



**PATIENT PRESENTING CLINICAL SIGNS**

**Kit Tucker** History: Several weeks duration increased vomiting, history of IBD (2019) Prednisolone 2.5 q 48 hours

**SPECIES** Abnormal PE/Chem/CBC/UA Results: Moderate eosinophilia, Chem wnl, T4 2.6

**Feline ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED** The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with focal non-dependent hyperechoic sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

**SEX** 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.4 cm in length. The right kidney measured 3.9 cm in length.

**AGE** 2009 The area of the aortic trifurcation was free of pathology.

**WEIGHT Adrenal Glands**

10.8 The left and right adrenal glands were not definitively visualized.

**Spleen**

**INTERPRETED BY** The spleen exhibited borderline enlargement, areas of mild asymmetrical lateral and medial capsule contour and generalized parenchyma heterogeneity. No masses or nodules. 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 1.1 cm in width at the level of the hilus.

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

**Liver**

**IMAGING PERFORMED BY** 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.

Rebekah Jakum, CVT  
ARDMS/RVT

**HOSPITAL NAME**

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

**REFERRING VET**

Dr. Smith 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 measured 0.25 cm in width.

**Gastrointestinal**

**INVOICE**

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**DATE**  
08/22/2022



**PATIENT** Kit Tucker  
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 0.3 cm in width. The duodenum wall measured 0.33 cm in width.

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

**Feline**  
**Pancreas**  
The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

**BREED** DSH  
**Free Abdomen**  
No peritoneal effusion was present.

**SEX** MN  
Focal to regional hypoechoic to swollen mesenteric lymph nodes with impingement upon adjacent intestine with potential for non-obvious regionally proliferative intestinal mural mass was present. The lymph nodes vs mural mass measured ~ 4.4 cm x 2.3 cm. Associated regional definitive mildly enlarged to hypoechoic mesenteric lymph nodes in the mid to cranial abdomen were also present. Regional hyperechoic mesentery was observed.

**AGE** 2009  
**ULTRASONOGRAPHIC FINDINGS**

**Primary**

- Chronic infiltrative enteropathy pattern-inflammatory vs neoplastic possible
- Mid abdominal hypoechoic to swollen mesenteric lymph nodes vs possible intestinal mural mass

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

**Secondary**

- Bilateral chronic renal changes
- Borderline to mild asymmetrical splenomegaly

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**IMAGING PERFORMED BY** Rebekah Jakum, CVT ARDMS/RVT  
Assuming normal clotting status and using a 25g needle a mesenteric lymph node/mural mass FNA is recommended for screening cytology. Dry form FIP is considered unlikely. Full thickness intestinal or lymphatic biopsies would be required for a definitive diagnosis. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

**HOSPITAL NAME** Alburdis Animal Hospital  
Empirically, IBD protocol, potential increased frequency of prednisolone and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.

**REFERRING VET** Dr. Smith  
Sonographic monitoring of the small intestine and lymphadenopathy pending patient clinical status is ideal.

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**DATE** 08/22/2022



**PATIENT**

Kit Tucker

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

2009

**WEIGHT**

10.8

**INTERPRETED BY**

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**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

**HOSPITAL NAME**

Alburtis Animal  
Hospital

**REFERRING VET**

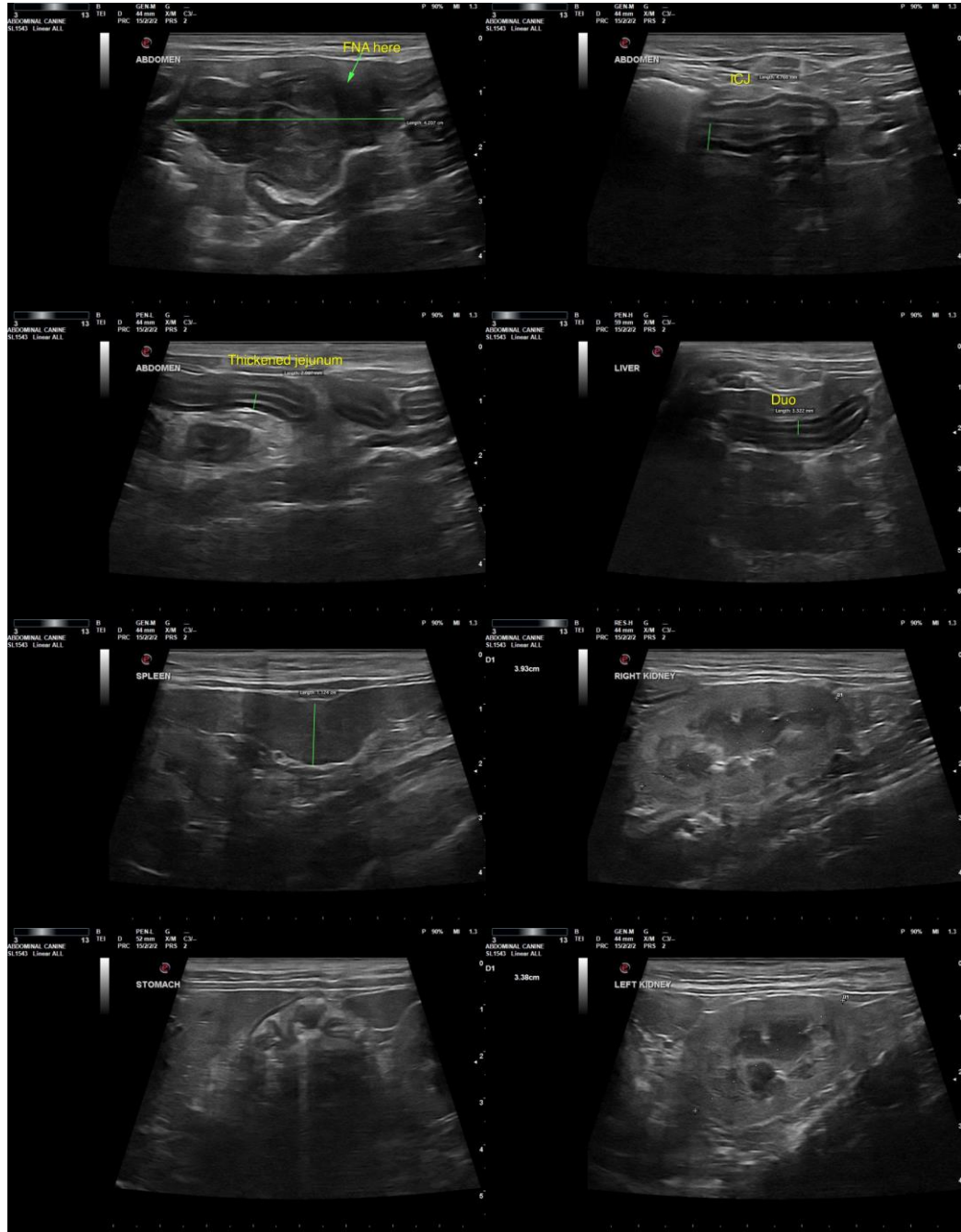
Dr. Smith

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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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)



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Kit Tucker

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

2009

**WEIGHT**

10.8

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