

**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Baby Girl Gibbs  
**SPECIES** Feline  
**BREED** DSH  
**SEX** Spayed Female  
**AGE** 18 Years  
**WEIGHT** 6 Pounds

Recheck AUS. Previous study 2/6/22 (R.McKenzie Daniel, DVM, Sonopath): 1) chronic renal changes 2) chronic inflammatory enteropathy 3) mild colic lymphadenopathy 4) benign pancreas 5) benign liver nodule. Monitoring for lymphoma/IBS changes. Baby Girl is doing well at home; good appetite, no vomiting or diarrhea. On Prednisolone 5 mg/ml, 0.75 ml EOD, Gabapentin 50 mg SID, renal diet.

**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 were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 right kidney measured 3.22 cm. The left kidney measured 2.8 cm.

**Adrenal Glands**

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm. The right adrenal gland measured 0.33 cm.

**Spleen**

The spleen measured 0.84 cm in width in the mid spleen and 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.

**Liver**

The liver was subjectively normal in size, structure, and contour. Normal parenchyma echogenicity exhibiting mild parenchymal remodeling. A solitary, static, non-disruptive, mildly hyperechoic intraparenchymal nodule was noted in the deep liver parenchyma measuring 0.65 cm in diameter. 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.

**Gastrointestinal**

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. Gastric body wall measured 0.24 cm.

The small intestine presented intact, borderline to mildly prominent wall layering with 1:3 muscularis/mucosa ratio. No evidence of loss of intestinal wall layering or intestinal masses. Duodenum

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Pine Banks AH

**REFERRING VET**

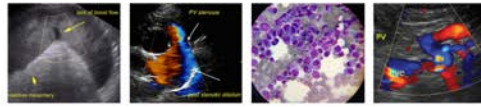
Dr. Hasan Syed

**INVOICE**

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wall measured 0.28 cm. Jejunum wall measured 0.27 cm. Ileocolic wall measured 0.30 cm. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

**Pancreas**

The pancreas base and right pancreatic limb were normal in size with capsule asymmetry and non-homogeneous, hyperechoic parenchyma with mild non-homogeneous left pancreatic limb parenchyma. Mild pancreatic duct dilation noted. No evidence of peripancreatic reactive mesentery.

**Free Abdomen**

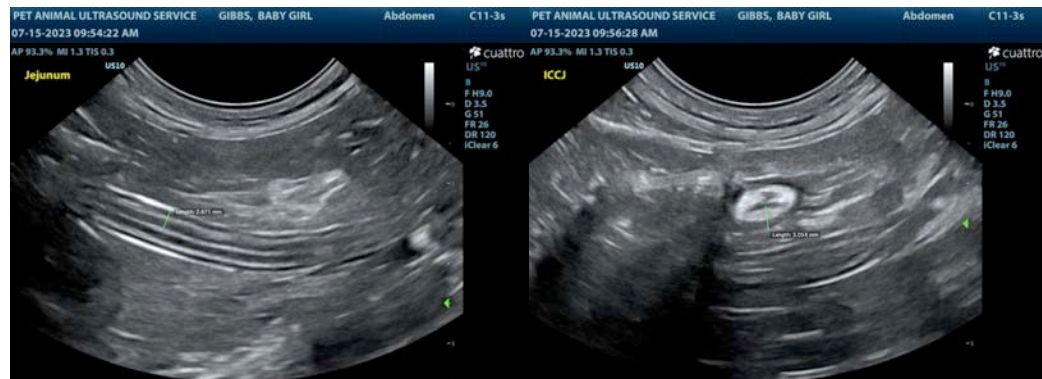
No omental masses, lymphadenopathy, or peritoneal effusion.

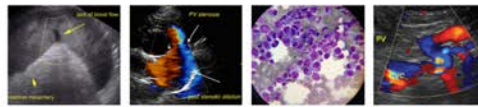
**ULTRASONOGRAPHIC FINDINGS**

- Static chronic renal changes with mild bilateral pyelectasia
- Chronic enteropathy pattern – non-progressive.
- Chronic pancreatitis
- Static benign liver nodule – consistent with lipogranuloma or similar.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall static abdominal presentation compared to the previous study, without evidence of progressive intestinal mural changes or lymphadenopathy. N evidence of intraabdominal neoplastic criteria. Continued as needed gastrointestinal and renal support is recommended. Sonographic reassessment may be considered if progressive azotemia, weight loss, or gastrointestinal signs going forward are noted.





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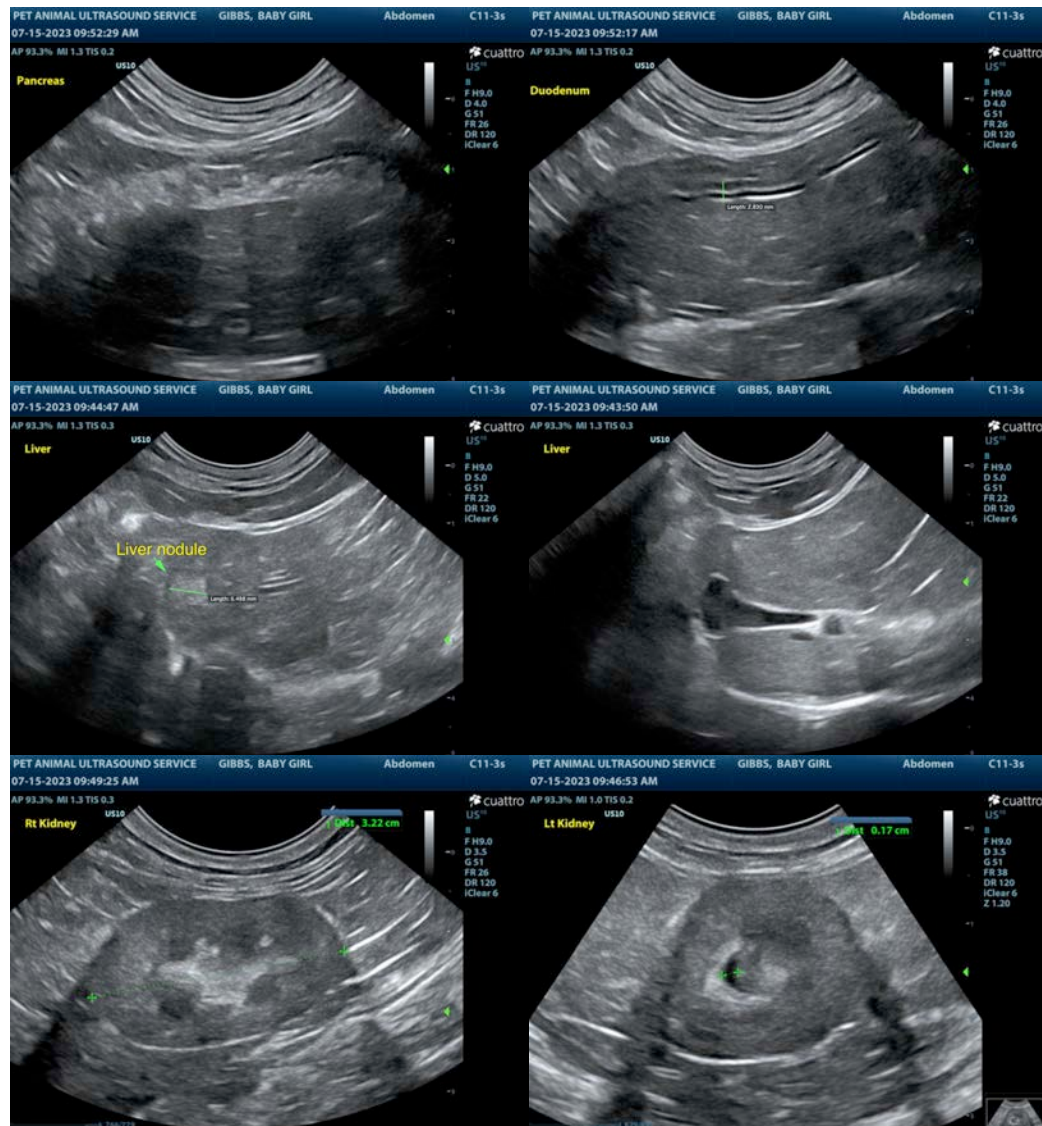
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
 info@SonoPath.com