



**PATIENT PRESENTING CLINICAL SIGNS**

Wolfie Carroll History: History of IBD, not eating Mirtazipine, Cerenia, Convenia, Buprenex

**SPECIES**

Feline

**BREED**

Siamese

**SEX**

MN

**AGE**

2004

**WEIGHT**

8.2

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

**HOSPITAL NAME**

Pocono Peak VC

**REFERRING VET**

Dr. Carney

**INVOICE**

11399ag

**DATE**

08/18/2022

**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 renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Bilateral moderate pyelectasia was present. The left kidney measured 3.7 cm in length. The right kidney measured 3.7 cm in length.

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 0.40 cm width. No overt pathology in the area of the right adrenal gland.

**Spleen**

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was mildly asymmetrical. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The spleen measured 0.93 cm in width at the level of the hilus.

**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.

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

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The stomach was moderately distended with non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material.

The intestinal walls demonstrated intact yet altered muscularis mucosa ratio with prominent to variable thickened muscularis layer primarily in the area of the distal jejunum, ileum and ileocolic junction. The jejunum wall measured 0.30 cm in width. The duodenum wall measured 0.29 cm in width. The ileocolic wall measured 0.53 cm in width.

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



**PATIENT** *Pancreas*

Wolfie Carroll The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. A focal area of subtle hypoechoic parenchyma was present in the pancreas base.

**SPECIES** *Free Abdomen*

Feline No omental masses, overt lymphadenopathy or peritoneal effusion was present.

**BREED** **ULTRASONOGRAPHIC FINDINGS**

Siamese

**SEX**

MN

**AGE**

2004

**WEIGHT**

8.2

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

**HOSPITAL NAME**

Pocono Peak VC

**REFERRING VET**

Dr. Carney

**INVOICE**

11399ag

**DATE**

08/18/2022

- Chronic infiltrative enteropathy pattern-suspect chronic IBD, potential for neoplastic infiltrative enteropathy with round cells
- Moderately distended stomach with mild retained ingesta/chyme-suspect associated metabolic gastric stasis
- Possible concurrent minor to regional pancreatitis
- Bilateral chronic interstitial nephrosis renal pattern with bilateral pyelectasia

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The appearance of the small intestine is compatible with infiltrative enteropathy. Primary considerations may include inflammatory infiltrative enteropathy such as IBD or neoplastic infiltrative enteropathy with round cells such as lymphoma or mast cell disease among potential etiologies. Dry form FIP may also present in this manner. Diagnosis would require biopsies for histology, obtained either via endoscopy or, ideally, full thickness biopsies via laparotomy. A GI Panel to include PLI/TLI/Cobalamin/Folate is recommended. If additional diagnostics are not elected, empirical medical therapy for IBD, which may include a canned limited antigen or hydrolyzed diet in smaller more frequent feedings, cobalamin supplementation (250 mcg SQ once weekly for 4-6 weeks initially, then every 2-4 weeks), and Prednisolone 1-2 mg/kg PO SID at lowest effect dose to control clinical signs along with as needed gastrointestinal support and monitoring of gastric emptying would be reasonable. Sonographic reassessment of the GI tract for intestinal mural changes is recommended if continued GI signs or progressive weight loss.





**PATIENT**

Wolfie Carroll

**SPECIES**

Feline

**BREED**

Siamese

**SEX**

MN

**AGE**

2004

**WEIGHT**

8.2

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

**HOSPITAL NAME**

Pocono Peak VC

**REFERRING VET**

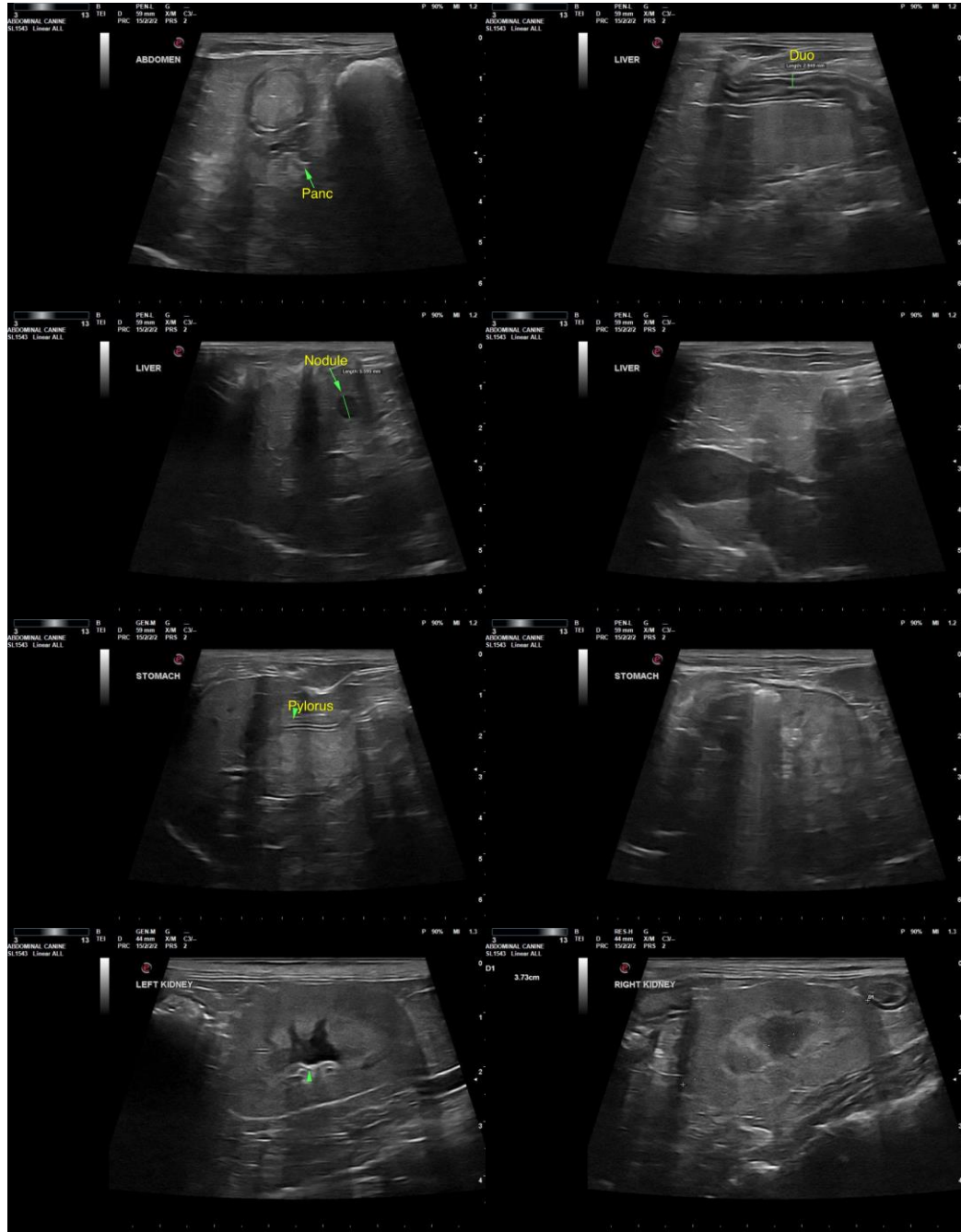
Dr. Carney

**INVOICE**

11399ag

**DATE**

08/18/2022



The information and recommendations provided are based on the images presented by the referring 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)  
[mac.daniel@sonopath.com](mailto:mac.daniel@sonopath.com)



**PATIENT**

Wolfie Carroll

**SPECIES**

Feline

**BREED**

Siamese

**SEX**

MN

**AGE**

2004

**WEIGHT**

8.2

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

**HOSPITAL NAME**

Pocono Peak VC

**REFERRING VET**

Dr. Carney

**INVOICE**

11399ag

**DATE**

08/18/2022