



PATIENT PRESENTING CLINICAL SIGNS

Bud Anderson Chronic diarrhea.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline **Urinary System**

BREED 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 was noted.

Bengal

SEX The area of the aortic trifurcation was free of pathology.

MN 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. The left kidney measured 3.7 cm in length. The right kidney measured 3.4 cm in length.

AGE

2008

WEIGHT Adrenal Glands

8.7 The left and right adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.33 cm width and the right adrenal gland measured 0.39 cm width.

INTERPRETED BY

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

Spleen

The spleen was mildly enlarged in size measuring 1.3 cm width at the level of the mid-spleen. Mild asymmetrical to scalloped medial capsule contour was noted with maintained finely textured homogeneous splenic parenchyma and normal splenic vascularity. No splenic masses or nodules were noted.

IMAGING

PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

Liver/ Gallbladder

HOSPITAL NAME

Easton AH

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.

REFERRING VET

Gastrointestinal

Dr. Yaswinski 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.

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The small intestine presented generalized intact mildly thickened wall layering owing to propensity for mildly prominent muscularis and segmental mucosa layers. No evidence of loss of intestinal wall layering or intestinal masses was noted. The small intestinal wall width measured up to 0.33 cm. The ileocolic wall width measured 0.37 cm.

DATE

7/14/23



PATIENT

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The colon walls presented intact yet mildly prominent wall layering with mild thickened to echogenic submucosa. The colon was nondistended containing soft fecal matter consistent with patient history. The colon wall width measured 0.22 cm.

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 were evident.

BREED

Bengal

Free Abdomen

Intermittent, minor mesenteric nodes, not consistent with inflammatory or neoplastic criteria, 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). No omental masses or peritoneal effusion were noted.

SEX

MN

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ULTRASONOGRAPHIC FINDINGS

- Intact mildly thickened small bowel walls
- Mild colitis pattern
- Associated intermittent minor benign / reactive mesenteric lymph nodes
- Mild chronic renal changes
- Mild splenomegaly exhibiting medial capsule asymmetry - suspect benign likely secondary to sedation / anesthesia

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 (Canine and Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine exhibited mild mural changes which sonographically suggests inflammatory enteropathy criteria, i.e., IBD, or similar. Minor potential for early low-grade neoplastic infiltrative enteropathy, i.e., low-grade lymphoma, cannot be definitively excluded yet is thought less likely. Enterocolic biopsies would be required for a definitive diagnosis.

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Rebekah Jakum, CVT
 ARDMS/RVT

Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate, as well as a diarrhea PCR panel, given the breed. Empirically, cobalamin supplementation pending assessment of cobalamin levels, broad spectrum deworming even if fecal testing is negative, dietary therapy which may include novel protein, hydrolyzed diet with fiber supplementation, or higher fiber diet with as needed gastrointestinal support, high colony count probiotics (such as Proviale), +/- Prednisolone / antibiotic trial and assessment of clinical response may prove beneficial.

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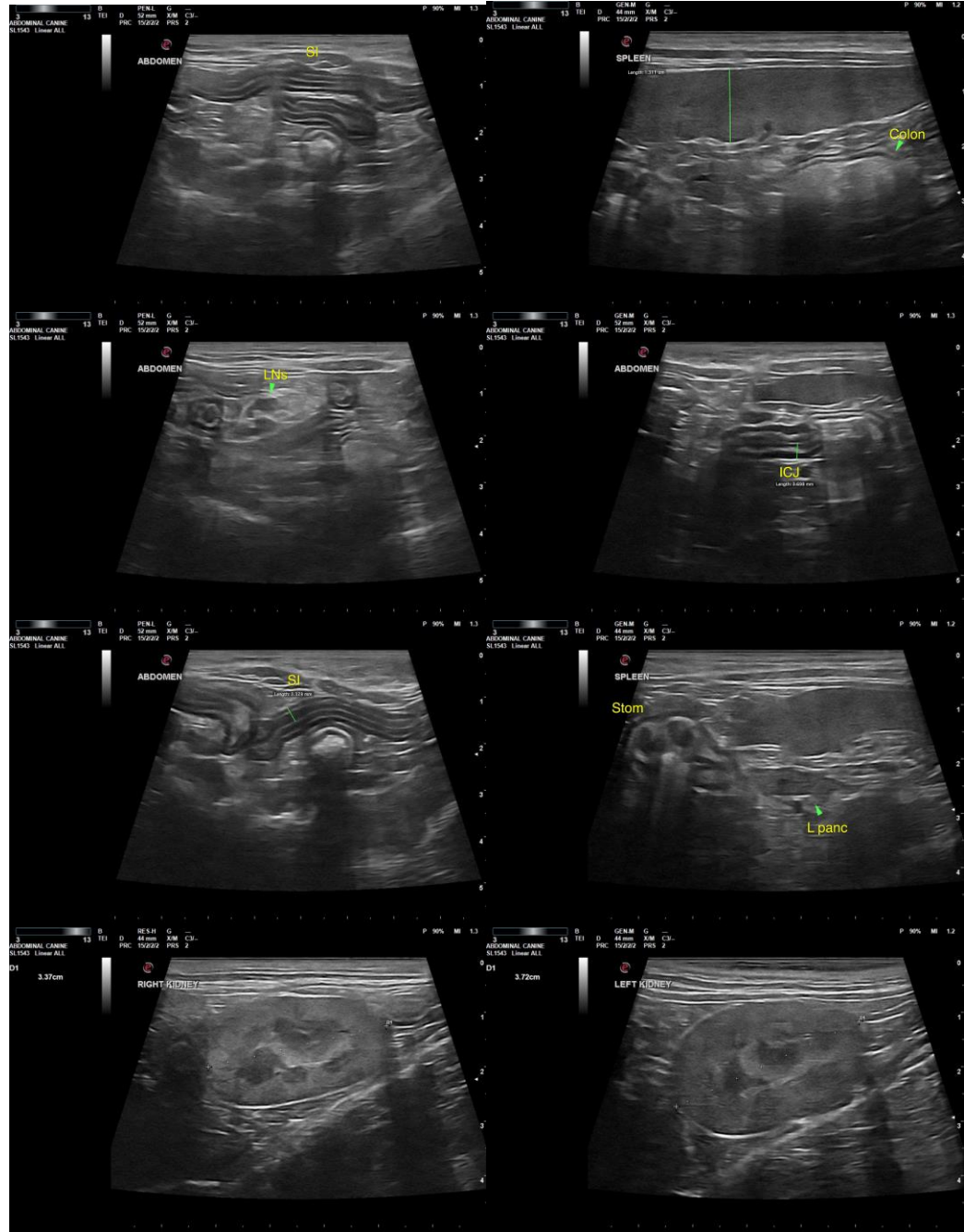
Dr. Yaswinski

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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.

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