



**PATIENT**

Skyler Mejino

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

9yr

**WEIGHT**

3.7kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Callihan /Animal  
Emergency Care

**HOSPITAL NAME**

Animal Emergency  
Care

**REFERRING VET**

Dr. Drummond/  
Animal Emergency  
Care

**INVOICE**

14664ag

**DATE**

08/20/2023

**PRESENTING CLINICAL SIGNS**

History: P went to rDVM on Wednesday for vomiting and inappetence. Rads reveal foreign material in stomach and Barium study performed. Barium moved through GI unobstructed. Gave fluids and Cerenia and recommended monitoring for improvement. INI rDVM had recommended f/u with ER +/- AUS. O called today as P has not been 100% since discharge, appetite still reduced, and today P did eat but then vomited. O reports these flares have occurred q6 months or so as long as they have owned P. Also reports that P is on prescription urinary diet, but has not had any issues with urination since originally started on that diet 5-6 years ago.

Abnormal PE/Chem/CBC/UA Results: CBC/chem/UA unremarkable Abd radiographs unremarkable other than full bladder which was easily expressed under sedation for ultrasound

**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 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 minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.9 cm in length. The right kidney measured 4.1 cm in length.

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

**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 0.79 cm in width at the level of the hilus.

**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. Normal vascular volume. 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**



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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.

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The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. The jejunum wall measured 0.30 cm width. The ileocolic wall measured 0.40 cm width.

## BREED

DSH

### 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.

## SEX

FS

### Free Abdomen

No omental masses, significant lymphadenopathy or peritoneal effusion was present.

## AGE

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Potential for minor isoechoic mesenteric lymphadenopathy possible.

## WEIGHT

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## ULTRASONOGRAPHIC FINDINGS

- Intact thickened small bowel - consistent with infiltrative enteropathy, IBD or other inflammatory enteropathy likely, potential for low grade / emerging neoplastic infiltrative enteropathy such as low grade lymphoma
- Semi formed / soft fecal matter in colon
- Normal pancreas
- Mild age related renal changes.

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Intestinal biopsies are required for definitive diagnosis. A GI panel (PLI/TLI/B12/folate) is suggested. Gastrointestinal support and empirical IBD protocol with as needed sonographic monitoring for evidence of progressive SI mural changes would be reasonable if biopsies are not elected.

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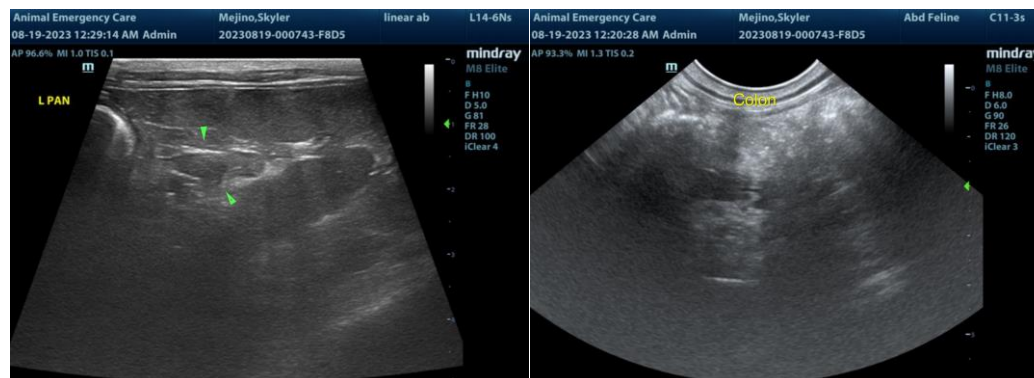
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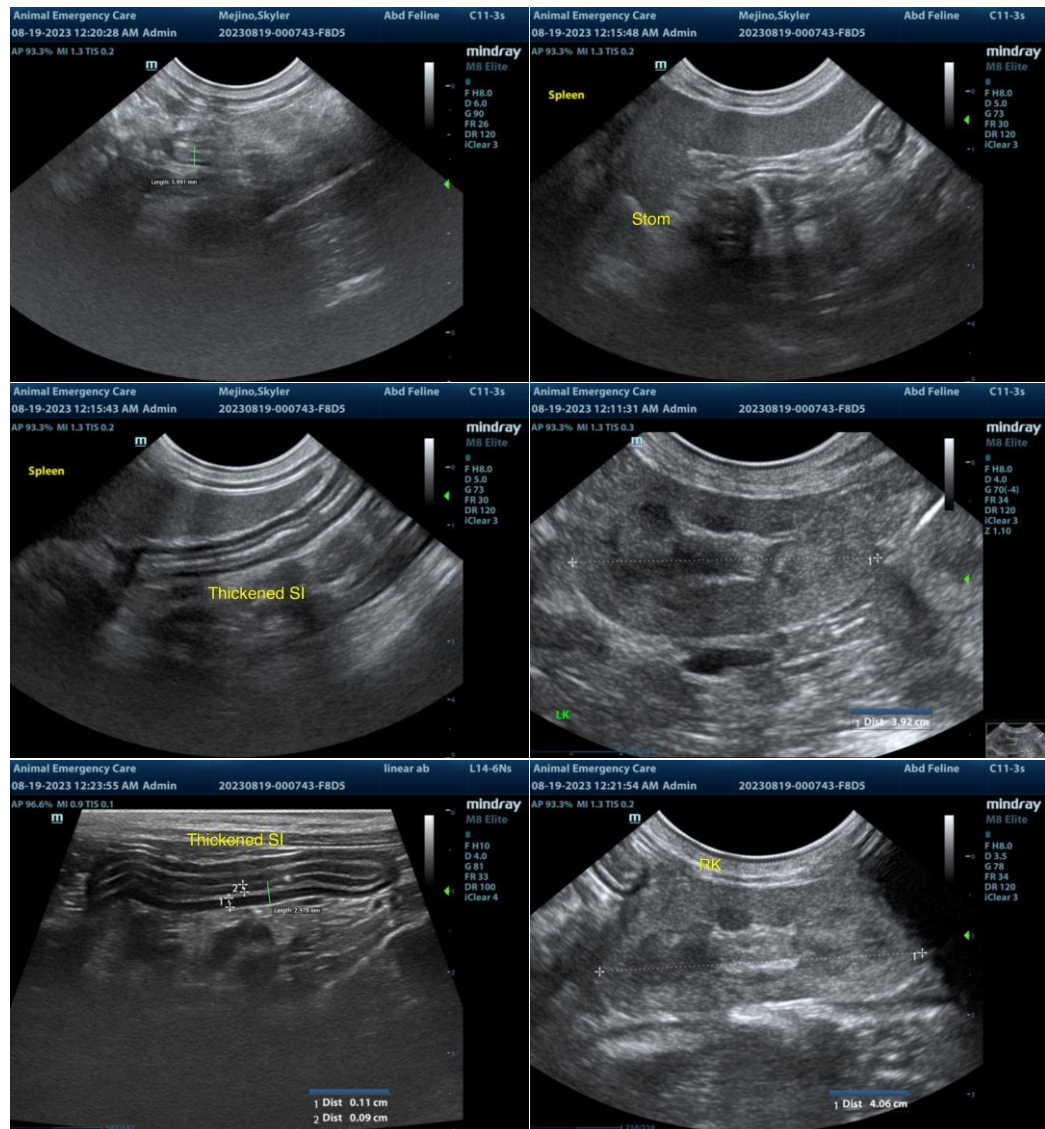
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.



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