



PATIENT

Frankie Shaner

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

4 yr

WEIGHT

4.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Callihan

HOSPITAL NAME

Animal Emergency
Care

REFERRING VET

Dr. Bailey

INVOICE

11077ag

DATE

07/09/2022

PRESENTING CLINICAL SIGNS

History: Patient presents for: Vomiting, diarrhea since first of July. Does have history of dietary indiscretion. rDVM dispensed Cerenia and Laxatone. Maybe got one dose of Cerenia and none of Laxatone. Owner has Metronidazole from other cat, so tried to give last night unsuccessfully. This AM diarrhea worse and now has blood. Food has been changed twice. History of: Sensitive stomach; indoor/outdoor No known medical issues or sensitivities Medications: None, difficult to medicate; Diet = Instinct raw

Abnormal PE/Chem/CBC/UA Results: PE is unremarkable, vitals normal; good coat and body condition other than mildly overconditioned BCS 6/9; No other diagnostics done. Reported to have had multiple sets radiographs with primary care vet and nothing overtly amiss.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.7 cm in length. The right kidney measured 4.1 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.63 cm width. No overt pathology in the area of the right adrenal gland.

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. The spleen measured 0.65 cm in width at the level of the hilus.

Liver

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.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained anechoic pyloric fluid with no signs of ileus, obstruction or foreign material.



PATIENT

Frankie Shaner

The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. The jejunum wall measured 0.35 cm in width. The ileocolic wall measured 0.43 cm in width. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

SPECIES

Feline

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

Pancreas

BREED

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.

Free Abdomen

SEX

FS

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- IBD intestinal pattern

AGE

4 yr

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the small intestine is consistent with infiltrative enteropathy and most likely indicative of IBD/eosinophilic enteritis. No overt evidence of concurrent intra-abdominal lymphadenopathy. The possibility of neoplastic infiltrative enteropathy with round cells such as lymphoma cannot be excluded yet is thought less likely. Full thickness intestinal biopsies would be required for a definitive diagnosis. No sonographic evidence of concurrent pancreatitis. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended for further assessment of the pancreas.

WEIGHT

4.9 kg

INTERPRETED BY

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

Empirical IBD protocol which may include hydrolyzed diet trial, cobalamin supplementation and as needed GI support +/- Prednisolone 1-2 mg/kg at lowest effect dose to control clinical signs with assessment of clinical response would be reasonable.

IMAGING PERFORMED BY

Dr. Callihan

HOSPITAL NAME

Animal Emergency
Care

REFERRING VET

Dr. Bailey

INVOICE

11077ag

DATE

07/09/2022



PATIENT

Frankie Shaner

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

4 yr

WEIGHT

4.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Callihan

HOSPITAL NAME

Animal Emergency
Care

REFERRING VET

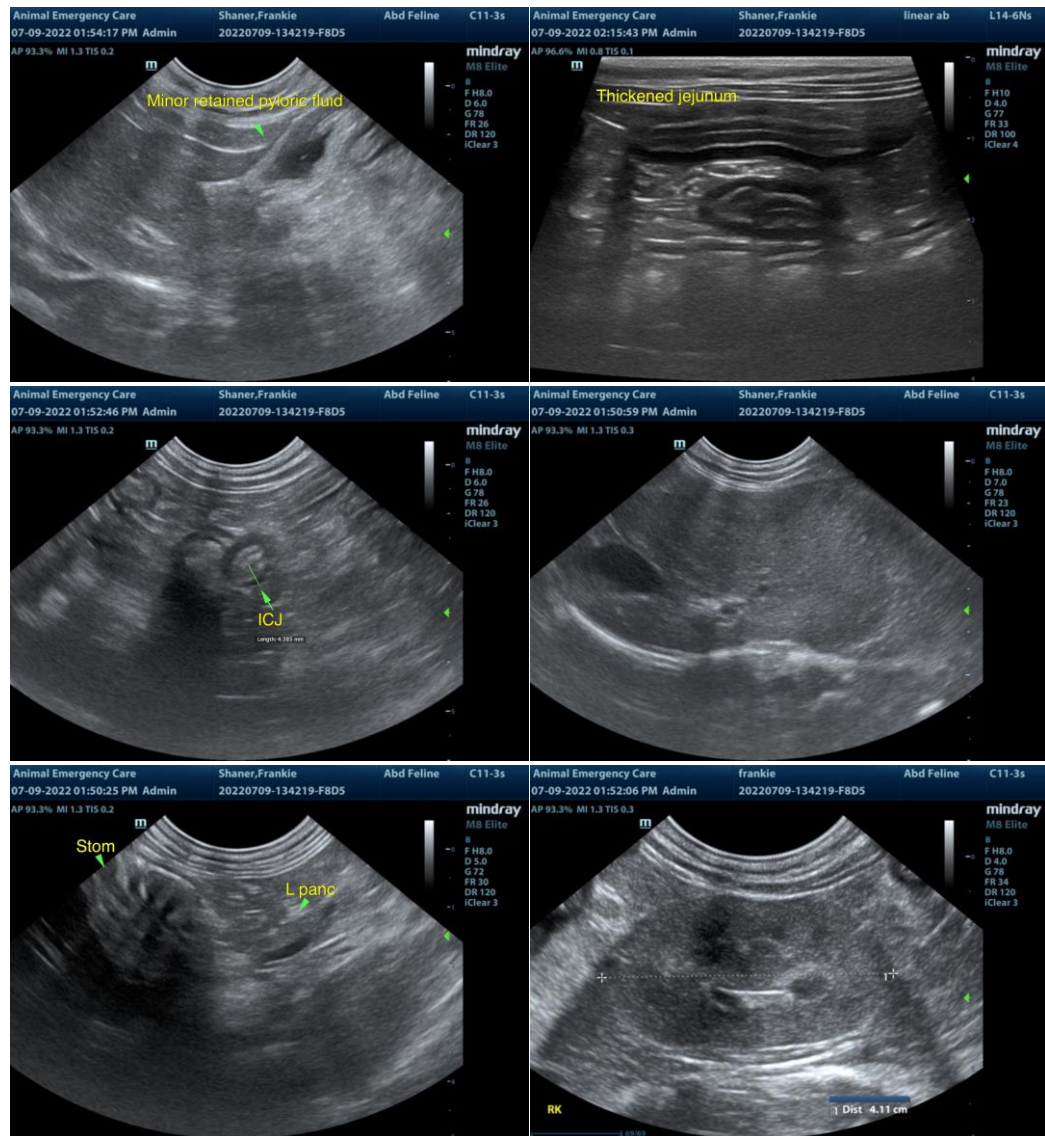
Dr. Bailey

INVOICE

11077ag

DATE

07/09/2022





PATIENT

Frankie Shaner

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

4 yr

WEIGHT

4.9 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Callihan

HOSPITAL NAME

Animal Emergency
Care

REFERRING VET

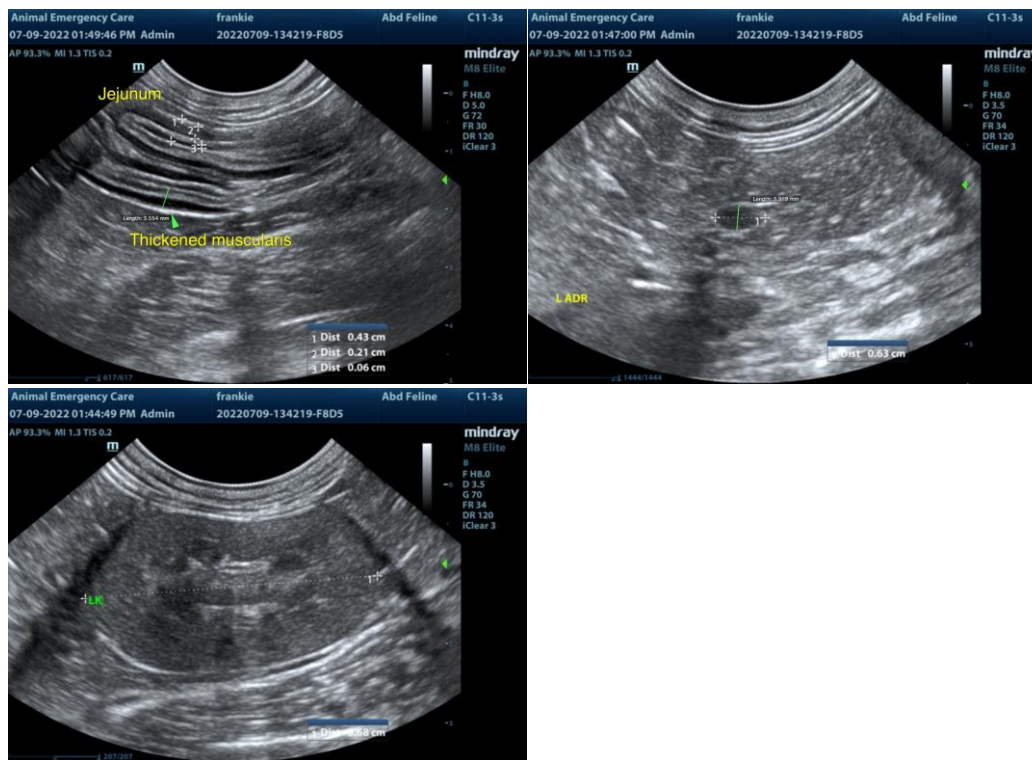
Dr. Bailey

INVOICE

11077ag

DATE

07/09/2022



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