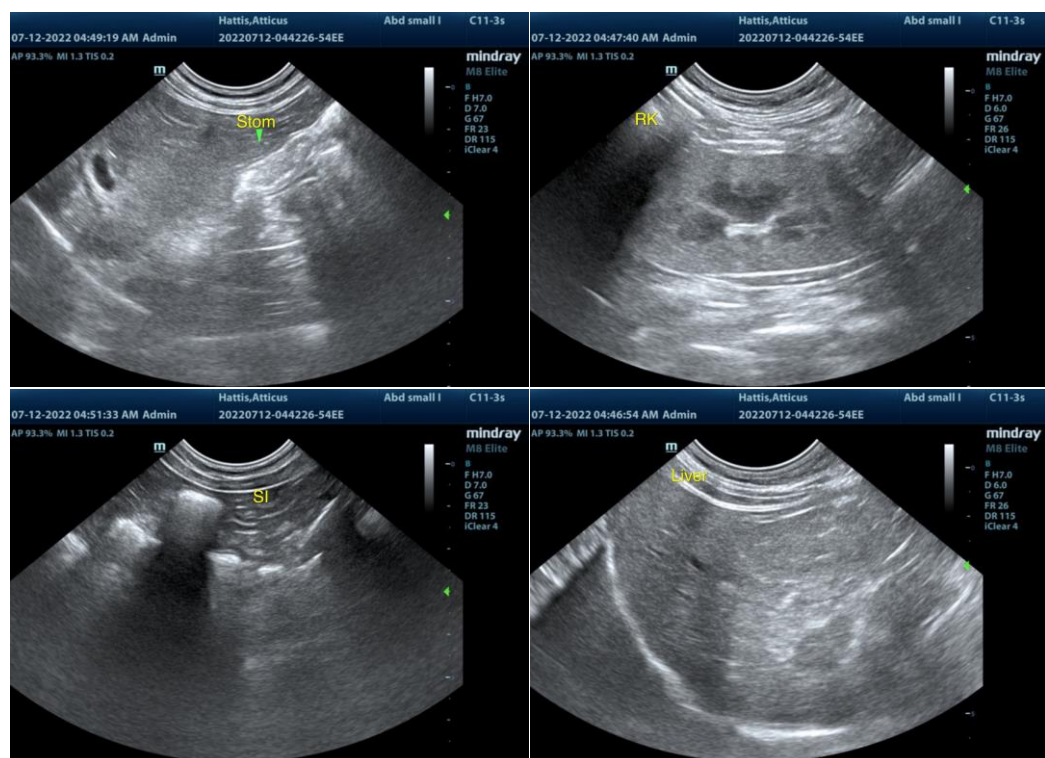
Tracy Nyberg

INVOICE

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DATE

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PATIENT

Atticus Hattis

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

11yr

WEIGHT

10.5lb

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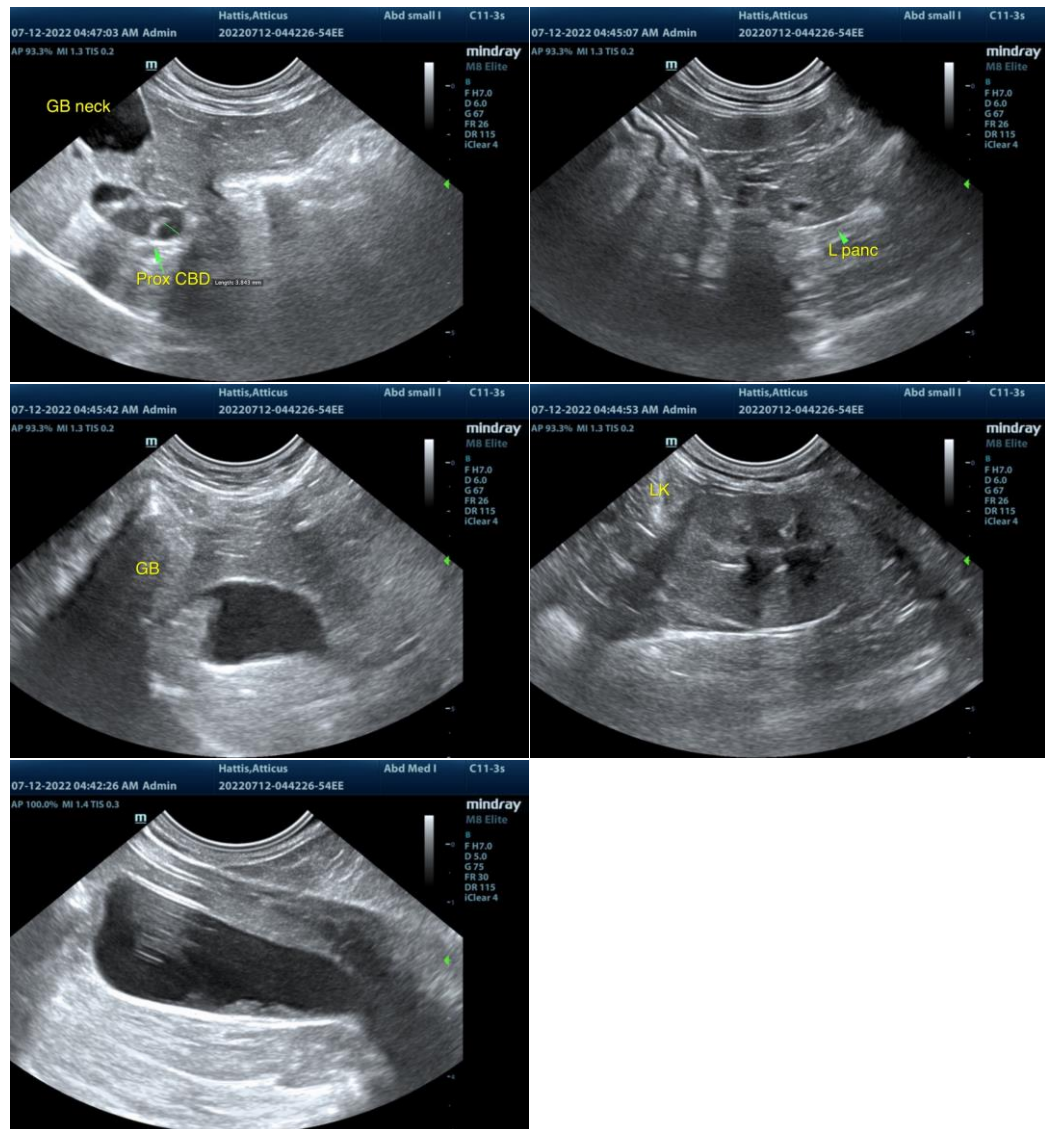
Tracy Nyberg

INVOICE

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DATE

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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)

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