



PATIENT

Daphne Shaffer

PRESENTING CLINICAL SIGNS

Chronic diarrhea x 4 months. Weight loss. Sodium 160 (H).

SPECIES

Feline

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. Primarily anechoic urine was present in the lumen. Mild, nondependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

BREED

DLH

SEX

The area of the aortic trifurcation was free of pathology.

FS

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 pyelectasia was present. The left kidney measured 4.1 cm in length. The right kidney measured 4.5 cm in length.

AGE

12 y

WEIGHT

14.4 lbs.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.31 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 cm width.

INTERPRETED BY

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

Spleen

The spleen was borderline to mildly prominent in size with maintained symmetrical capsule contour and a finely textured homogeneous parenchyma. No masses or nodules were noted. Normal splenic vascularity was noted. The spleen measured 1.1 - 1.2 cm width at the level of the hilus.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

Liver/ Gallbladder

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.

HOSPITAL NAME

Rhode Island AMC

REFERRING VET

Rachel Rogoff, DVM

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. The gastric body wall width measured 0.25 cm.

INVOICE

14383

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. The duodenum wall measured 0.25 cm width. The jejunum wall measured 0.26 cm width. The ileocolic wall measured 0.31 cm width.

DATE

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Normal visible colon wall layers were present with formed fecal matter at the time of the ultrasound.



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Pancreas

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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.

SPECIES

Feline

Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion was present.

BREED

DLH

ULTRASONOGRAPHIC FINDINGS

SEX

FS

AGE

12 y

- Mild urinary bladder sediment
- Mild chronic renal changes
- Sonographically unremarkable gastrointestinal tract / pancreas
- Borderline mild splenomegaly exhibiting symmetrical capsule contour and homogeneous parenchyma - nonspecific, yet subjectively benign

WEIGHT

14.4 lbs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

INTERPRETED BY

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

The borderline to mild splenomegaly is likely incidental or a patient variant with potential for incidental hyperplasia, hematopoiesis, or splenitis. Neoplastic criteria is considered unlikely. However, if persistent to progressive weight loss and /or progressive splenomegaly, ultrasound-guided screening splenic FNA for cytology, assuming normal clotting status and using a 25-gauge needle, could be considered primarily to ensure only benign changes are present.

IMAGING PERFORMED BY

Pamela Harrigan, RDMS

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Rachel Rogoff, DVM

At times, the gastrointestinal presentation does not always correlate with the current or chronic gastrointestinal signs. In patients with chronic GI signs and weight loss, considerations may include dietary Intolerance / food hypersensitivity, dysbiosis, low-grade to chronic pancreatitis, structurally insignificant inflammatory bowel, occult parasitism, or less likely in this case, occult gastrointestinal neoplasia. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate, as well as three-view chest radiographs, are suggested to rule out thoracic pathology as a contributing factor. Empirical deworming, especially if the patient is indoor/outdoor, hydrolyzed diet trial, high colony count probiotic, cobalamin supplementation, +/- antibiotic trial with an assessment of clinical response may prove beneficial.

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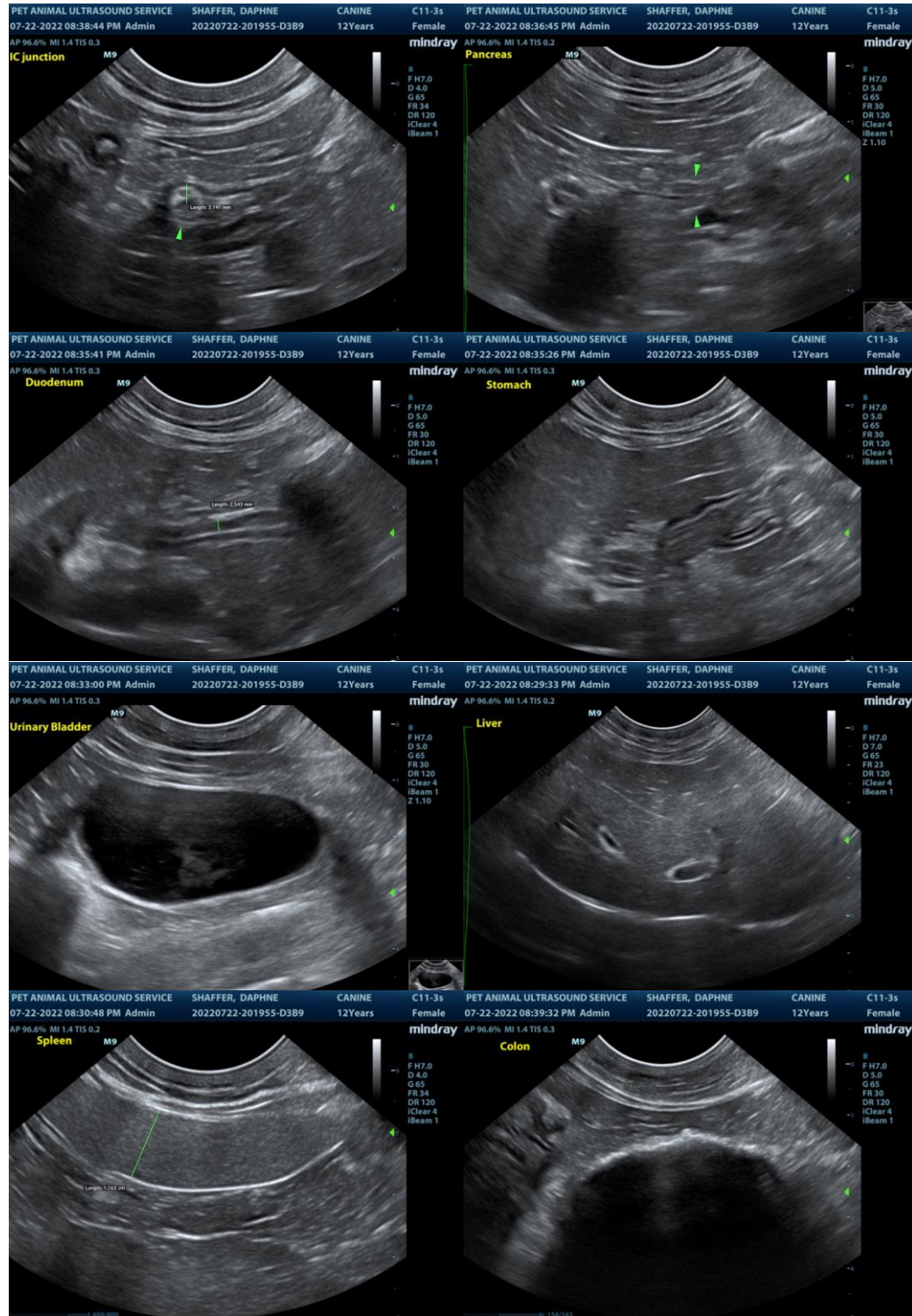
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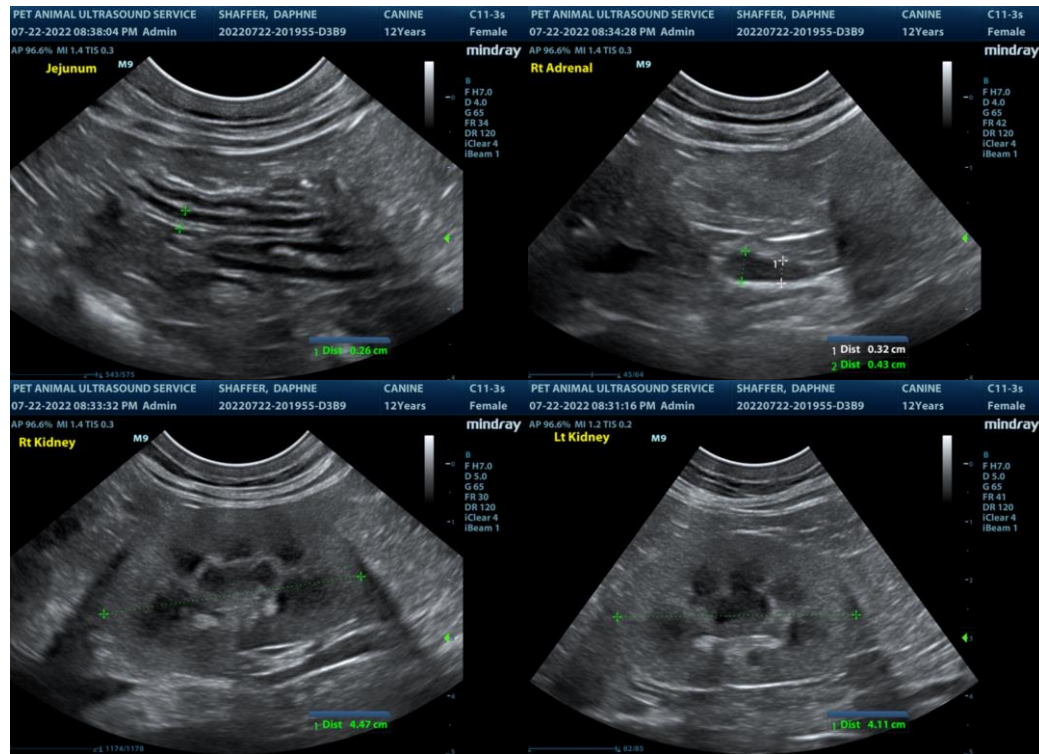
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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