



PATIENT PRESENTING CLINICAL SIGNS

Brownie Brune Chronic intermittent diarrhea. No major improvement on metronidazole.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline

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.

BREED

DSH

Normal size and margination was 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint areas of medullary mineral were present bilaterally. The left kidney measured 4.8 cm in length. The right kidney measured 4.9 cm in length.

SEX

FS

AGE

12yr

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 0.57 cm width at the caudal pole and 0.61 cm width at the cranial pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.55 cm width at the caudal pole and 0.53 cm width at the cranial pole.

WEIGHT

17.2lb

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.

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

Liver

The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content and mild non-mineralized non-dependent debris primarily in the caudal lumen and gallbladder neck. The cystic and common bile ducts were normal.

HOSPITAL NAME

Anchor Animal Hospital

REFERRING VET

Dr. Lavin

Gastrointestinal

The stomach presented intact yet mildly prominent wall layering with prominent gastric mucosa. The ventral gastric body wall measured 0.40 cm in width. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

INVOICE

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental prominent mucosa and submucosa layers were present. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

DATE

08/18/2022



PATIENT

Brownie Brune

The descending colon exhibited segmental moderate mural hypertrophy with loss of descending colon wall layer detail and non-homogeneous mural echogenicity. The descending colon wall measured up to 1.0 cm in width. The proximal colon wall measured 0.26 cm in width.

SPECIES

Feline

Pancreas

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.

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Free Abdomen

No omental masses or peritoneal effusion was present.

SEX

FS

Intermittent mildly prominent isoechoic mesenteric lymph nodes were present, an example measuring 0.31 cm in diameter-not consistent with neoplastic criteria.

AGE

12yr

ULTRASONOGRAPHIC FINDINGS

- Moderately thickened descending colon wall with loss of wall layer detail and generalized mild colitis pattern
- Mildly prominent yet intact gastric and segmental small bowel walls
- Mild vacuolar hepatopathy pattern
- Mild gallbladder debris (non-mucocele)
- Mild chronic renal changes with pinpoint medullary mineral

WEIGHT

17.2lb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

Considerations for the descending colon may include chronic colitis, granulomatous colitis with potential for neoplastic criteria. Underlying small intestinal disease cannot be excluded. GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Endoscopic biopsies for histopathology tissue C/S, FISH is recommended if possible.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

Empirically, a limited antigen or hydrolyzed diet trial vs higher fiber with potential long term dietary therapy, cobalamin supplementation if clinically indicated, high colony count probiotic (Provable or Visbiome), antibiotic trial and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Sonographic monitoring of the descending colon would be reasonable. Correlation with full chem/CBC/UA is recommended. Hepatosupportive medications may prove beneficial.

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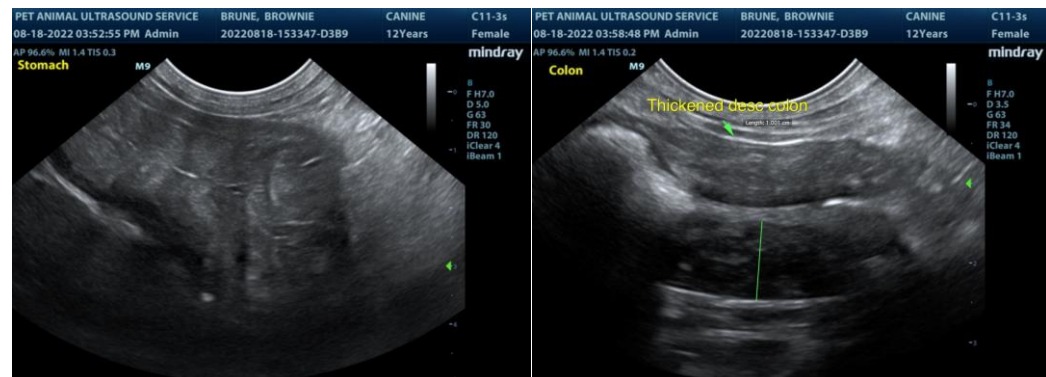
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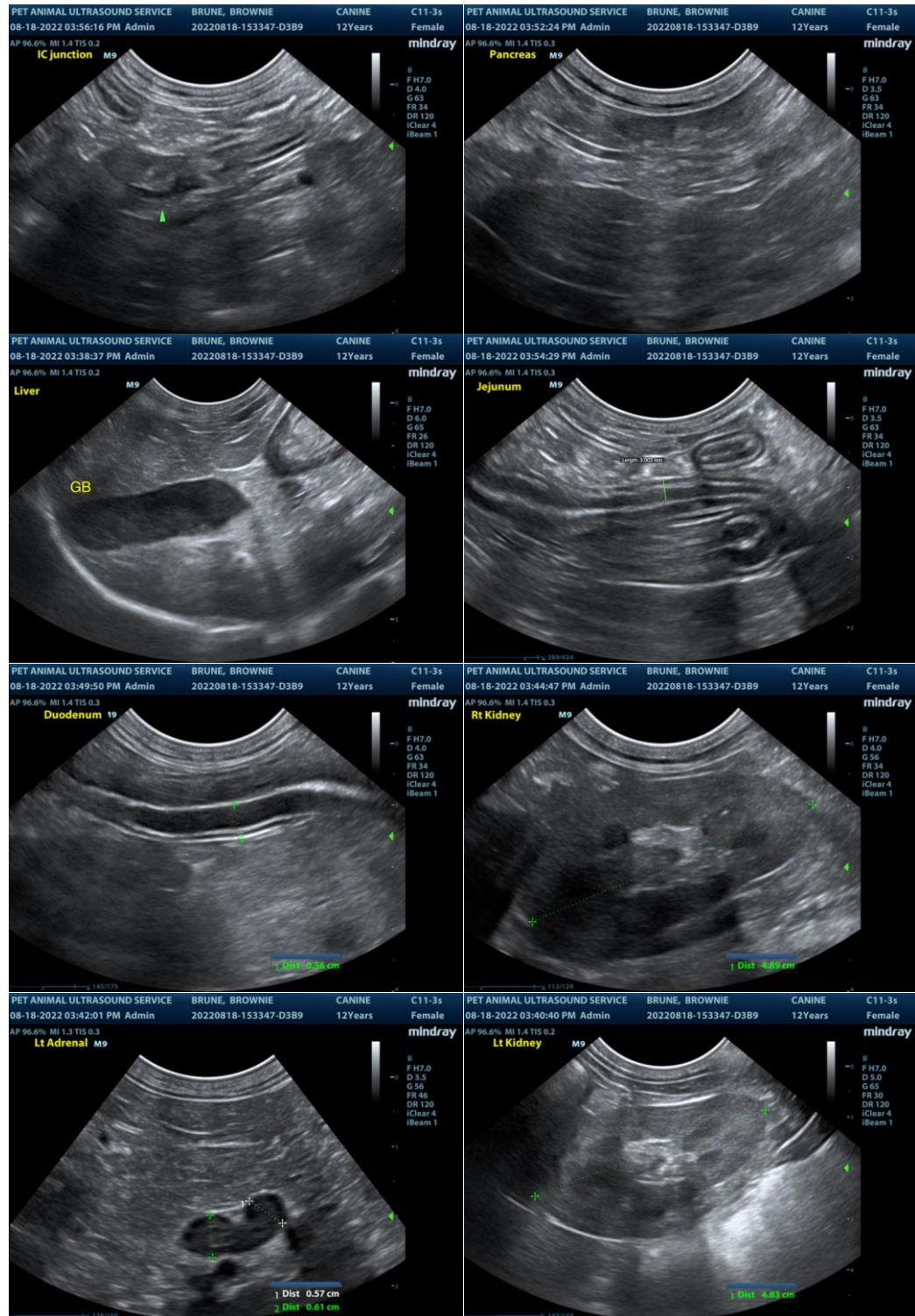
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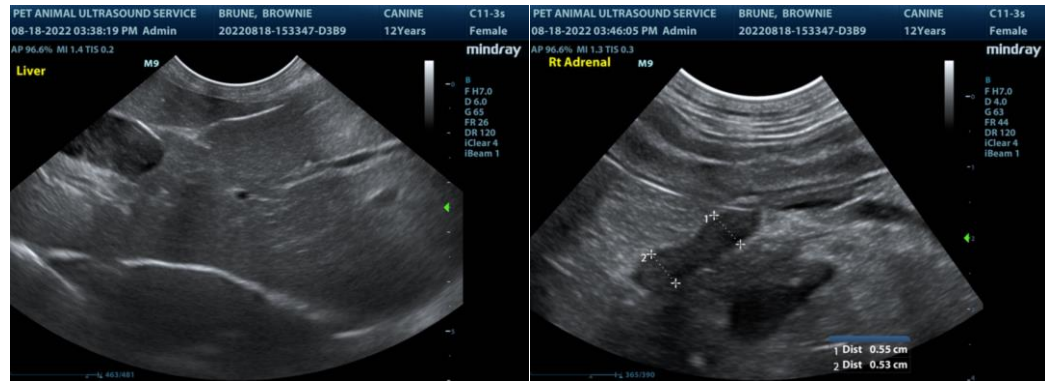
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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