



**PATIENT PRESENTING CLINICAL SIGNS**

Mao Mao Lin - Patient losing weight for about 1 yr - Occasional vomiting after eating grass (upon further questioning, V once daily for years per o - bile and sometimes more reddish) Current Medications Mirtazapine transdermal

**SPECIES**

Feline Abnormal PE/Chem/CBC/UA Results: AST 65 U/L, otherwise WNL

**BREED**

DSH **Urinary System**

**SEX**

FS

**AGE**

14yr

**WEIGHT**

7.68lb

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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.

Normal size and margination were 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 bilateral pyelectasia was present. The left kidney measured 3.9 cm in length. The right kidney measured 3.7 cm in length.

The area of the aortic trifurcation was free of pathology.

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.32 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.55 cm width.

**IMAGING PERFORMED BY**

Jenna Walsh CVT

**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.

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**Liver/Gallbladder**

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.

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**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.

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The small intestine presented intact variably thickened wall layering with segmental to generalized prominent muscularis layer. The lumen of the small intestine was empty with no signs of ileus,



**PATIENT** obstruction or foreign material. Minor segmental intestinal corrugation with potential segmental intestinal hypercontractility. The jejunum wall measured 0.30 cm width. The ileocolic wall measured 0.34 cm width.  
Mao Mao Lin

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

Feline **Pancreas**

**BREED** The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. Regional mild hyperechoic peripancreatic omentum was present in the cranial abdomen adjacent to the left pancreas.  
DSH

**SEX** **Free Abdomen**

FS No omental masses, significant lymphadenopathy or peritoneal effusion was present.

Minor mesenteric lymphadenopathy possible.

**AGE** **ULTRASONOGRAPHIC FINDINGS**

14yr

**WEIGHT** 7.68lb

- Chronic enteropathy pattern with segmental wall thickening.
- Heterogenous pancreas with mild peripancreatic hyperechoic omentum.
- Chronic renal changes with mild bilateral pyelectasia.
- Sonographically unremarkable stomach.

#### INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

#### **INTERPRETED BY**

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

The bilateral pyelectasia may be owing to chronic renal changes or potential pelvic scarring possibly owing to previous calculi passage. Urine C/S and protein: creatinine ratio on sterile urine sample is recommended. Chronic inflammatory enteropathy (IBD/eosinophilic enteritis) suspected. Potential for low grade to early neoplastic infiltrative enteropathy which may present in a similar sonographic manner is possible.

#### **IMAGING PERFORMED BY**

Jenna Walsh CVT

Assessment for evidence of cranial abdominal/subxiphoid discomfort on palpation which may allude to low grade pancreatitis is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. Intestinal +/- pancreatic biopsies would be required for a definitive diagnosis.

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Empirically GI support +/- IBD protocol with assessment of clinical response and monitoring of body weight and potential sonographic monitoring of the GI tract would be reasonable.

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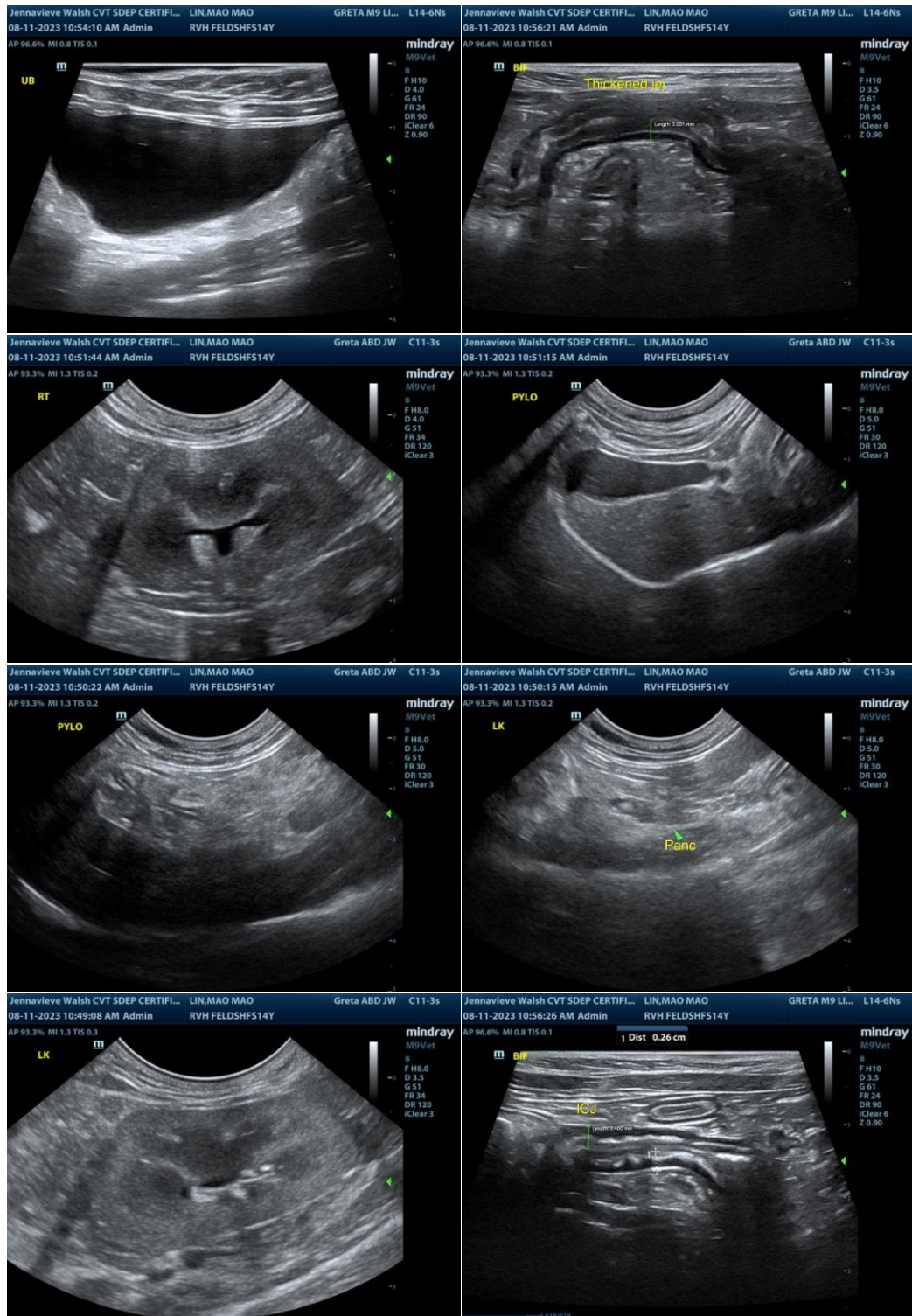
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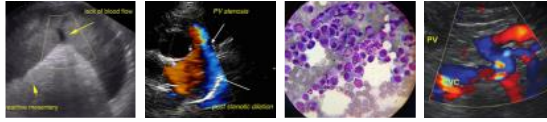
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The information and recommendations provided are based on the images presented by the referring



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**SPECIES**

Feline

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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)

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