



PATIENT	PRESENTING CLINICAL SIGNS
Ingrid Vukovic	Owner owns multiple cats so a detailed history is impossible to obtain. P has been losing weight (very thin) rapidly over the last approx 3 months. Possible weight loss of 2-3 lbs. Suspect Hyperthyroidism according to owner. Bloodwork revealed hyperglobulinemia. Rads fairly unremarkable as well. No meds currently.
SPECIES	
Feline	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
DSH	Urinary System
	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 was noted.
SEX	
FS	The area of the aortic trifurcation was free of pathology.
AGE	
13 years	Normal 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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.5 cm in length. Subjective borderline subnormal size was noted in the right kidney. The right kidney measured 2.8 cm in length.
WEIGHT	
2.17 kg	Adrenal Glands
	The left and right adrenal glands were overtly normal in size and position without evidence of pathology. The left adrenal gland subjectively measured 0.35 cm width and the right adrenal gland subjectively measured 0.33 cm width.
INTERPRETED BY	
R. McKenzie Daniel, DVM, DABVP	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 0.65 cm width.
IMAGING PERFORMED BY	
Crystal Hill	Liver/ Gallbladder
HOSPITAL NAME	
Downtown AH	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.
REFERRING VET	
Dr. Ahn	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.
INVOICE	
14903	
DATE	
8/24/23	



PATIENT

Ingrid Vukovic

The small intestine presented generalized intact wall layering with subjective propensity for borderline to mild thickened segmental intestine owing to subjective prominent to mildly thickened segmental mucosa and muscularis layers. Normal-appearing small intestine measured 0.23-0.25 cm width. Borderline to mildly thickened small intestine measured up to 0.38 cm.

SPECIES

Feline

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

Pancreas

BREED

DSH

The left pancreatic limb was normal in size with mild capsule asymmetry with heterogeneous mildly hypoechoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia. Minor left limb pancreatic duct dilation was noted.

SEX

FS

Free Abdomen

Intermittent, mildly prominent, homogeneous mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). There was no evidence of omental masses or peritoneal effusion.

AGE

13 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

2.17 kg

- Suspect probable chronic enteropathy exhibiting segmental intact variably prominent to thickened wall
- Intermittent mild sonographically benign / reactive mesenteric lymph nodes
- Chronic pancreatitis pattern
- Bilateral chronic renal changes

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING

PERFORMED BY

Crystal Hill

Although nonspecific with a potential contribution to the weight loss secondary to hyperthyroidism possible, the small intestine exhibited segmental borderline to mild mural changes suggestive of chronic enteropathy. Chronic inflammatory enteropathy / IBD and chronic pancreatitis are considered probable +/- Triaditis if previous or future hepatic enzyme elevations are noted. Minor potential for emerging to low-grade intestinal neoplasia i.e., lymphoma is considered less likely based on intestinal sonographic appearance and lack of significant lymphadenopathy.

HOSPITAL NAME

Downtown AH

REFERRING VET

Dr. Ahn

Correlation with T4 levels is suggested. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. A definitive diagnosis would require full-thickness intestinal biopsies for histopathology.

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**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

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REFERRING VET

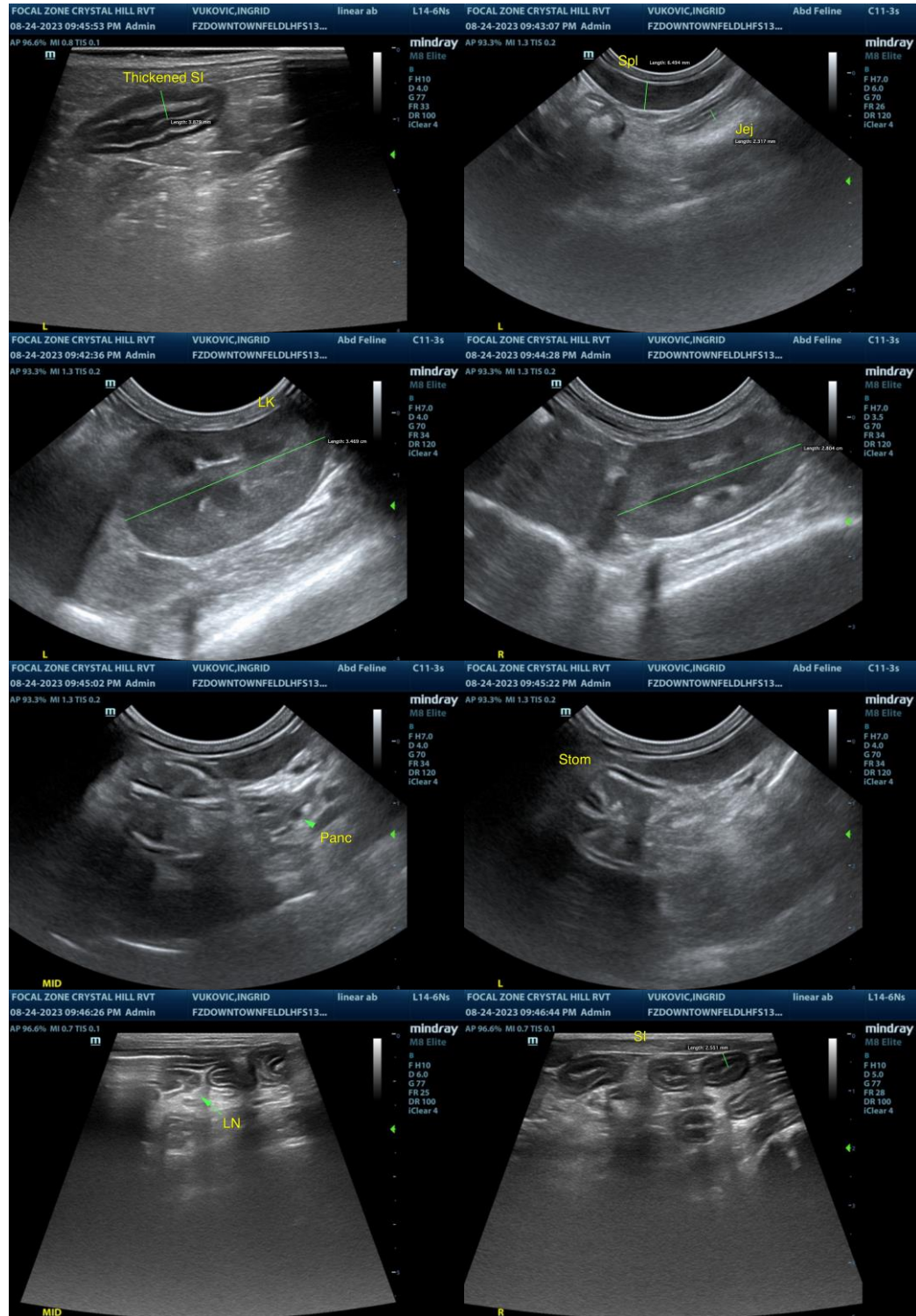
Dr. Ahn

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SPECIES

Feline

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AGE

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WEIGHT

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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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R. McKenzie Daniel,
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