



PATIENT	PRESENTING CLINICAL SIGNS
Mabel Greenwell	History: REFERRED BY RDVM FOR AUS
	Abnormal PE/Chem/CBC/UA Results: see attached report
SPECIES	
Feline	Labs: (7/24/21) ALT 573, otherwise unremarkable chemistry panel. Unremarkable CBC. Urine Specific Gravity: >1.050, Trace Protein
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Siamese	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 were noted.
SEX	
Female	Aortic trifurcation was normal.
AGE	
10 Months	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.2 cm in length. The right kidney measured 3.6 cm in length.
WEIGHT	
5.07 Pounds	Adrenal Glands
	No overt pathology in the left or right adrenal glands.
INTERPRETED BY	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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 0.93 cm in width.
IMAGING PERFORMED BY	
Michaleen	Liver
HOSPITAL NAME	
DPC Veterinary H	The liver presented mildly enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.
REFERRING VET	
Jessica O'neill	Gastrointestinal
INVOICE	
12735	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	
8/25/21	The visualized small intestine presented intact wall layering and subjective maintained 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The jejunum wall measured 0.25 cm.



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Feline

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Siamese

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Female

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10 Months

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8/25/21

The proximal transverse colon was sonographically unremarkable with intact wall layering and without evidence of mural hypertrophy. Normal appearing transverse colon wall measured 0.2 cm wall width. Potential for segmental colon mural hypertrophy potentially in the area of the proximal to mid descending colon within the left abdomen was present. The potential mildly thickened colon measured up to 0.44 cm wall width.

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Possible segmental thickened colon
- Sonographically unremarkable visualized small bowel
- Hepatopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential for segmental or colonic mural hypertrophy possible although the possibly thickened colon was only seen in 1-2 video clips. Sonographic recheck with specific attention paid toward the area of the descending to transverse colon and regional small intestine would be ideal. Given the ALT elevation, considerations for the liver may include primary hepatic inflammatory parenchymal or inflammatory hepatobiliary process, i.e., cholangiohepatitis with potential for possible secondary hepatopathy possibly owing to gastrointestinal disease or gastrointestinal insult given the patient's clinical signs.

Further assessment may include GI panel to include PLI/TLI/cobalamine/folate. Fresh fecal analysis to assess for parasitic ova/giardia. Empirically, continued gastrointestinal support, limited antigen or hydrolyzed diet trial and medical therapy for potential colitis could be considered.





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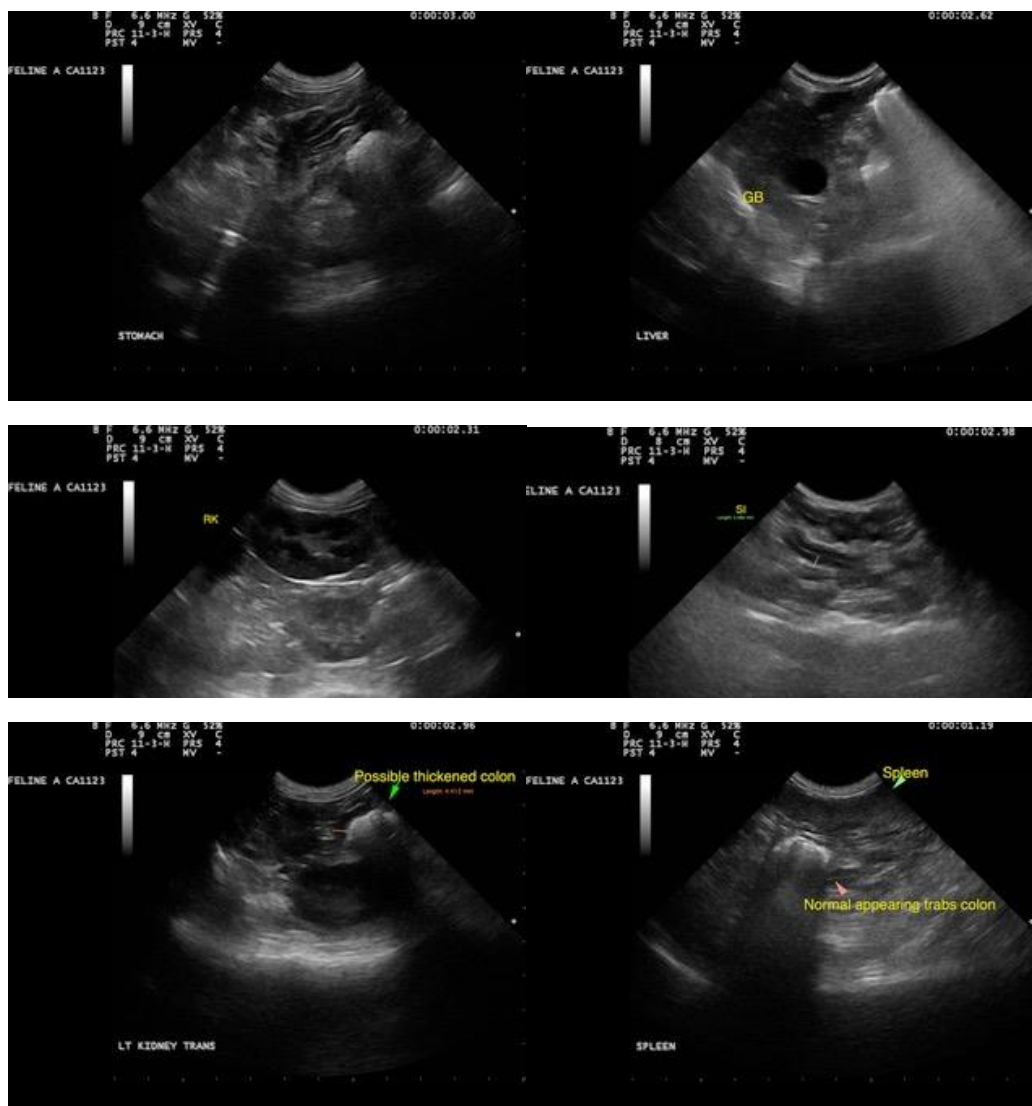
Jessica O'neill

INVOICE

12735

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The information and recommendations provided are based on the images presented by the referring veterinarian. 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