

**PATIENT**

Dill Burke

PRESENTING CLINICAL SIGNS

History: Having diarrhea issues for several months, becoming more and more common. Eats well. Have tried treating with Fenbendazole and monthly Vit K injections.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System****BREED**

DSH

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

SEX

FS

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.4 cm in length. The right kidney measured 4.4 cm in length.

AGE

14yr

The area of the aortic trifurcation was free of pathology.

Adrenal Glands**WEIGHT**

7.6lb

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.44 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 cm width.

Spleen**INTERPRETED BY**

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

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 0.7 cm in width at the level of the hilus.

IMAGING PERFORMED BY

Rachel Runnells RVT

Liver

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.

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The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented moderately distended with moderate retained anechoic fluid and chyme. The pylorus wall measured 0.23 cm in width.

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The small intestine presented primarily intact wall layering with 1:3 muscularis/mucosa ratio. A segment of the small intestine in the jejunum exhibited mild to moderate mural hypertrophy, decreased mural echogenicity and loss of wall layer detail. The thickened segment of the jejunum measured up to 0.5 cm in width. The duodenum wall measured 0.26 cm in width. Normal appearing jejunum wall measured 0.24 cm in width.

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07/29/2022

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The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. Semi formed to soft fecal matter was present in the colon lumen with lumen dilation. The distal descending colon wall measured 0.27 cm in width.

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Feline

Pancreas

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.

BREED

DSH

Free Abdomen

Mid abdominal moderate to marked non-homogeneous mesenteric lymphadenopathy was present. An example of a mesenteric lymph node measured 2.8 cm x 2.0 cm. Generalized reactive hyperechoic mesentery with small pockets of scant peri-intestinal free fluid were noted.

SEX

FS

ULTRASONOGRAPHIC FINDINGS**AGE**

14yr

- Segmentally thickened jejunum exhibiting decreased mural echogenicity and loss of wall layer detail-potential emerging jejunal mural mass
- Colitis
- Nonhomogeneous moderate to marked mid abdominal mesenteric lymphadenopathy
- Hypomotile stomach
- Nonspecific chronic renal changes
- Peri-lymphatic to peri-intestinal hyperechoic mesentery and small pockets of scant peritoneal free fluid

WEIGHT

7.6lb

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DVM, DABVP
(Canine and Feline)**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The segmentally abnormal intestine may indicate inflammatory, neoplastic or granulomatous (dry FIP) etiologies with associated mesenteric hyperplasia, lymphadenitis or neoplastic lymphadenopathy. Neoplastic criteria is favored although not definitive. An ultrasound guided FNA of an enlarged mesenteric lymph node is recommended for screening cytology. Intestinal and lymphatic biopsies may be required for definitive diagnosis. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

Empirically a hydrolyzed diet trial, cobalamin supplementation, high colony count probiotic and prednisolone trial at lowest effective dose to control clinical signs with as needed GI support would be reasonable if sampling is not elected.

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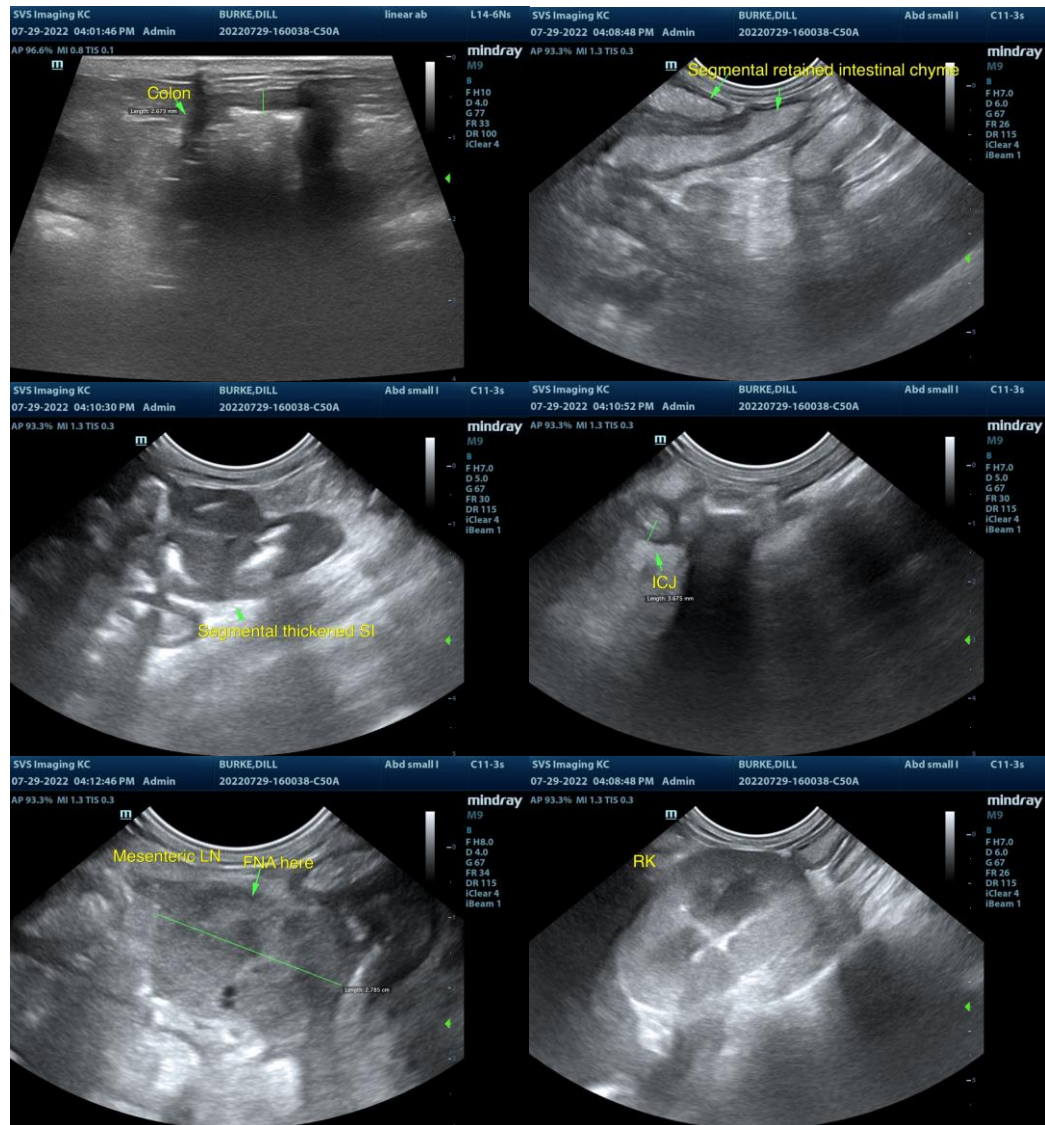
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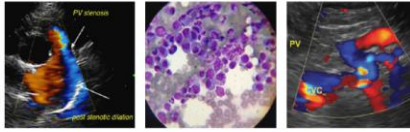
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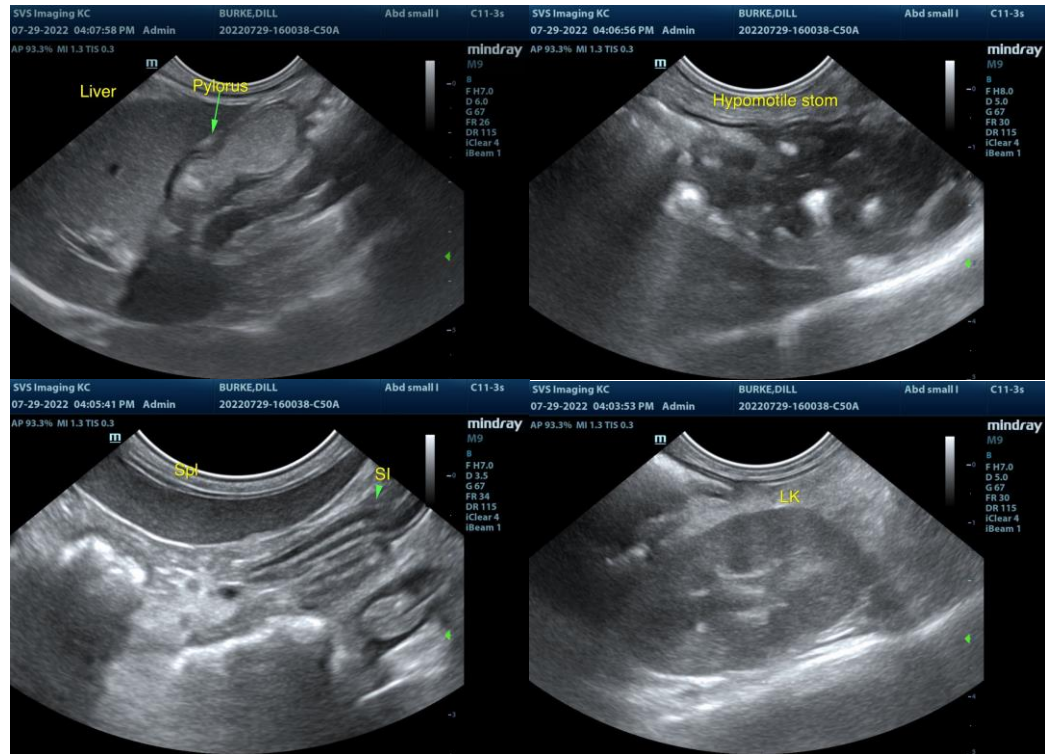
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com