



**PATIENT**

Dollop Conley

**PRESENTING CLINICAL SIGNS**

History: ~IBD/Colitis r/o Neoplasia, Pancreatitis or other dz.~

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

DSH

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Minor nondependent particulate sediment 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. Aortic trifurcation was normal.

**SEX**

Spayed Female

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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Minor pyelectasia was present in the left kidney. The left kidney measured 3.6 cm in length. The right kidney measured 3.9 cm in length.

**AGE**

12 Years

**Adrenal Glands**

**WEIGHT**

7 Pounds

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.33 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 cm.

**INTERPRETED BY**

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

**Spleen**

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease. The spleen measured 0.87 cm in width.

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT  
LVT

**HOSPITAL NAME**

Mtn. View AH

**Liver**

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 benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

**REFERRING VET**

Dr. Sarah Kalivoda

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**INVOICE**

16902

**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. The pylorus wall measured 0.36 cm.

**DATE**

8/18/22



**PATIENT**

Dollop Conley The small intestine presented generalized intact yet prominent to mildly thickened wall layering owing to propensity for mildly prominent small intestinal submucosa and muscularis layers. The duodenum wall measured 0.25 cm. The jejunum wall measured 0.35 cm. The ileocolic wall measured 0.39 cm.

**SPECIES**

Feline The colon exhibited intact yet mildly prominent wall layering. The colon appeared to contain primarily formed fecal matter.

**BREED** *Pancreas*

DSH The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Very minor pancreatic duct dilation was present.

**SEX**

*Free Abdomen*

Spayed Female Multiple, variably enlarged mildly swollen nonhomogeneous lymph nodes were noted, exhibiting potential for microcystic changes. An example of lymph node size measured 3.2 cm x 1.2 cm. The lymph nodes primarily maintained normal width to length ratio <0.5 cm. Intermittent small pockets of very scant peritoneal free fluid. Subtle evidence of periintestinal to perilymphatic reactive mesentery was present.

**AGE**

12 Years

**WEIGHT**

7 Pounds

**ULTRASONOGRAPHIC FINDINGS**

- Chronic IBD intestinal pattern, suspect mild colitis
- Associated multiple variably sized nonhomogeneous mesenteric lymphadenopathy- suspect chronic reactive hyperplasia or lymphadenitis
- Age-related pancreatic changes, potential low grade to minor chronic pancreatitis possible
- Bilateral chronic renal changes with minor left kidney pyelectasia

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Ultrasound guided mesenteric lymph node FNA for cytology +/- culture and sensitivity could be considered. The possibility of emerging intestinal neoplastic criteria and associated neoplastic lymphadenopathy, which may present in similar sonographic manner, cannot be definitively excluded without sampling. Full thickness intestinal, as well as lymphatic biopsies are likely required for a definitive diagnosis. If current to persistent gastrointestinal signs, a GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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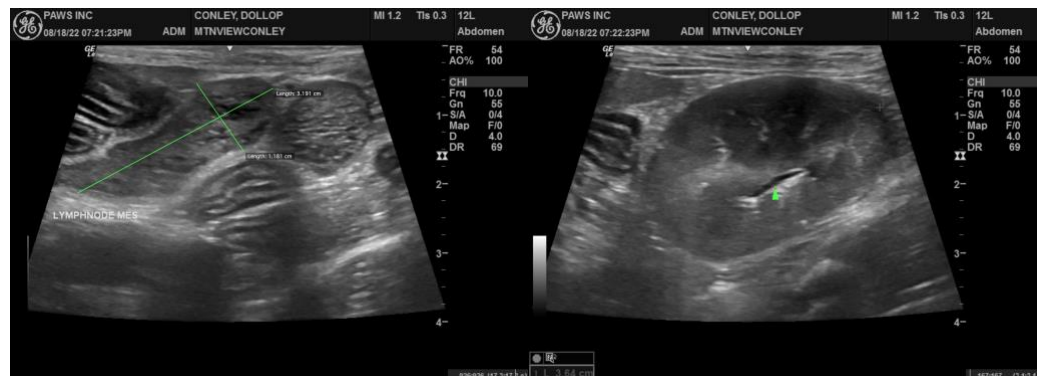
Dr. Sarah Kalivoda

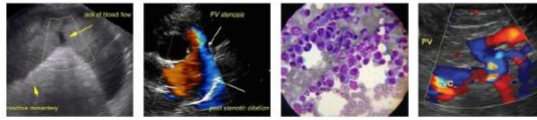
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**SPECIES**

Feline

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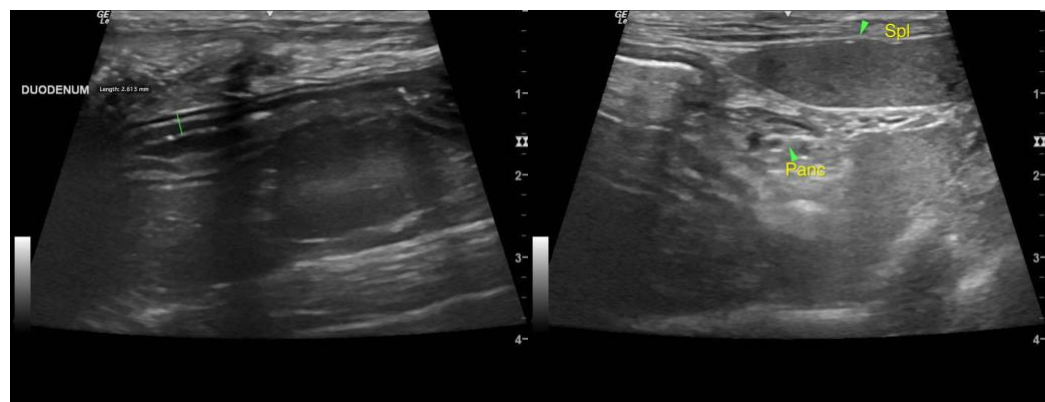
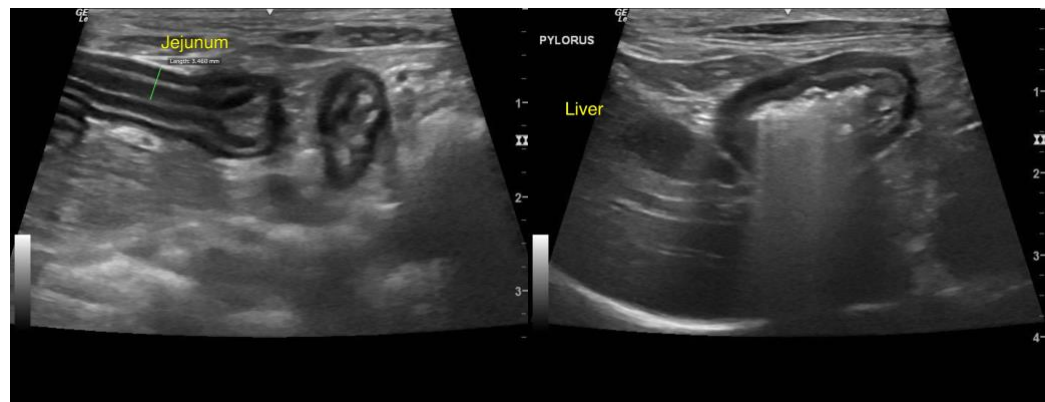
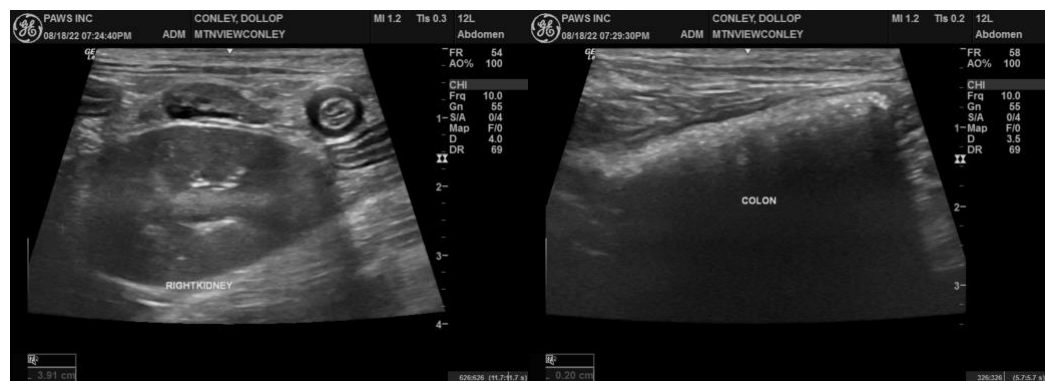
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Dollop Conley

**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

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
**info@SonoPath.com**

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