

**PATIENT**

Ceelo Makinen

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

10 Years

**WEIGHT**

7.9 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Sarah Barthelemy

**HOSPITAL NAME**

Healing Traditions VC

**REFERRING VET**

Dr. Vockeroth

**INVOICE**

44947

**DATE**

8/24/23

**PRESENTING CLINICAL SIGNS**

Vomiting in mornings for past 2 weeks. Over weekend vomiting increased in frequency somewhat and became a bit clingier.

Abnormal PE/Chem/CBC/UA Results: Radiographs unremarkable yesterday. Some abdominal pain.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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 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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.1 cm. The right kidney measured 4.0 cm.

**Adrenal Glands**

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

No overt pathology in the area of the right adrenal gland.

**Spleen**

The spleen measured 1.0 cm in width at the level of the mid spleen and 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.

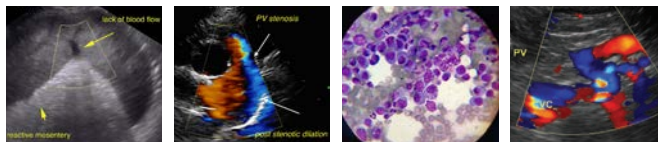
**Liver**

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. Gastric body wall measured 0.24 cm.

The intestinal walls demonstrated intact wall layers with diffusely thickened walls exhibiting altered to borderline inverted muscularis to mucosa ratio. No evidence of loss of intestinal wall layering or intestinal masses. Duodenum wall measured 0.30 cm. Jejunum wall measured 0.40 cm. Ileocolic wall measured 0.40 cm.



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

Ceelo Makinen **Pancreas**

**SPECIES** The pancreas was normal in size and contour with isoechoic to mildly heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Subtle left limb pancreatic duct dilation noted.

Feline

**BREED** **Free Abdomen**

DSH No evidence of overt or significant omental lymphadenopathy. No omental masses or peritoneal effusion.

**SEX** **ULTRASONOGRAPHIC FINDINGS**

- Neutered Male
- Intact generalized thickened small bowel wall
  - Possible concurrent low-grade chronic pancreatitis
  - Mild chronic renal changes

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The small intestine exhibited mural changes consistent with infiltrative enteropathy. Suspect probable chronic inflammatory enteropathy/IBD. Potential for neoplastic infiltrative enteropathy with round cells, which may present in similar sonographic manner cannot be definitively excluded. Low-grade to chronic pancreatitis may be suspected if cranial abdominal or subxiphoid discomfort on palpation. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Full thickness intestinal biopsies required for definitive diagnosis. Empirically, as needed gastrointestinal support and IBD/chronic pancreatitis therapy protocol would be reasonable. Sonographic monitoring of the gastrointestinal tract suggested for evidence of progressive mural changes, especially if continued gastrointestinal signs and/or weight loss.

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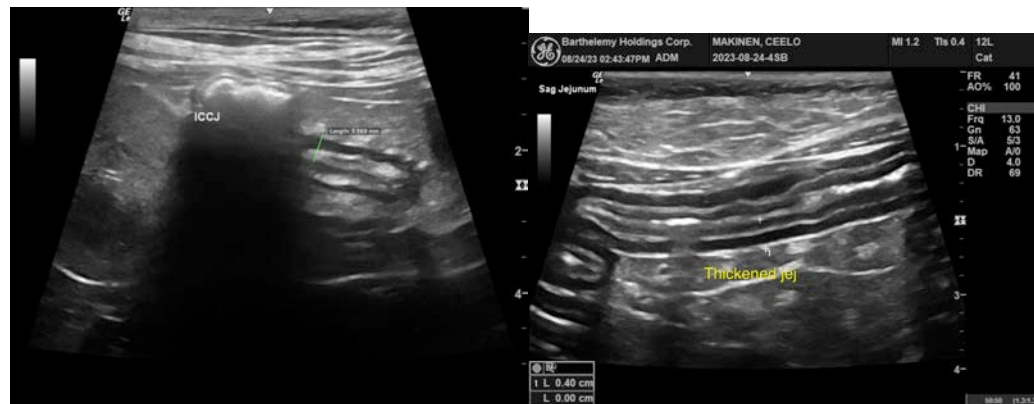
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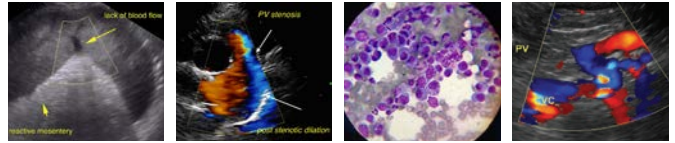
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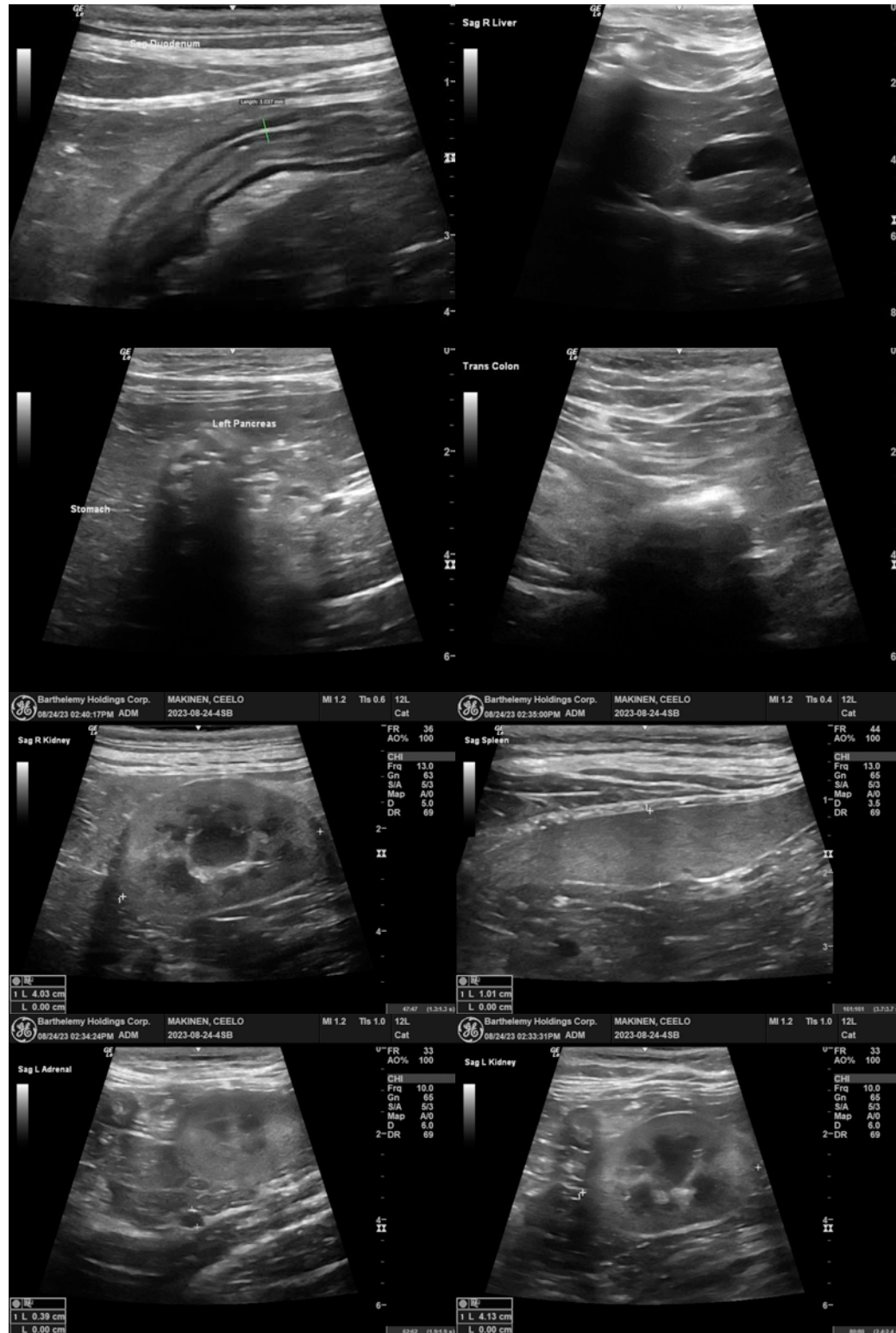
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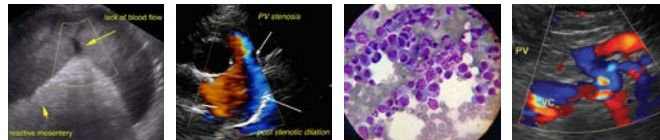
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

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

**info@SonoPath.com**