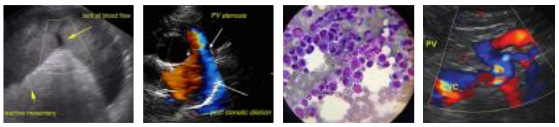


PATIENT

Abe Haney

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

17 years

WEIGHT

DLH

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Willakenzie Animal Clinic

REFERRING VET

Willakenzie Animal Hospital

INVOICE

14775

DATE

8/2/23

PRESENTING CLINICAL SIGNS

Lost 1 lb, has been v/d off and on, occasional blood in stool
Abnormal PE/Chem/CBC/UA Results: ABNORMAL Labratory Findings labwork is pending Current Medications Cerenia, Vit B-12 injection Radiographic Findings n/a

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. Primarily anechoic urine was present in the lumen. Mild, 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.

The area of the aortic trifurcation was free of pathology.

Normal renal size with asymmetrical margination were 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. Moderate loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 3.7 cm in length. The right kidney measured 4.4 cm in length.

Adrenal Glands

The left and right adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.38 cm width and the right adrenal gland measured 0.45 cm width.

Spleen

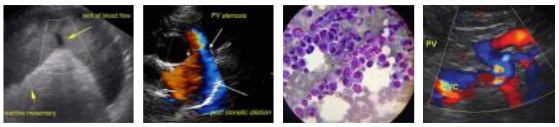
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver/ Gallbladder

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.

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 gastric body wall width measured 0.25 cm width.



PATIENT

Abe Haney

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

17 years

WEIGHT

DLH

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Willakenzie Animal Clinic

REFERRING VET

Willakenzie Animal Hospital

INVOICE

14775

DATE

8/2/23

The small intestine presented generalized intact thickened wall layering owing to propensity for thickened muscularis and mucosa layer. The duodenum wall measured 0.35 cm width. The jejunum wall measured up to 0.41 cm width.

The colon exhibited overtly normal wall layering. The colon appeared to be mildly gas distended.

Pancreas

The left pancreatic limb was normal in size and contour with mildly nonhomogeneous parenchyma compared to adjacent omentum with mild left limb pancreatic duct dilation.

Free Abdomen

No obvious significant omental lymphadenopathy was present. Intermittent scant pocket of peritoneal free fluid was present. Normal omental echogenicity was noted.

ULTRASONOGRAPHIC FINDINGS

- Mild urinary bladder sediment
- Moderate chronic renal changes
- Infiltrative enteropathy pattern - inflammatory infiltrative enteropathy i.e., IBD / eosinophilic enteritis, or neoplastic infiltrative enteropathy i.e., low-grade lymphoma, mast cell neoplasia, less likely intestinal dry form FIP
- Probable mild chronic pancreatitis left limb
- Sonographically unremarkable mild gas distended visualized colon

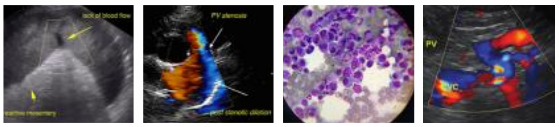
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

Intestinal biopsies would be required for definitive diagnosis. Empirical as-needed gastrointestinal support, IBD protocol which may include novel protein or hydrolyzed diet trial, current cobalamin supplementation, and Prednisolone trial at the lowest effective dose to control clinical signs, would be reasonable if intestinal biopsies are not possible.

Sonographic monitoring of the intestinal tract is recommended if evidence of progressive gastrointestinal signs or weight loss.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Abe Haney

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

17 years

WEIGHT

DLH

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Willakenzie Animal Clinic

REFERRING VET

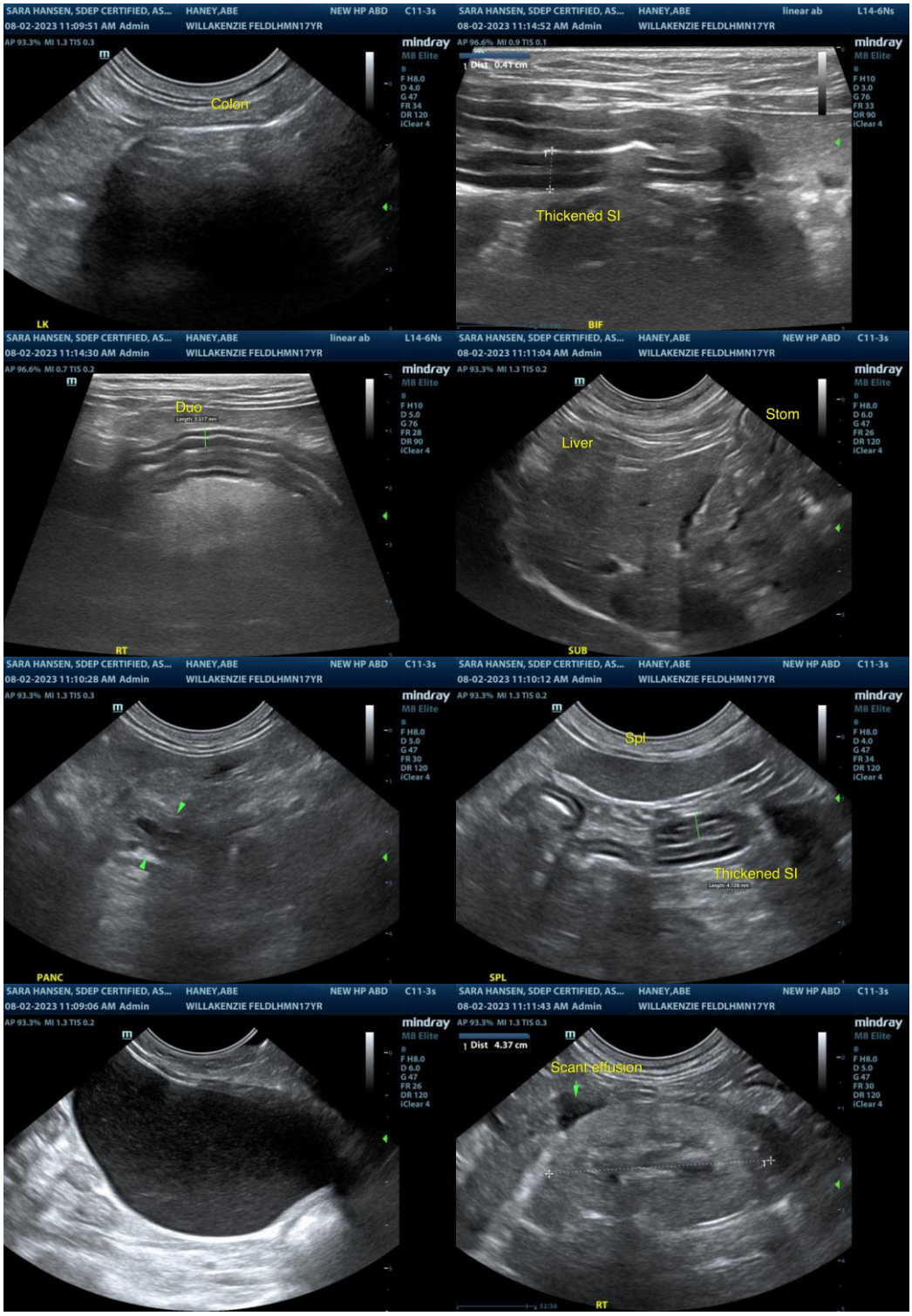
Willakenzie Animal Hospital

INVOICE

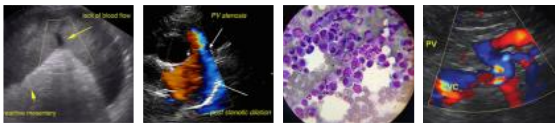
14775

DATE

8/2/23



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com



ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

PATIENT

Abe Haney

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

17 years

WEIGHT

DLH

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Willakenzie Animal Clinic

REFERRING VET

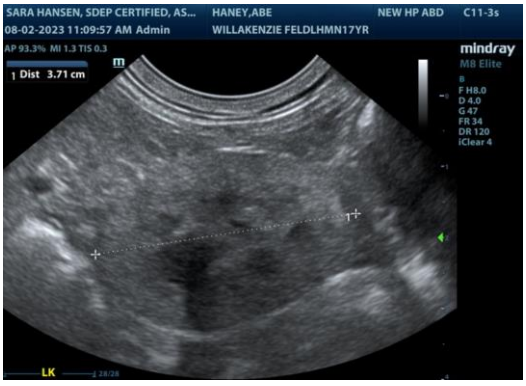
Willakenzie Animal Hospital

INVOICE

14775

DATE

8/2/23



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)
info@SonoPath.com