



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Honey Myers	History: Chronic vomiting and weight loss, ravenous appetite. Soft stool off and on. On exam, patient was thin with generalized muscle wasting. Intestines palpate moderately thickened. Current Medications Cerenia, 4mg SID. Started on I/D canned diet last week. Primary Question/Differential to Be Answered in This Exam Looking for cause of chronic vomiting-evidence of IBD, triaditis, pancreatitis, neoplasia, etc.
<b>SPECIES</b>	
Feline	
<b>BREED</b>	Abnormal PE/Chem/CBC/UA Results: Globulin 5.5, BUN 46, Sodium 144, Chloride 103, WBC 20.0, Neutrophils 16400, Monocytes 1200. T4 normal at 1.1
DSH	
<b>SEX</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
FS	<b>Urinary System</b>
<b>AGE</b>	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 1 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild to moderate nondependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.
7yr	Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with subtle increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. Minor pyelectasia was present in the left kidney. The left kidney measured 4.2 cm in length. The right kidney measured 4.3 cm in length.
<b>WEIGHT</b>	
5.5lb	The area of the aortic trifurcation was free of pathology.
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	No overt pathology in the area of the left or right adrenal glands.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Jenna Walsh	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. The spleen measured 0.57 cm in width at the level of the hilus.
<b>HOSPITAL NAME</b>	<b>Liver</b>
Q Street Animal Hospital	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 with mild luminal debris. The cystic and common bile ducts were normal.
<b>REFERRING VET</b>	<b>Gastrointestinal</b>
Dr. Hoerauf	The stomach presented intact wall layering with gastric body wall measuring 0.2 cm in width. The lumen of the stomach contained a moderate amount of retained nonshadowing chyme and fluid with no signs of ileus, obstruction or foreign material.
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<b>PATIENT</b>	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Generalized small intestinal ileus pattern exhibited by mild to moderate yet variable distention with retained nonshadowing chyme, fluid and luminal gas. The duodenum wall measured 0.32 cm in width. The jejunum wall measured 0.25 cm in width.
Honey Myers	
<b>SPECIES</b>	Overt pathology in the area of the ileocolic junction was not definitively visualized. The colon exhibited intact wall layering with generalized mild to moderate colonic distention with subjective semi formed to non-formed fecal matter.
Feline	
<b>BREED</b>	<b>Pancreas</b>
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.
<b>SEX</b>	<b>Free Abdomen</b>
FS	Intermittent small pockets of scant free fluid were noted.
<b>AGE</b>	Intermittent prominent to enlarged homogeneous to hyperechoic mesenteric lymph nodes were present, an example measuring 2.1 cm x 1.9 cm.
7yr	
<b>WEIGHT</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
5.5lb	<ul style="list-style-type: none"><li>Moderate retained gastric chyme/fluid</li><li>Probable chronic enteropathy with diffuse ileus to inefficient peristalsis pattern</li><li>Intermittent enlarged mesenteric lymph nodes</li><li>Scant volume peritoneal free fluid</li></ul>
<b>INTERPRETED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The GI presentation is suggestive of maldigestion pattern with potential for delayed propulsion of ingesta yet without overt evidence of mechanical obstructive pathology i.e. masses, foreign body etc. This may suggest chronic underlying inflammatory intestinal disease without evidence of significant mural changes although the possibility of occult neoplastic enteropathy with round cells which may present in a similar sonographic manner cannot be definitively excluded.
<b>IMAGING PERFORMED BY</b>	Concurrent chronic mesenteric lymphoid hyperplasia, lymphadenitis or neoplastic lymphadenopathy is possible.
Jenna Walsh	An ultrasound guided FNA of an enlarged lymph node using a 25g needle could be considered for screening cytology. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Definitive diagnosis would require full thickness intestinal +/- lymphatic biopsies for histopathology.
<b>HOSPITAL NAME</b>	Empirically, pending cytology results, cobalamin supplementation, hydrolyzed diet trial, high colony count probiotic, prednisolone trial +/- intestinal prokinetic medications with assessment of clinical response could be considered.
Q Street Animal Hospital	
<b>REFERRING VET</b>	
Dr. Hoerauf	
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**PATIENT**

Honey Myers

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

7yr

**WEIGHT**

5.5lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh

**HOSPITAL NAME**

Q Street Animal  
Hospital

**REFERRING VET**

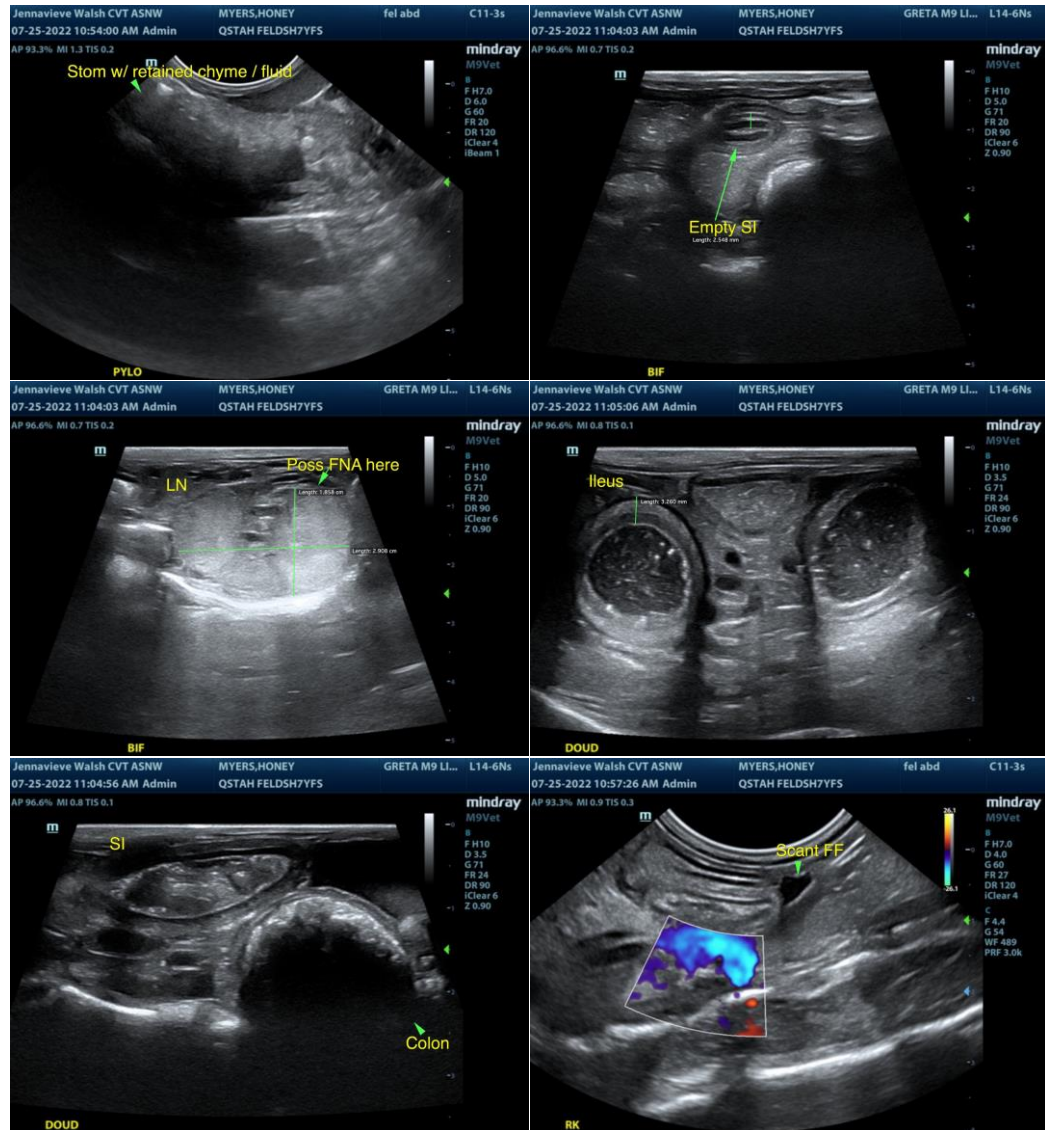
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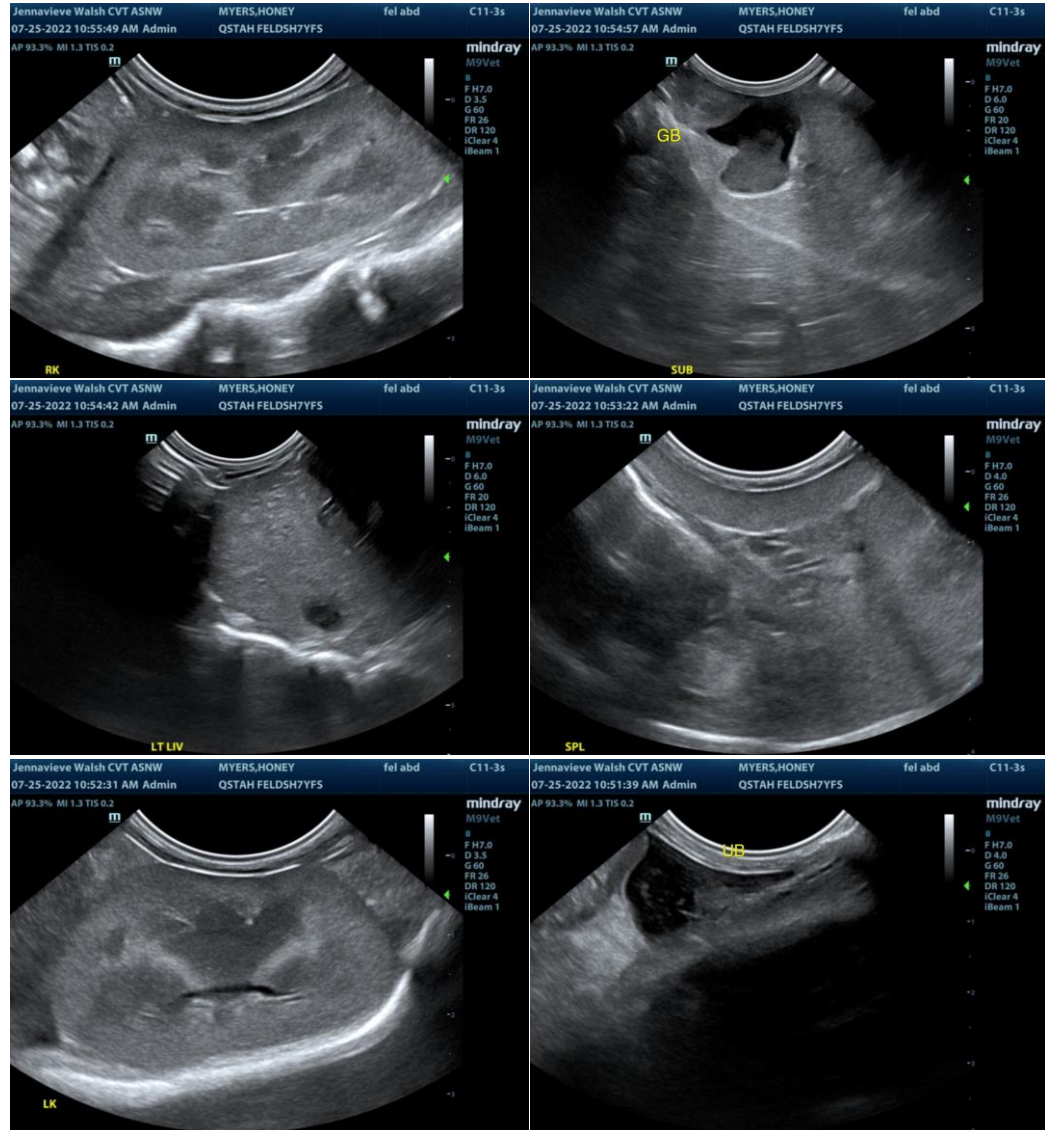
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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