



PATIENT

Loki Knittel

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

15 years

WEIGHT

8.45 lbs.

PRESENTING CLINICAL SIGNS

Vomiting and decreased appetite over the weekend. Palpation of abdomen revealed thickened small intestines and resulted in vomiting 2x. Client notes years of hematochezia. Had similar episode of vomiting and decreased appetite in March 2022 Radiographic Findings Thickened SI. No foreign material or obstructive pattern seen Primary Question/Differential to Be Answered in This Exam Cause for vomiting/bloody stools. Evidence of IBD/lymphoma
Abnormal PE/Chem/CBC/UA Results: Lab results from March 2022 TT4 grey zone at 2.8. SDMA 15 (0-14) - All other renal values WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Moderate, nondependent particulate to hyperechoic sediment (which may indicate cellular debris/protein, crystalline debris, or mucus) 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.

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

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

Normal renal size with asymmetrical margination were 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 3.8 cm in length. The right kidney measured 3.9 cm in length.

IMAGING PERFORMED BY

Jenna Walsh, CVT

Adrenal Glands

The bilateral adrenal glands were normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age-related finding and not pathological. The left adrenal gland measured 0.41 width and the right adrenal gland measured 0.39 width.

HOSPITAL NAME

Willakenzie AC

Spleen

REFERRING VET

Dr. Kairis

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.

INVOICE

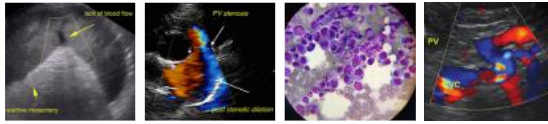
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Liver/ Gallbladder

DATE

8/10/22

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



PATIENT	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.
Loki Knittel	
SPECIES	<i>Gastrointestinal</i>
Feline	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.
BREED	
DLH	The small intestine presented intact yet generalized prominent to thickened wall layering owing to propensity for generalized prominent to thickened muscularis layer. The duodenum wall measured 0.33 cm width. The jejunum wall measured 0.32 cm width. The ileocolic wall measured 0.40 cm width.
SEX	
MN	The colon exhibited intact and sonographically unremarkable wall layering. The generalized colon was mild to moderately distended with nonformed to liquid feces, consistent with diarrhea.
AGE	<i>Pancreas</i>
15 years	The pancreas as normal in size with areas of minor capsule asymmetry. Heterogeneous to mildly hypoechoic parenchyma with minor pancreatic duct dilation were present.
WEIGHT	<i>Free Abdomen</i>
8.45 lbs.	Intermittent mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to nonhomogeneous compared to adjacent nonreactive perilymphatic omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example lymph node measured 3.0 cm x 0.67 cm.
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Moderate urinary bladder sediment • Nonspecific chronic renal changes • Infiltrative enteropathy pattern - probable IBD, potential for neoplastic infiltrative enteropathy with round cells, i.e., lymphoma or similar • Probable mild chronic colitis • Associated nonhomogeneous mesenteric lymphadenopathy - suspect reactive hyperplasia or lymphadenitis, not overtly consistent with lymphatic neoplastic criteria • Potential concurrent mild chronic pancreatitis
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Jenna Walsh, CVT	Fresh fecal analysis to rule out parasitic ova / giardia, as well as a GI panel to include PLI/TLI/Cobalamin/Folate may be considered for further assessment. Full-thickness intestinal biopsies are required for a definitive diagnosis.
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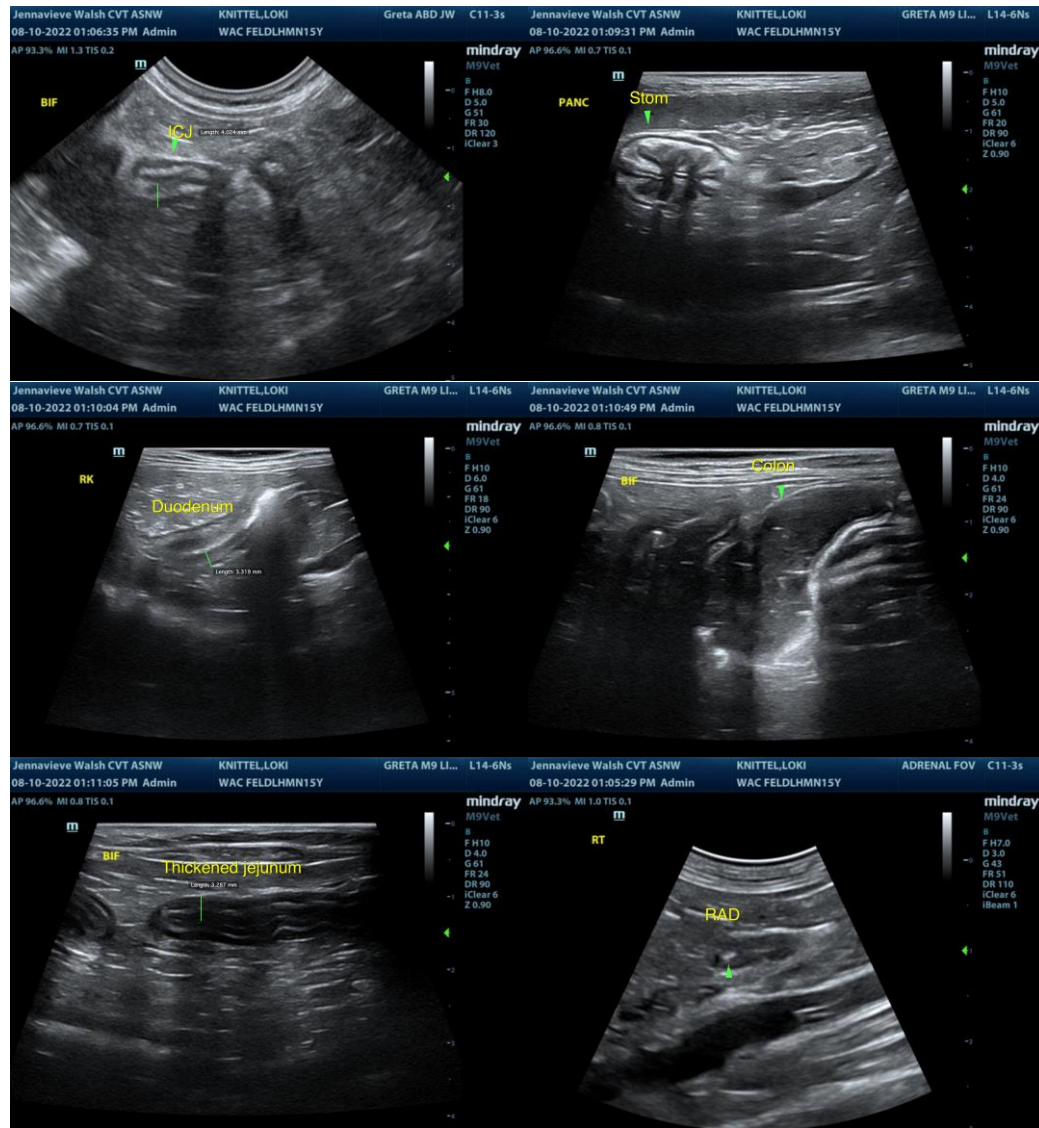
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Empirical medical therapy for IBD and probable mild chronic colitis, which may include novel protein or hydrolyzed diet with potential long-term dietary therapy, cobalamin supplementation, high colony count probiotic such as Provable, as-needed gastrointestinal support, +/- Prednisolone trial at the lowest effective dose to control clinical signs, may be considered especially if biopsies are not elected or possible. Broad spectrum deworming, even if fecal testing is negative, could be considered if patient is indoor/outdoor.





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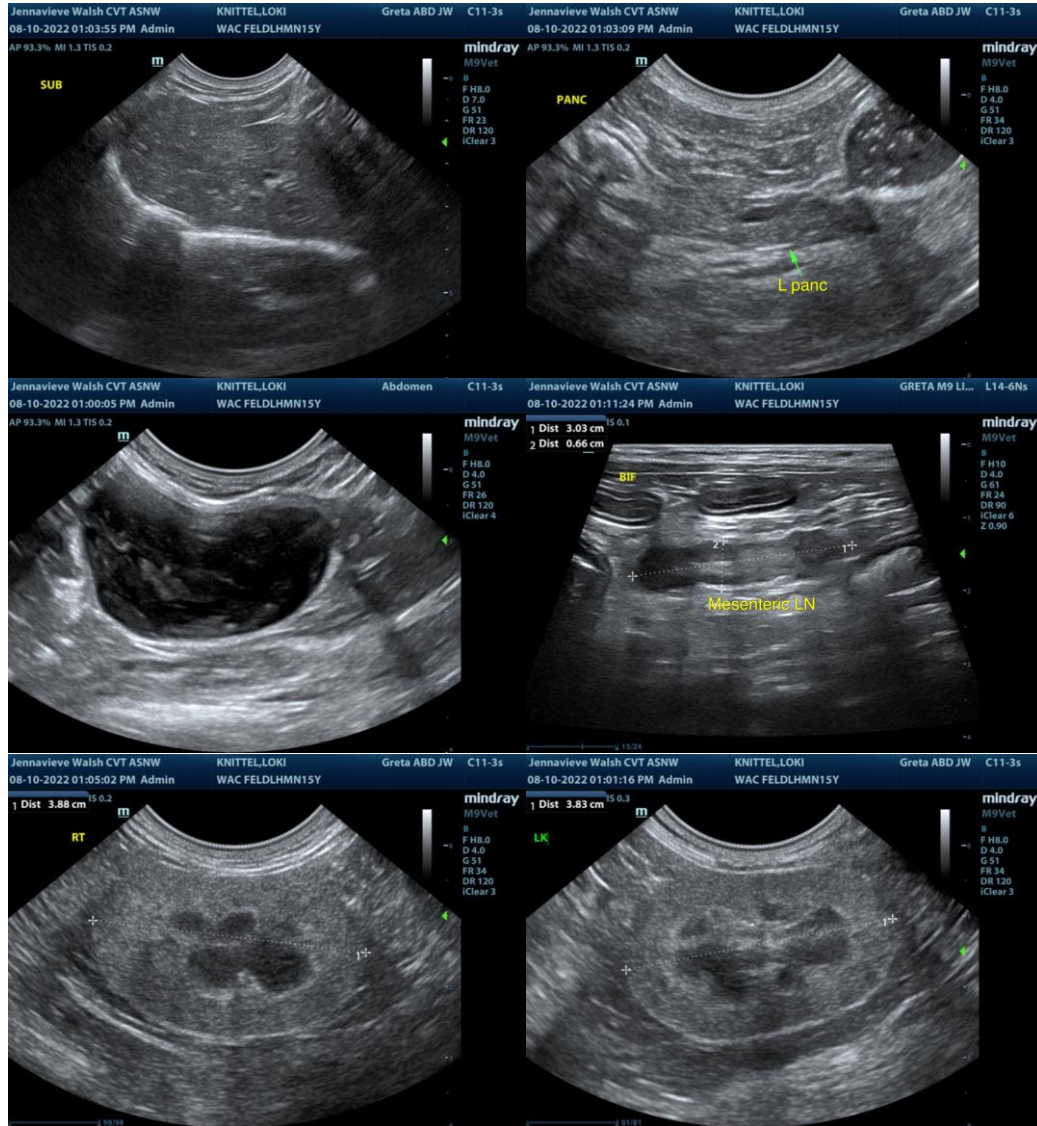
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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