



**PATIENT PRESENTING CLINICAL SIGNS**

Romo Pixley Anorexia, weight loss, vomiting, no defecation for 3 days Metronidazole

**SPECIES**

Feline

ALT 153, BUN 44, Creatinine 1.4, Amylase 1351, Urine specific gravity 1.062, 2+protein, 3+blood

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

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, primarily dependent 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**

MN

The area of the aortic trifurcation was free of pathology.

**AGE**

2011

Normal size and margination were present in the kidneys. A 1:3 cortex / medulla ratio was maintained. Mild uniform increased cortex echogenicity with mild loss of corticomedullary border demarcation was present in both kidneys. Focal areas of medullary mineral were present in the right kidney. The left kidney measured 4.4 cm in length. The right kidney measured 4.2 cm in length.

**WEIGHT**

5.8

**Adrenal Glands**

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 0.31 cm width.

**INTERPRETED BY**

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

**Spleen**

The spleen exhibited a finely textured and homogenous parenchyma with mild enlargement of the medial spleen with subtle evidence of a bulbus medial splenic contour. No masses or nodules were noted. The spleen measured 1.3 cm in width at the level of the hilus.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

**Liver/ Gallbladder**

**HOSPITAL NAME**

White Haven VH

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.

**REFERRING VET**

Dr. Dengler

**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**

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The small intestine presented intact yet segmental to generalized prominent wall layering. No evidence of intestinal masses or loss of intestinal wall layering was noted. The duodenum wall measured 0.28 cm width. The jejunum wall measured up to 0.34 cm width. No overt pathology was noted in the area of the ileocolic junction.

**DATE**

7/6/22



**PATIENT**

Normal visible colon wall layers were present with formed feces in lumen. No overt evidence of colonic distention was noted.

Romo Pixley

**Pancreas**

**SPECIES**

The pancreas exhibited normal size and contour with subtle hypoechoic parenchyma compared to adjacent nonreactive or inflamed peripancreatic omentum.

Feline

**Free Abdomen**

**BREED**

Intermittent mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width:length ratio (<0.5). No evidence of peritoneal free fluid was noted.

DSH

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

MN

- Mild urinary bladder sediment - cellular debris / protein, crystalline debris, or mucus
- Bilateral nonspecific chronic renal changes
- Mild splenomegaly - subjectively benign
- Intact yet segmental to generalized prominent small bowel walls - suspect IBD
- Associated intermittent benign / reactive mesenteric lymph nodes
- Mildly hypoechoic pancreas - possible low-grade pancreatitis
- Low-grade hepatopathy - potential low-grade inflammatory hepatopathy

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(Canine and Feline)

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

**IMAGING**

**PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

Triad Disease may be a consideration in this patient. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. Full-thickness intestinal +/- pancreaticohepatic biopsies are required for definitive diagnosis.

**HOSPITAL NAME**

White Haven VH

Empirically, as-needed gastrointestinal supportive care and prophylactic therapy for Triaditis, which may include hydrolyzed diet trial, empirical cobalamin supplementation, as-needed gastrointestinal support +/- Prednisolone trial 1.0-2.0 mg/kg at lowest effective dose to control clinical signs with an assessment of clinical response could be considered.

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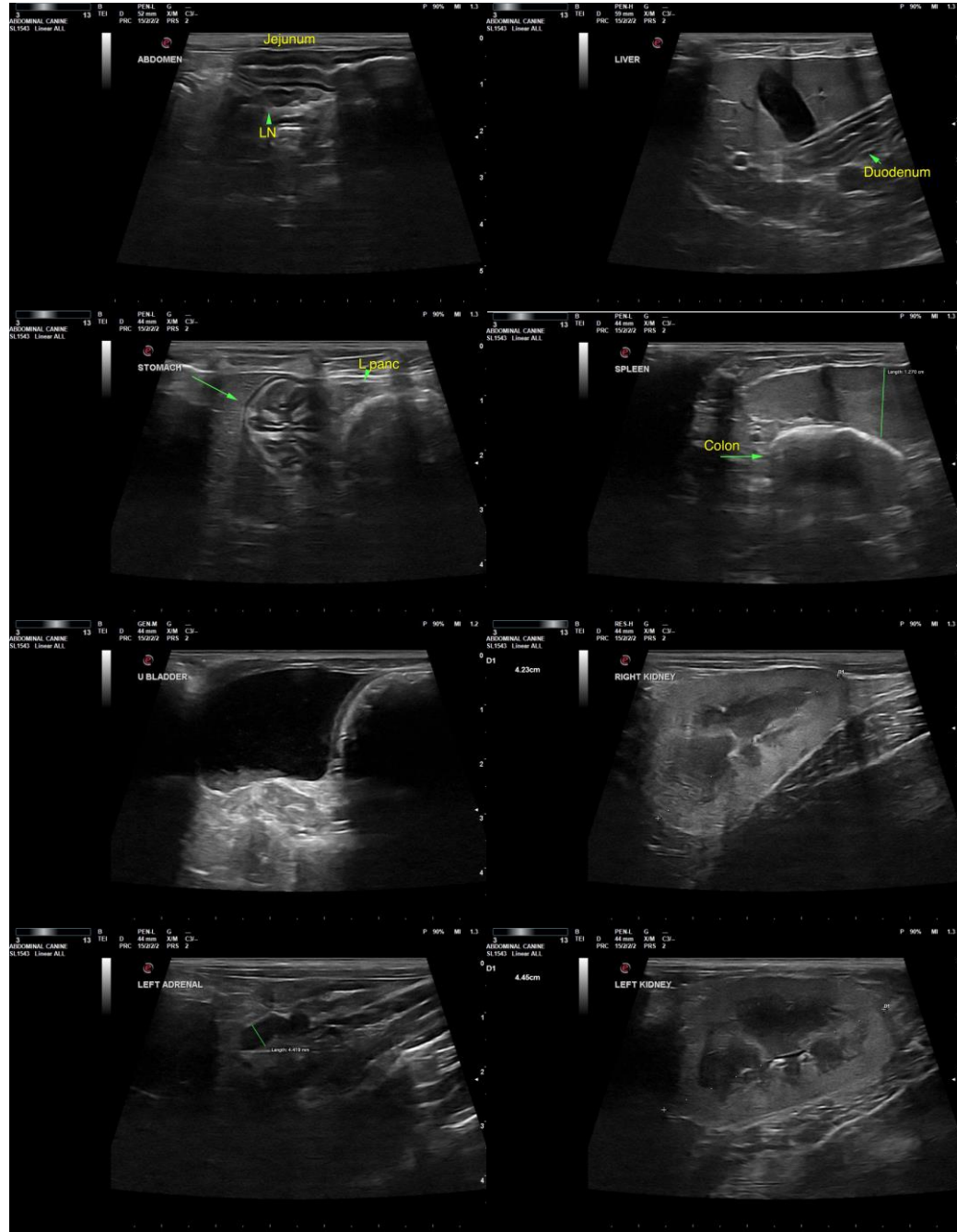
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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