



PATIENT	PRESENTING CLINICAL SIGNS
Cleopatra Dunn	Presented on ER last night for lethargy, inappetence, diarrhea, NO vomiting. Indoor only cat, 2 other cats, no recent management changes. Will occasionally try to eat tape off boxes, but no other gastric indiscretions known. Treated last night with SC fluids and Cerenia. Returned today for recheck due to no improvement.
SPECIES	
Feline	Abnormal PE/Chem/CBC/UA Results: Elev WBC 35K Elev TP 9.2 (glob 5.5) mild elev temp 103.1
BREED	
DSH	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
SEX	Urinary System
Neutered Male	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.
AGE	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 3.6 cm. The right kidney measured 3.9 c.
2 Years	
WEIGHT	Adrenal Glands
4.5	The area of the left adrenal gland was free of pathology.
INTERPRETED BY	The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 cm.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Spleen
IMAGING PERFORMED BY	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.
Dr. Callihan	Liver
HOSPITAL NAME	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.
Animal Emergency Care	Gastrointestinal
REFERRING VET	The stomach presented intact wall layering with a normal wall layer ratio. Mild retained primarily anechoic pyloric fluid noted. No evidence of mechanical pyloric outflow obstruction or obstructive pyloric mural pathology.
Dr. Callihan	The small intestine presented intact, subjectively mildly prominent wall layering. No evidence of loss of intestinal wall layering, intestinal masses, or mechanical/metabolic intestinal ileus. Jejunum wall measured 0.26 cm. Duodenum wall measured 0.30 cm.
INVOICE	
43869	
DATE	
7/15/23	



PATIENT

Cleopatra Dunn

The distal descending colon extending into the colorectum exhibited moderate wall thickening with mild non-homogeneous mural echogenicity. No evidence of mural mineralization or overt distal descending colon or colorectal mural mass. The distal descending colon and colorectum contains subjective semiformal fecal matter. The distal descending colon wall measures 0.54-0.70 cm. by comparison, normal appearing upper descending colon wall measured 0.20 cm.

SPECIES

Feline

Pancreas

BREED

DSH

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.

SEX

Neutered Male

Free Abdomen

Intermittent mildly prominent pericolic mesenteric lymphadenopathy with minor perilymphatic reactive mesentery. Example measured 0.67 cm in diameter.

AGE

2 Years

No omental masses or evidence of peritoneal free fluid.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

4.5

- Thickened distal descending colon / colorectum
- Mild retained pyloric fluid
- Subjective intact borderline prominent small bowel walls
- Mild pericolic mesenteric lymphadenopathy with mild perilymphatic reactive omentum

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Differentials for the thickened distal colon / colorectum may include chronic colitis, infiltrative neoplasia, granulomatous colitis (dry FIP), other. Possible mild metabolic / functional gastric stasis or concurrent small intestinal disease possible, although the small intestine may be a patient variant with incidental gastric fluid given lack of vomiting. Further assessment may include GI panel (TLI / B12/folate) and diarrhea PCR panel. Colic +/- small intestine biopsies for histopathology would be required for definitive diagnosis. Cobalamin supplementation, empirical deworming, higher fiber diet w/d or similar, high colony count probiotic such as Provable or similar may prove beneficial. If biopsies are not elected / possible and continued diarrhea, sonographic reassessment or empirical therapy with compounded Prednisolone 5 mg, Metronidazole 62.5 mg, Sulfasalazine 62.5 mg could be considered with clinical reassessment.

IMAGING PERFORMED BY

Dr. Callihan

HOSPITAL NAME

Animal Emergency
Care

REFERRING VET

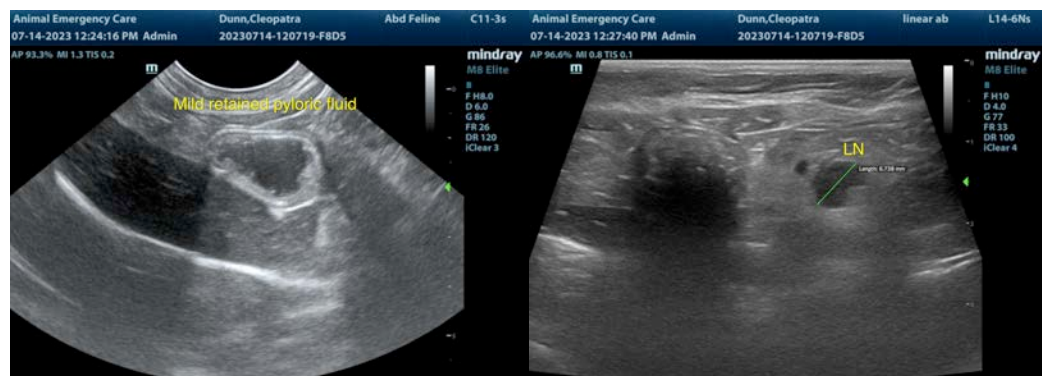
Dr. Callihan

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PATIENT

Cleopatra Dunn

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

2 Years

WEIGHT

4.5

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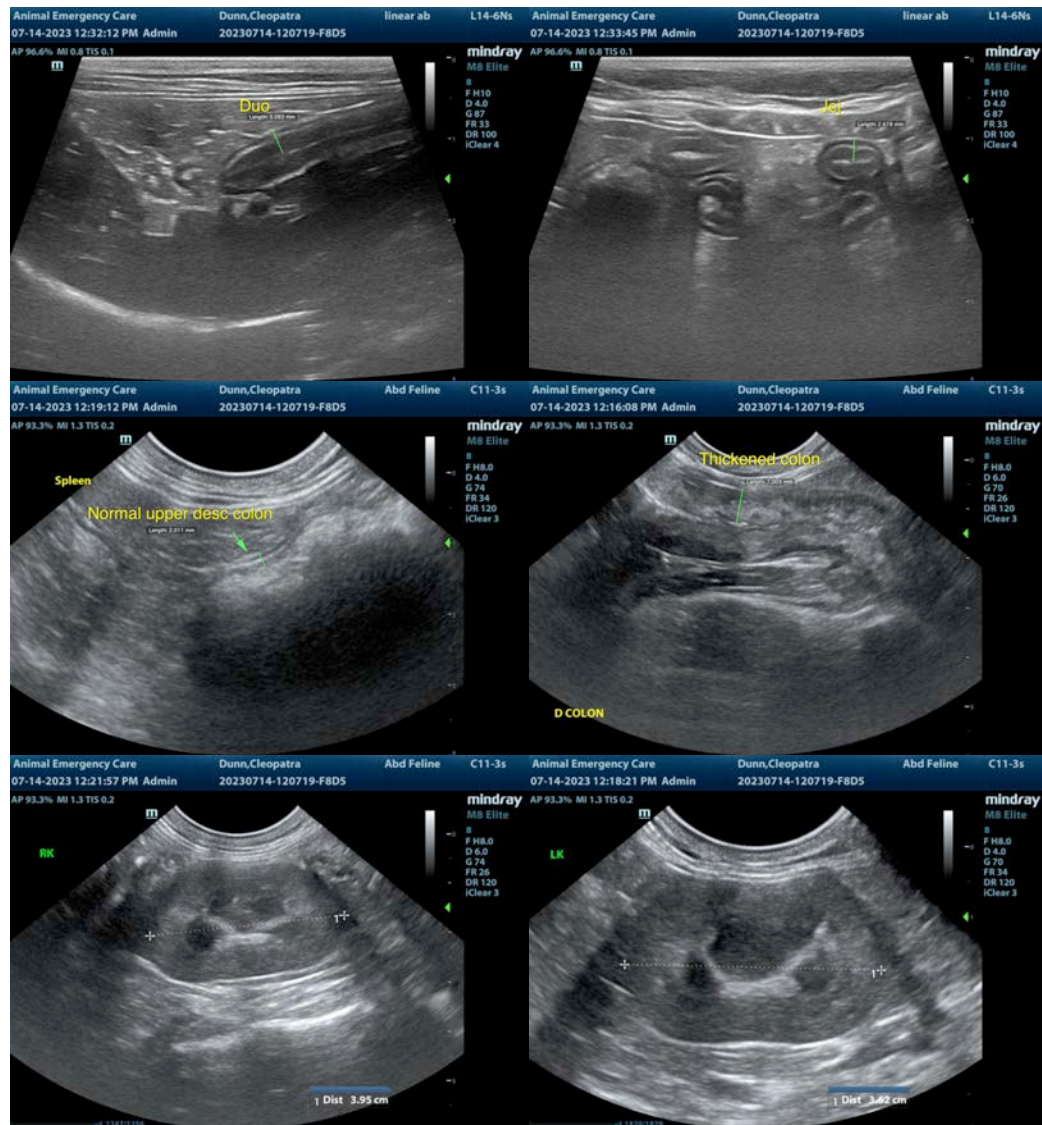
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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