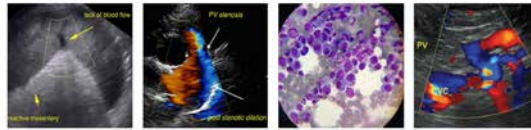


PATIENT	PRESENTING CLINICAL SIGNS
Buddy Nonnemacher	History: History of inconsistently treated mild hyperthyroidism, weight loss, vomiting, 4# weight loss in 2 years
SPECIES	Medication: Tapazole, Metronidazole
Feline	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
Domestic Shorthair	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with very minor particulate non-dependent sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.
SEX	The area of the aortic trifurcation was free of pathology.
Neutered Male	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. A subtle, intermittent hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is likely an idiopathic finding. The right kidney measured 4.0 cm. The left kidney measured 4.5 cm.
AGE	
10 years	
WEIGHT	Adrenal Glands
11.3 Pounds	The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 cm in width. The left adrenal gland measured 0.47 cm in width.
INTERPRETED BY	Spleen
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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 0.9 cm in width.
IMAGING PERFORMED BY	Liver
Rebekah Jakum, CVT ARDMS/RVT	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.
HOSPITAL NAME	Gastrointestinal
Stanglein VC	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. Gastric body wall measured 0.25 cm.
REFERRING VET	The small intestine presented intact wall layering with segmental to generalized propensity for mildly prominent intestinal wall layering owing prominent mucosa to muscularis layer. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Jejunum wall measured up to 0.3 cm.
Dr. Dinello	
INVOICE	
24761	
DATE	
8.17.2021	



PATIENT Buddy Nonnemacher
Ileocolic wall measured 0.37 cm. Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

SPECIES Feline
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

BREED Domestic Shorthair
Intermittent mildly enlarged jejunocolic lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. Example measured 0.5 cm diameter. No effusion.

SEX Neutered Male

ULTRASONOGRAPHIC FINDINGS

- Probable inflammatory bowel disease
- Associated minor jejunocolic lymphadenopathy – suspect minor reactive lymphadenitis or lymphoid hyperplasia.
- Bilateral subtle non-specific renal medullary rim sign

AGE 10 years

WEIGHT 11.3 Pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although not definitive, the small intestine exhibited subtle mural changes that are suggestive of inflammatory bowel disease given the patient’s history and clinical signs. Further assessment may include GI panel to include PLI, TLI, cobalamin and folate. Minor potential for early or low-grade neoplastic infiltrative enteropathy with round cells (i.e., lymphoma) cannot be definitively excluded. Intestinal biopsies would be required for definitive diagnosis. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Correlation with recheck CBC/Chem panel, UA and T4 levels, if possible, is recommended.

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

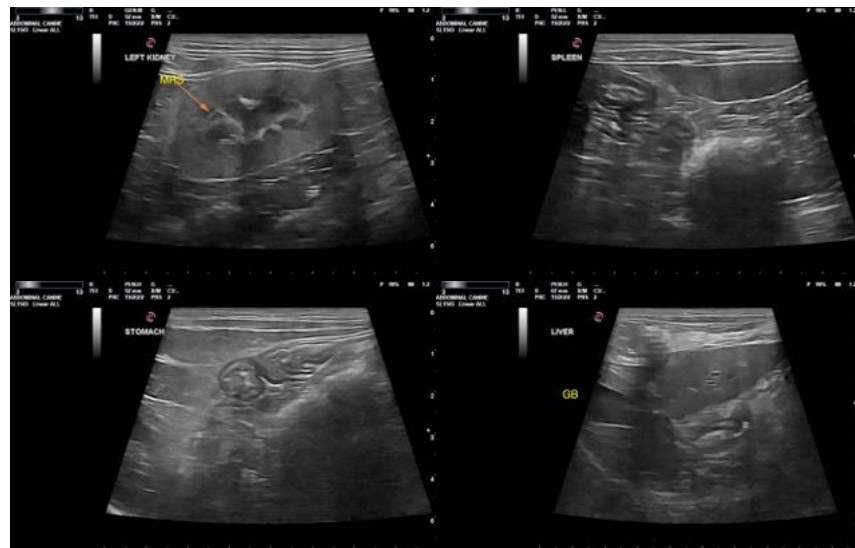
IMAGING PERFORMED BY Rebekah Jakum, CVT ARDMS/RVT

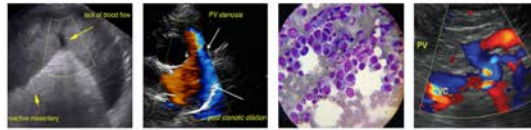
HOSPITAL NAME Stanglein VC

REFERRING VET Dr. Dinello

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DATE 8.17.2021





PATIENT

Buddy Nonnemacher

SPECIES

Feline

BREED

Domestic Shorthair

SEX

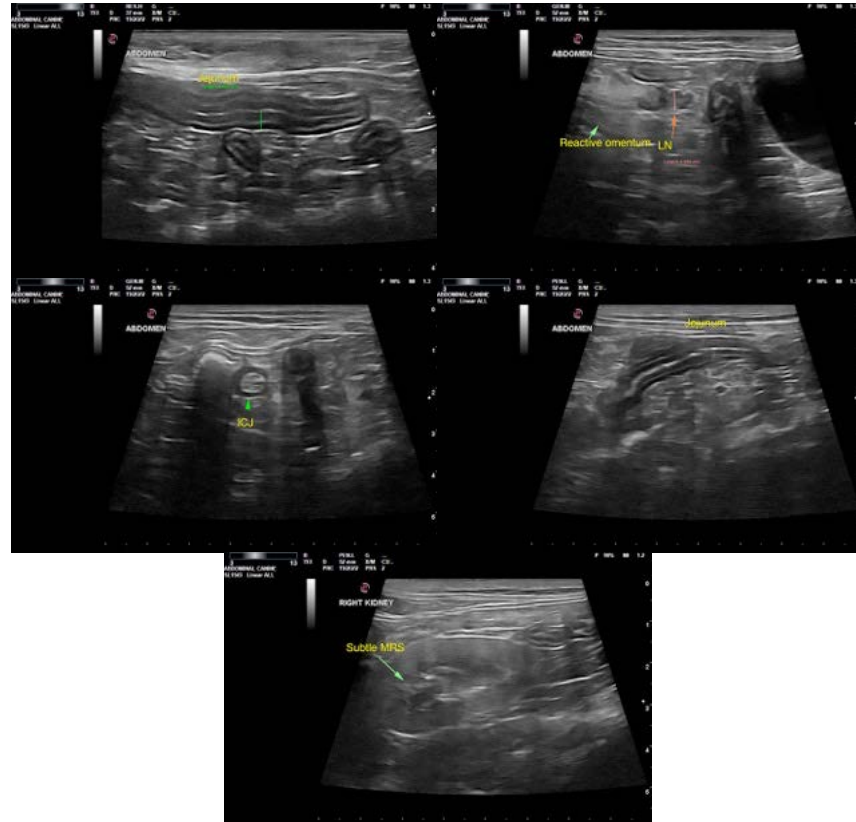
Neutered Male

AGE

10 years

WEIGHT

11.3 Pounds



INTERPRETED BY

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

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

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)
mac.daniel@sonopath.com

HOSPITAL NAME

Stanglein VC

REFERRING VET

Dr. Dinello

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