



PATIENT PRESENTING CLINICAL SIGNS

Neeko Swick Intermittent frequent vomiting over 2 years, poor body condition.
 Medication: Maropitant

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

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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

M

The area of the aortic trifurcation was free of pathology.

AGE

2013

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 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 3.6 cm in length. The right kidney measured 4.2 cm in length.

WEIGHT

7

Adrenal Glands

The left and right adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.46 cm width and the right adrenal gland measured 0.32 cm width.

INTERPRETED BY

R. McKenzie Daniel,
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 (Canine and Feline)

Spleen

The spleen normal in size with minor asymmetrical to scalloped medial capsule contour yet maintained a finely textured and homogenous parenchyma. The spleen measured 0.66 cm width. There was no evidence of neoplastic criteria or splenic folding.

IMAGING PERFORMED BY
 Rebekah Jakum, CVT
 ARDMS/RVT

Liver/ Gallbladder

HOSPITAL NAME

Easton 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 normal in size containing primarily anechoic content with mild echogenic gallbladder sediment. The gallbladder appeared to be divided into two compartments, consistent with a bilobed gallbladder, which is a normal variant in a cat.

REFERRING VET

Dr. Craig

Gastrointestinal

INVOICE

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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.

DATE
 8/24/23

The intestinal walls demonstrated intact, generalized thickened wall layers with altered to inverted muscularis / mucosa ratio owing to generalized thickened intestinal muscularis layer. There was no



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overt evidence of loss of intestinal wall layer detail or intestinal masses. The intestinal wall width measured up to 0.30 cm.

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

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Pancreas

Feline

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 were evident.

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Free Abdomen

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Intermittent mesenteric lymph 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). An example lymph node measured 2.1 cm x 0.72 cm. A small pocket of scant free fluid was noted in the caudal abdomen.

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ULTRASONOGRAPHIC FINDINGS

- Intact yet thickened small bowel wall exhibiting altered to inverted muscularis / mucosa ratio - consistent with infiltrative enteropathy pattern
- Intermittent nonspecific yet subjectively benign / reactive mesenteric lymphadenopathy
- Sonographically unremarkable stomach
- Bilobed gallbladder containing mild gallbladder sediment
- Mild chronic renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the small intestine may include inflammatory infiltrative enteropathy, i.e., IBD / eosinophilic enteritis, neoplastic infiltrative enteropathy with round cells such as lymphoma, mast cell neoplasia, and less likely dry form FIP, all of which may present in a similar sonographic manner. Inflammatory enteropathy is favored, although full-thickness intestinal biopsies would be required for a definitive diagnosis. Triad disease could be a potential in this patient if previous or current hepatic enzyme elevations.

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A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Empirically, as-needed gastrointestinal support and IBD protocol with assessment of clinical response, monitoring of body weight going forward, and/or sonographic reassessment of the gastrointestinal tract, if progressive weight loss or gastrointestinal signs despite empirical therapy.

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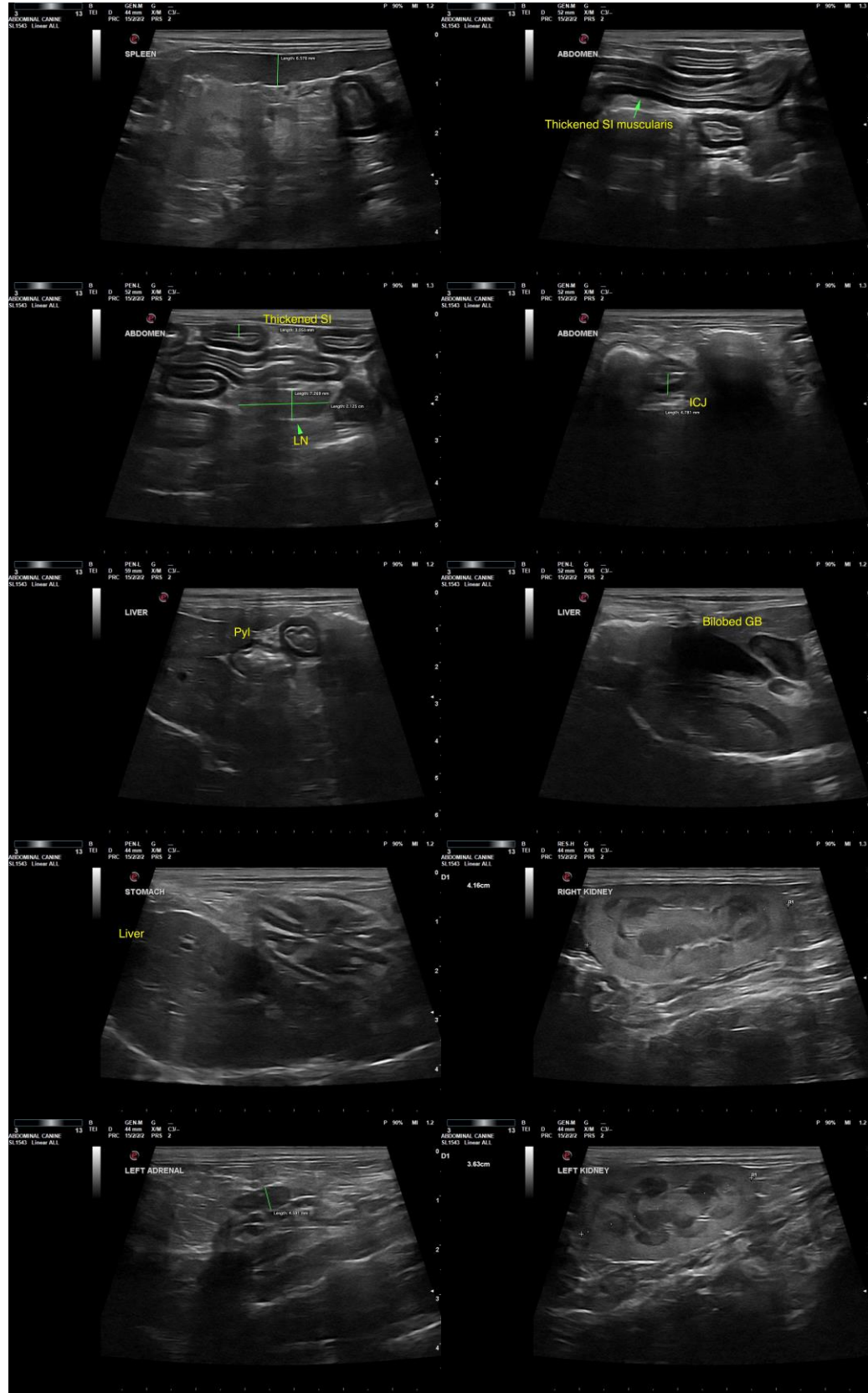
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

SEX

M

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