



PATIENT PRESENTING CLINICAL SIGNS

Cali Markvart

Presented to Emergency Center 7/25/22 for walking aimlessly, staring, not eating, dry heaving, straining to urinate. Given SQ fluids and cerenia.

SPECIES

Abnormal PE/Chem/CBC/UA Results: HGB 24.4, HCT 71%, ALB 4.9, BUN 29, CA >20 Rads: small mass effect mid/dorsal abdomen (ventral to kidneys)

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

DSH

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.

SEX

FS

AGE

The area of the aortic trifurcation was free of pathology.

15 years

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 3.4 cm in length. The right kidney measured 3.3 cm in length.

WEIGHT

4.4 kg.

Adrenal Glands

No evidence of pathology was noted in the area of the left or right adrenal glands.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

Spleen

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.

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Buck AH

Liver/ Gallbladder

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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

Dr. Gilmer

INVOICE

14416

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 pylorus wall width measured 0.37 cm.

DATE

7/27/22



PATIENT	The small intestine exhibited intact yet segmentally prominent jejunal wall layering with subjective mild decreased mural echogenicity. No overt evidence of small intestinal masses was noted. The jejunum wall measured 0.27 cm width. Minor areas of retained small intestinal nonshadowing chyme were present.
Cali Markvart	
SPECIES	The visualized colon exhibited sonographically unremarkable wall layering containing subjective semi-formed to soft fecal matter.
Feline	
BREED	<i>Pancreas</i>
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 were evident.
SEX	<i>Free Abdomen</i>
FS	Focal to potential intermittent mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 0.47 cm width. No effusion was noted. Midabdominal mildly hyperechoic peri intestinal omentum was present. No evidence of omental masses was noted.
AGE	
15 years	
WEIGHT	ULTRASONOGRAPHIC FINDINGS
4.4 kg.	<ul style="list-style-type: none"> Segmental to potential generalized enteropathy - suspect segmental to potential generalized inflammatory enteropathy, potential for IBD
INTERPRETED BY	<ul style="list-style-type: none"> Mid abdominal primarily peri intestinal mild hyperechoic mesenteric and intermittent nonspecific yet subjectively benign / reactive mesenteric lymph nodes Overtly normal pancreas
R. McKenzie Daniel, DVM, DABVP	
IMAGING PERFORMED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Kelly Reschny	Sonographic evidence of significant or active pancreatitis was not present yet low-grade to chronic pancreatitis may present sonographically normal.
HOSPITAL NAME	The small intestine exhibited mild segmental to potential generalized mural changes which are suggestive of inflammatory criteria. Minor potential for emerging neoplastic infiltrative enteropathy which may present in similar sonographic manner is considered a less likely differential diagnosis.
Buck AH	
REFERRING VET	Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. Full-thickness intestinal biopsies would be required for a definitive diagnosis. Hydrolyzed diet trial with potential long-term dietary therapy, empirical deworming even if fecal testing is negative, or if the patient is indoor / outdoor, high colony count probiotics such as Provable, empirical antibiotic therapy +/- Prednisolone trial at the lowest effective dose to control clinical signs and assessment of clinical response could be considered empirically.
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REFERRING VET

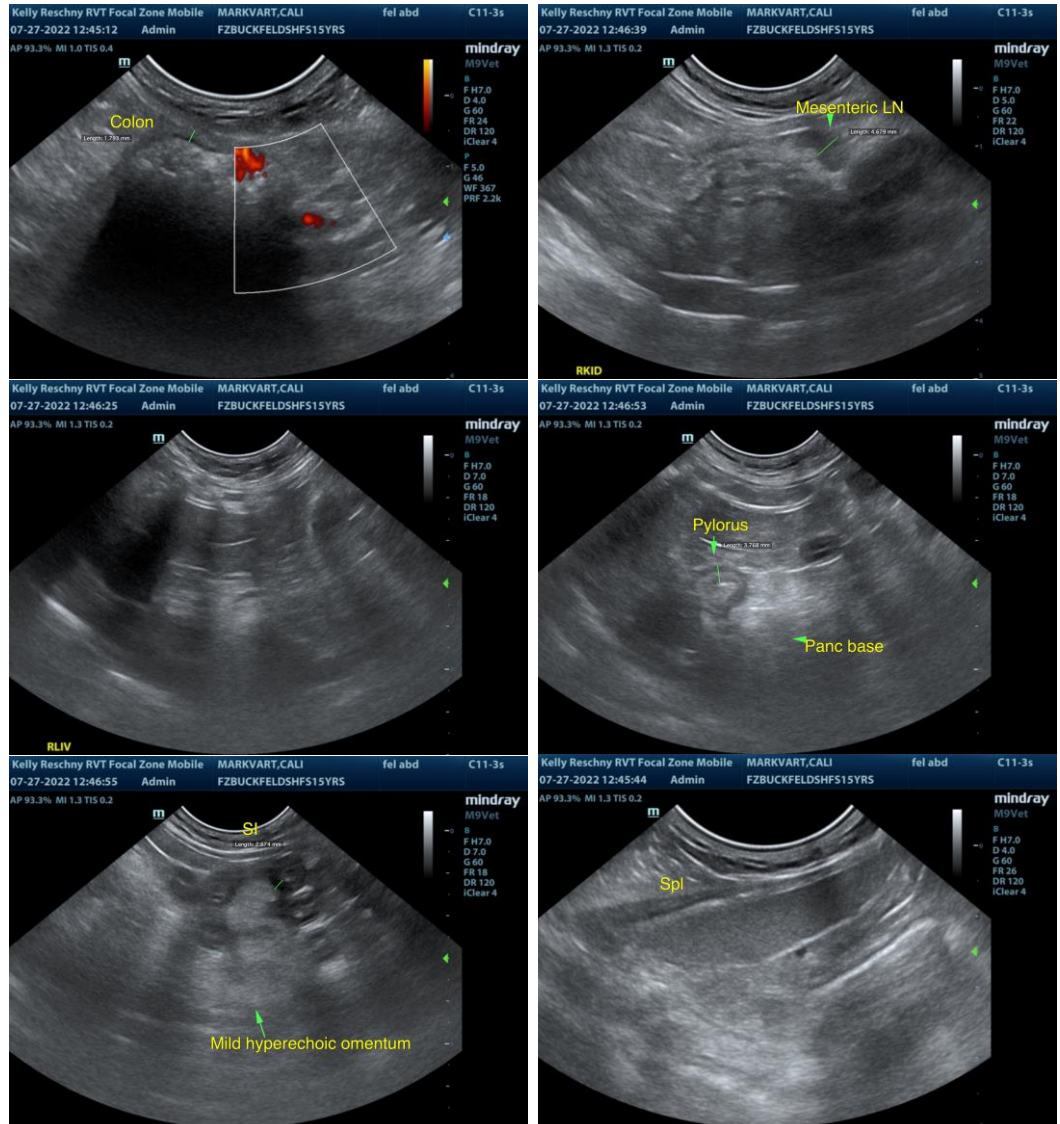
Dr. Gilmer

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SPECIES

Feline

BREED

DSH

SEX

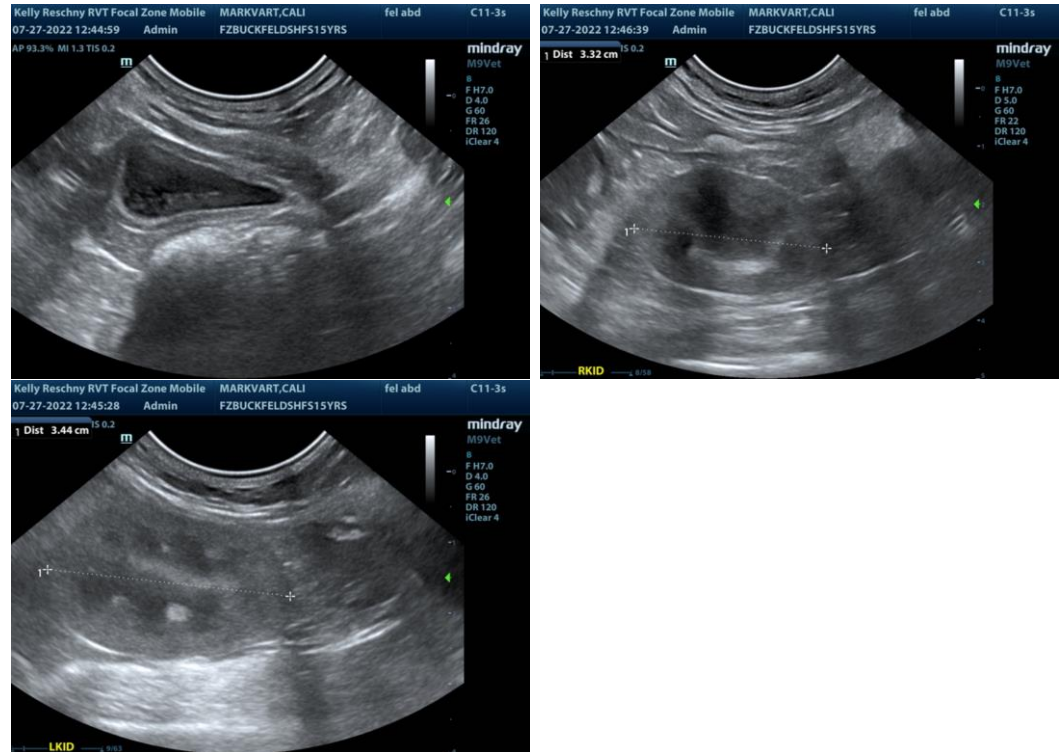
FS

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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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