**PATIENT**

Skeeter Gott

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

11 Years

**WEIGHT**

8.7 Pounds

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

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr. Molly Bies

**INVOICE**

24790

**DATE**

8/18/21

**PRESENTING CLINICAL SIGNS**

Weight loss, chronic GI issues and diarrhea. Currently having explosive diarrhea.

Abnormal PE/Chem/CBC/UA Results: Elevated ALT (269 U/L) only abnormality on recent blood work (increased from 224 on 7/15/21). Lost a half pound in the last month. Ultrasound about 6 months ago down in Memphis: Small intestines- wall is mostly normal thickness (1.9-2.6mm) but the submucosa and muscularis are intermittently more prominent than normal. Multifocal mesenteric lymphadenopathy, Consistent with GI disease. IBD, food allergy, and GI lymphoma should all be considered. GI biopsy can be considered for definitive diagnosis.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

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 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.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Subtle, primarily uniform increased cortex echogenicity was present in both kidneys. Loss of corticomedullary symmetry and definition also noted, expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.2 cm. The right kidney measured 4.2 cm.

**Adrenal Glands**

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.24 cm in width. The right adrenal gland presented pinpoint dystrophic medullary mineral, which is an age related finding in a cat and not considered pathological. The right adrenal gland measured 0.30 cm.

**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 0.76 cm in width.

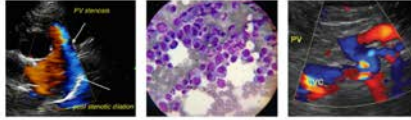
**Liver**

The liver was normal in size and contour with normal overall hepatic parenchyma echogenicity with subtle increased prominence of portal vascular borders. 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 was empty with no signs of ileus, obstruction or foreign material. Gastric body wall measured 0.28 cm.

The small intestine presented intact wall layering with subjective propensity for segmental to generalized mildly prominent submucosa and muscularis layer. No overt evidence of significant mural hypertrophy, loss of intestinal wall layering or intestinal masses. Duodenum wall measured 0.27 cm. Jejunum wall measured 0.27 cm.

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Ileocolic wall measured 0.33 cm. Normal visible colon wall layers were present with apparent formed feces in lumen.

**Pancreas****SPECIES**

Feline

The left limb of the pancreas exhibited normal size and contour with subtle, primarily uniform hypoechoic parenchyma compared to adjacent omentum.

**Free Abdomen****BREED**

DSH

Intermittent enlarged mesenteric lymph nodes were present. Example measured 0.48 cm in width. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width:length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. No effusion.

**SEX**

Neutered Male

- Chronic enteropathy with associated intermittent mesenteric lymphadenopathy
- Mildly hypoechoic left pancreas – potential low-grade chronic active pancreatitis
- Hepatopathy – subjectively benign

**AGE**

11 Years

**SECONDARY FINDINGS**

- Mild chronic renal changes

**WEIGHT**

8.7 Pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The small intestine exhibited subtle mural changes without evidence of mural hypertrophy, suggestive of chronic enteropathy in light of the patient's signs. Chronic inflammatory enteropathy with associated mesenteric lymphoid hyperplasia or minor reactive lymphadenitis is suspected. The possibility of low-grade neoplastic infiltrative enteropathy or emerging neoplastic lymphadenopathy considered less likely given the patient's chronic GI signs and previous ultrasound.

The appearance of the liver (given the ALT elevation) may include primary hepatic parenchymal or hepatobiliary inflammatory process (i.e., cholangiohepatitis or secondary hepatopathy potentially owing to chronic gastrointestinal disease). Potential for triad disease may also be considered in this patient. Further assessment may include GI panel to include PLI, TLI, cobalamin and folate. Fresh fecal analysis recommended to assess for parasitic ova/giardia +/- diarrhea PCR panel. Intestinal, pancreatic and hepatic biopsies may be required for definitive diagnosis.

**INTERPRETED BY**

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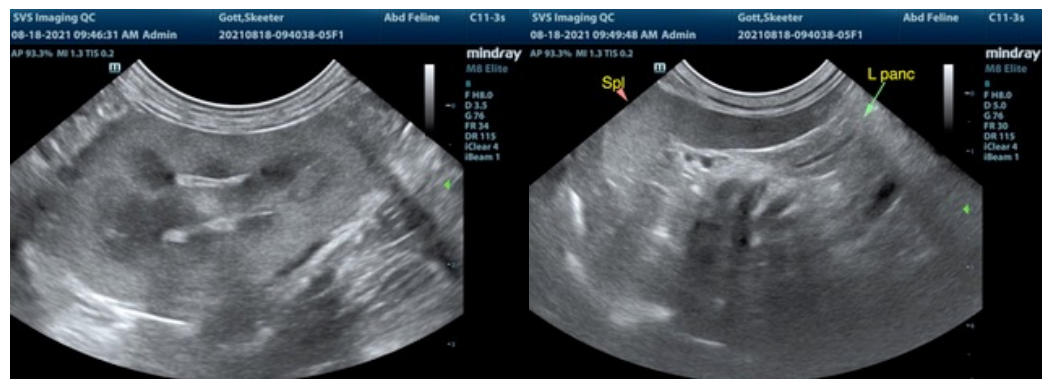
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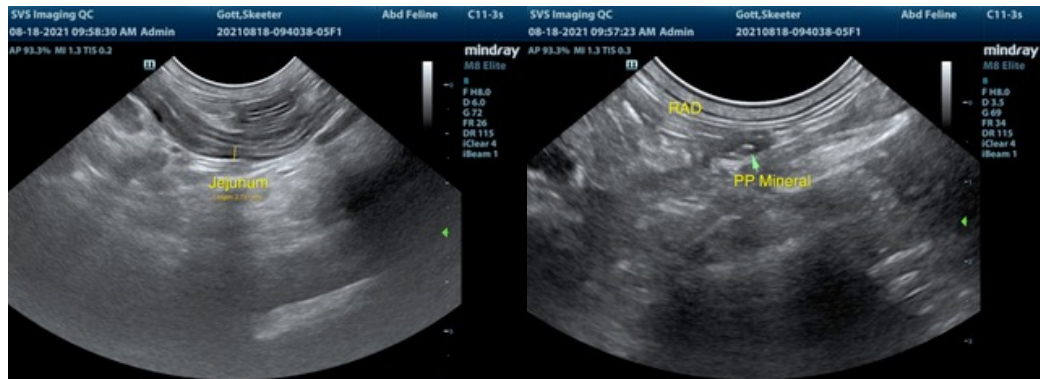
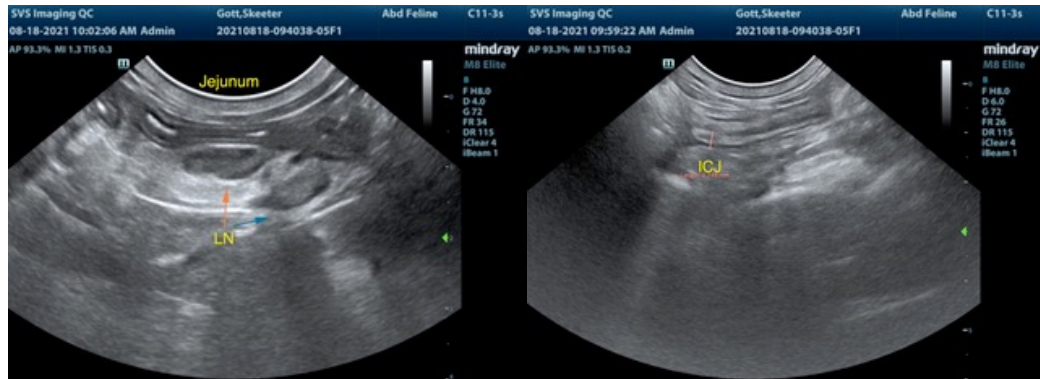
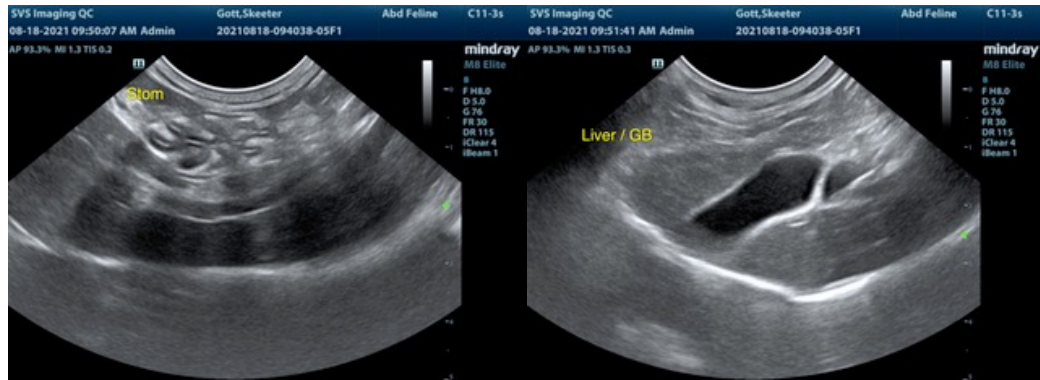
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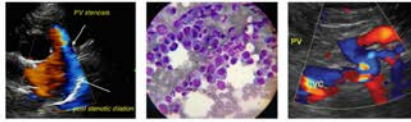
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1-800-838-4268 [info@sonopath.com](mailto:info@sonopath.com) [SonoPath.com](http://SonoPath.com)

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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.

**SPECIES**

Feline

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.

**BREED**

DSH

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