



**PATIENT PRESENTING CLINICAL SIGNS**

Ender Allen History: Vomiting, diarrhea, responded to medical management HCT 28.5 WBC 34.4 w/mild neutrophilia/band neutrophils/lymphocytosis/monocytosis and eosinophilia

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Feline **Urinary System**

**BREED** 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.

DSH

**SEX** 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 some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. Mild pyelectasia was present. The left kidney measured 4.5 cm in length. The right kidney measured 4.5 cm in length.

MN

**AGE** The area of the aortic trifurcation was free of pathology.

12yr

**Adrenal Glands**

**WEIGHT** No overt pathology in the area of the left or right adrenal glands.

10.1

**Spleen**

The spleen was borderline enlarged and exhibited a finely textured parenchyma with decreased echogenicity. 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 1.0 cm in width at the level of the hilus.

**INTERPRETED BY**

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

**Liver**

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

**IMAGING PERFORMED BY**  
 Rebekah Jakum, CVT  
 ARDMS/RVT

**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.

**HOSPITAL NAME**

Pocono Peak  
 Veterinary Center

**REFERRING VET**

Dr. Coyle

The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. The intestinal wall measured up to 3.6 cm in width.

**INVOICE**

11231ag Normal visible colon wall layers were present with apparent semi formed feces in lumen.

**Pancreas**

**DATE**  
 07/29/2022



**PATIENT**

Ender Allen

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

**SPECIES**

*Free Abdomen*

Feline

Small pockets of scant peritoneal free fluid were present potentially secondary to lymphatic obstruction.

**BREED**

DSH

Enlarged, hypoechoic peri lymphatic to peri intestinal mesenteric root lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery. The mesenteric root lymph nodes measured 2.8 cm length and 2.6 cm width.

**SEX**

MN

**AGE**

12yr

**ULTRASONOGRAPHIC FINDINGS**

- Generalized infiltrative enteropathy pattern
- Multifocal hypoechoic to swollen mesenteric lymph nodes
- Borderline to mild hepatosplenomegaly
- Bilateral mild chronic renal changes with mild pyelectasia
- Generalized hyperechoic omentum and small pockets of scant peritoneal free fluid

**WEIGHT**

10.1

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Considerations for the small intestine may include inflammatory vs neoplastic infiltrative enteropathy with potential marked lymphoid hyperplasia, reactive lymphadenitis or neoplastic lymphadenopathy. Primary concern for intestinal neoplasia and associated lymphadenopathy is warranted although not definitive.

Correlation with pending lymphatic cytology is suggested. Potential for multicentric neoplasia with concurrent hepatosplenic involvement is considered a primary differential diagnosis. A CBC path review could be considered. A very guarded prognosis pending lymphatic cytology. Empirically continued IBD protocol with as needed GI support would be reasonable.

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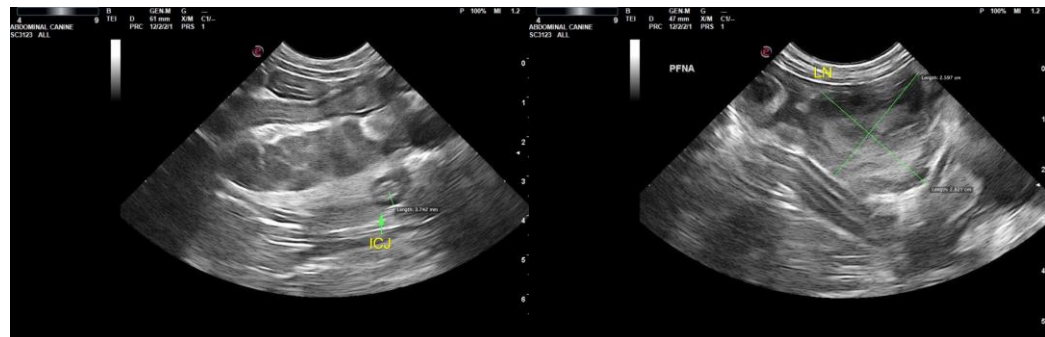
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**SPECIES**

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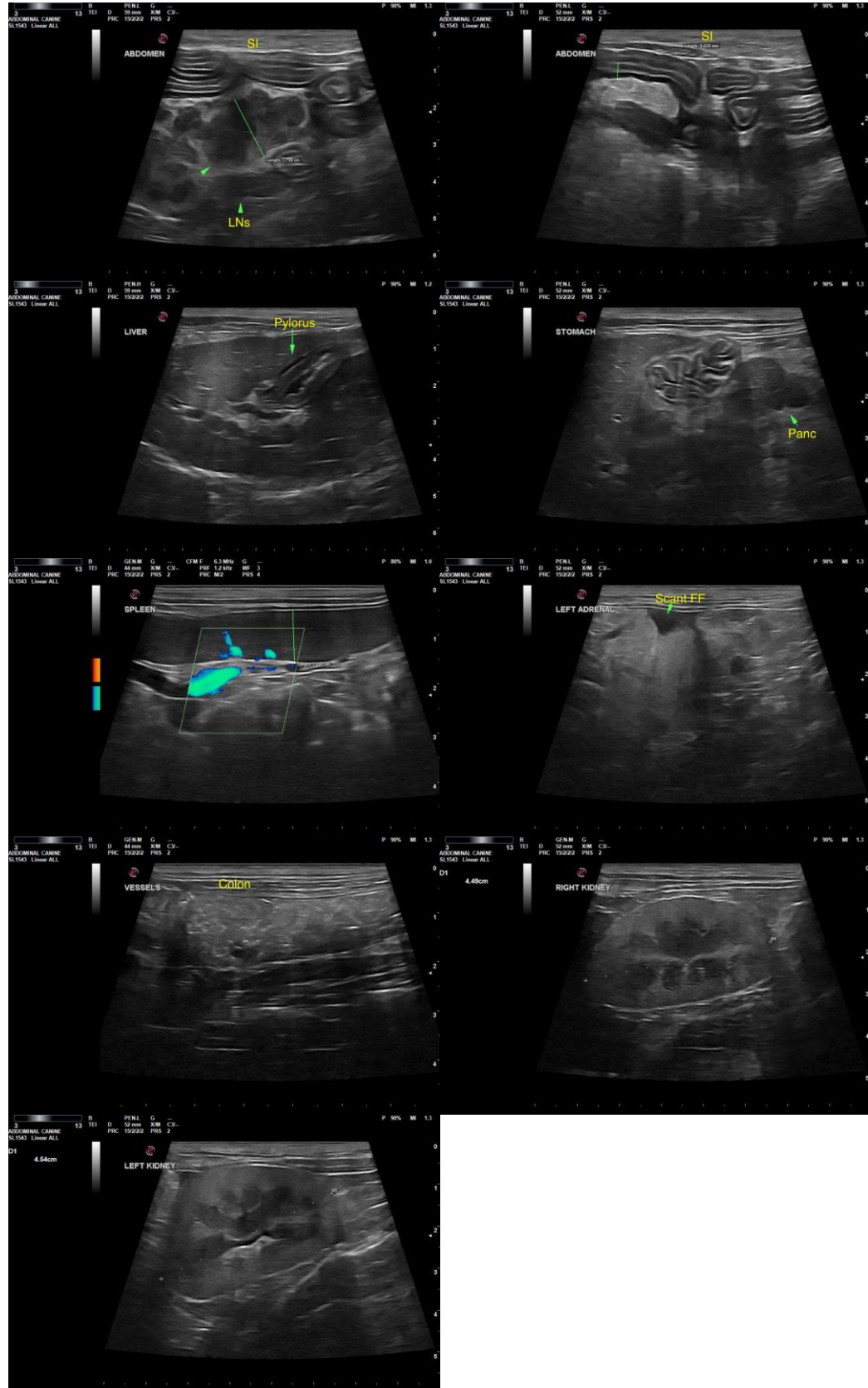
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**PATIENT**

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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.

**SPECIES**

Feline

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.

**BREED**

DSH

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**AGE**

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**WEIGHT**

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