



**PATIENT PRESENTING CLINICAL SIGNS**

Molasses Conde Chronic, intermittent diarrhea not responsive to treatment (metronidazole, bland diet, probiotics). PLI high 16ii.2; TLI 99.1. R/O IBD, lymphoma

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Feline *Urinary System*

**BREED** 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.

DSH

**SEX** No evidence of pathology in the area of the aortic trifurcation.

FS 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. Subtle dystrophic medullary mineralization present. The left kidney measured 3.3 cm in length. The right kidney measured 3.6 cm in length.

**AGE** 14 Years *Adrenal Glands*

**WEIGHT** The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.32 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 cm width.

8.6 lbs

*Spleen*

**INTERPRETED BY**

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. Minor folding was noted and is likely incidental or a patient variant. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

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

**IMAGING PERFORMED BY**

*Liver*

The liver was 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.

The gallbladder and cystic duct presented mildly dilated in size with primarily anechoic content. The proximal common bile duct was mildly dilated and tortuous without evidence of ductal calculi or mucus and no evidence of obstructive pathology at the level of the duodenal papilla. The proximal common bile duct measured 0.36 cm width.

Pamela Harrigan, RDMS

**HOSPITAL NAME**

Pine Banks Animal  
Hospital

**REFERRING VET**

Hasan Syed, DVM

*Gastrointestinal*

**INVOICE**

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.

47174

**DATE**

The small intestine exhibited intact wall layering and subjective primarily maintained 1:3 muscularis/mucosa ratio with segmental propensity for mildly prominent muscularis layer. No overt evidence of significant small intestinal mural hypertrophy, loss of intestinal wall layering, or intestinal

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**PATIENT**

Molasses Conde

masses. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The duodenum wall measured 0.30 cm width and the jejunum wall measured 0.22 cm width. The ileocolic wall measured 0.37 cm width.

**SPECIES**

Feline

Normal visible colon wall layers were present with semi-formed to soft feces in lumen.

***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***

Several mildly prominent colic lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic, and smoothly marginated. A normal width: length ratio was maintained (<0.5). Subtle reactive mesentery noted around the ileocolic junction. An example of a colic lymph node size was 1.6 cm x 0.63 cm.

**SEX**

FS

A small pocket of scant free fluid was noted around the cranial aspect of the liver.

**AGE**

14 Years

**ULTRASONOGRAPHIC FINDINGS**

**Primary**

- Probable chronic enteropathy - suspect chronic IBD, potential for neoplastic infiltrative enteropathy (lymphoma or other considered unlikely).
- Heterogeneous pancreas - potential for low grade chronic to chronic active inflammation possible.
- Non-obstructive proximal common bile duct dilation - age related common bile duct changes, potential for low grade cholangitis if current or previous history of hepatic enzyme elevations.
- Mild colic lymphadenopathy - lymphoid hyperplasia or minor reactive lymphadenitis probable.
- Scant peritoneal free fluid around cranial liver.

**WEIGHT**

8.6 lbs

**INTERPRETED BY**

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 DABVP (Canine and  
 Feline)

**Secondary**

- Bilateral mild chronic renal changes.

**IMAGING PERFORMED BY**

Pamela Harrigan, RDMS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

Pine Banks Animal  
 Hospital

Although not definitive, the small intestine exhibited subtle mural changes which may suggest underlying chronic inflammatory enteropathy given the patient's history. Intestinal +/- pancreatic biopsies required for a definitive diagnosis.

**REFERRING VET**

Hasan Syed, DVM

Empirically, hydrolyzed diet, blanket deworming, if the patient is indoor/outdoor, empirical cobalamin supplementation +/- prednisolone trial at lowest effective dose to control clinical signs may be considered.

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**AGE**

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**WEIGHT**

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**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Pine Banks Animal Hospital

**REFERRING VET**

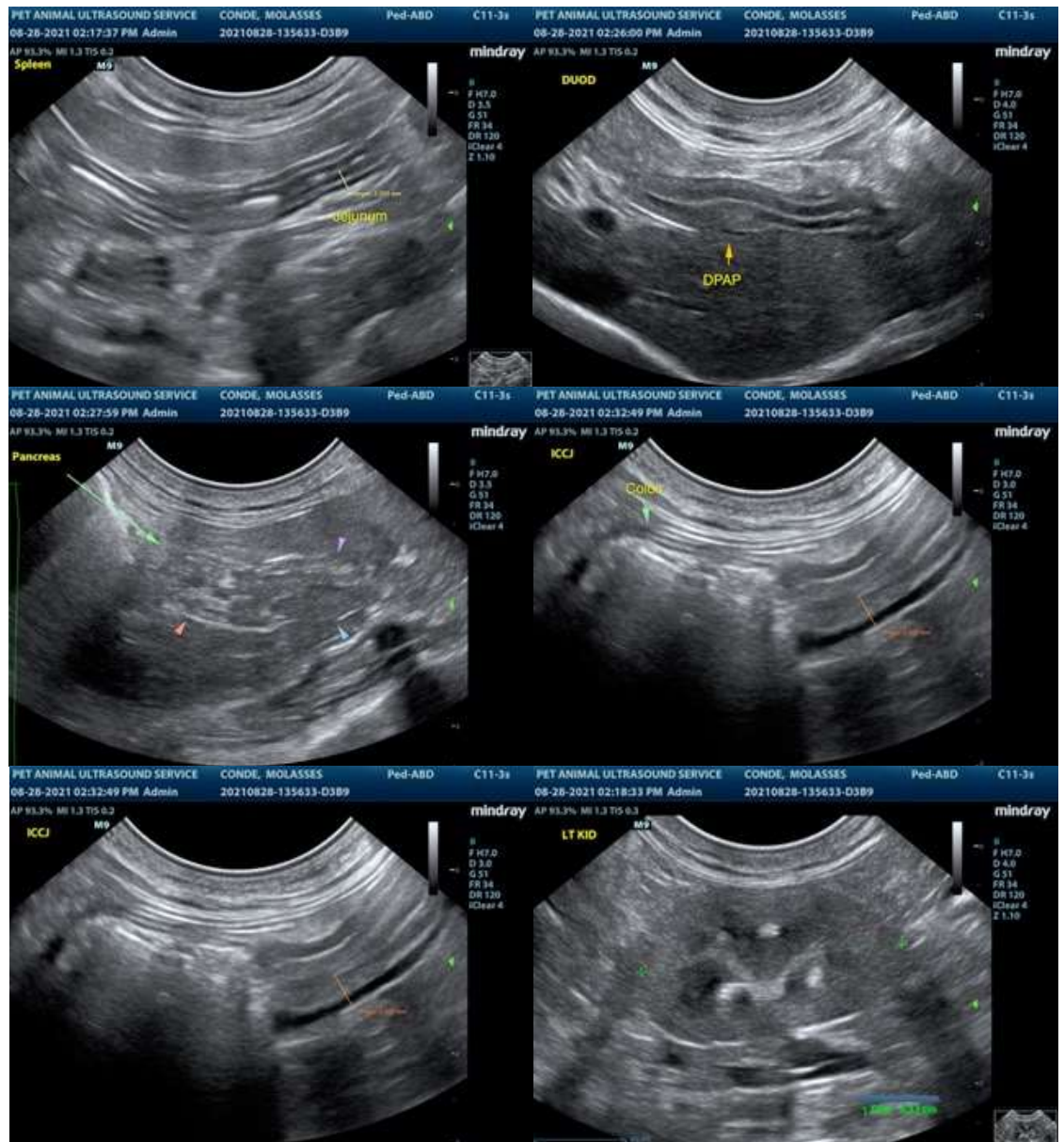
Hasan Syed, DVM

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**SEX**

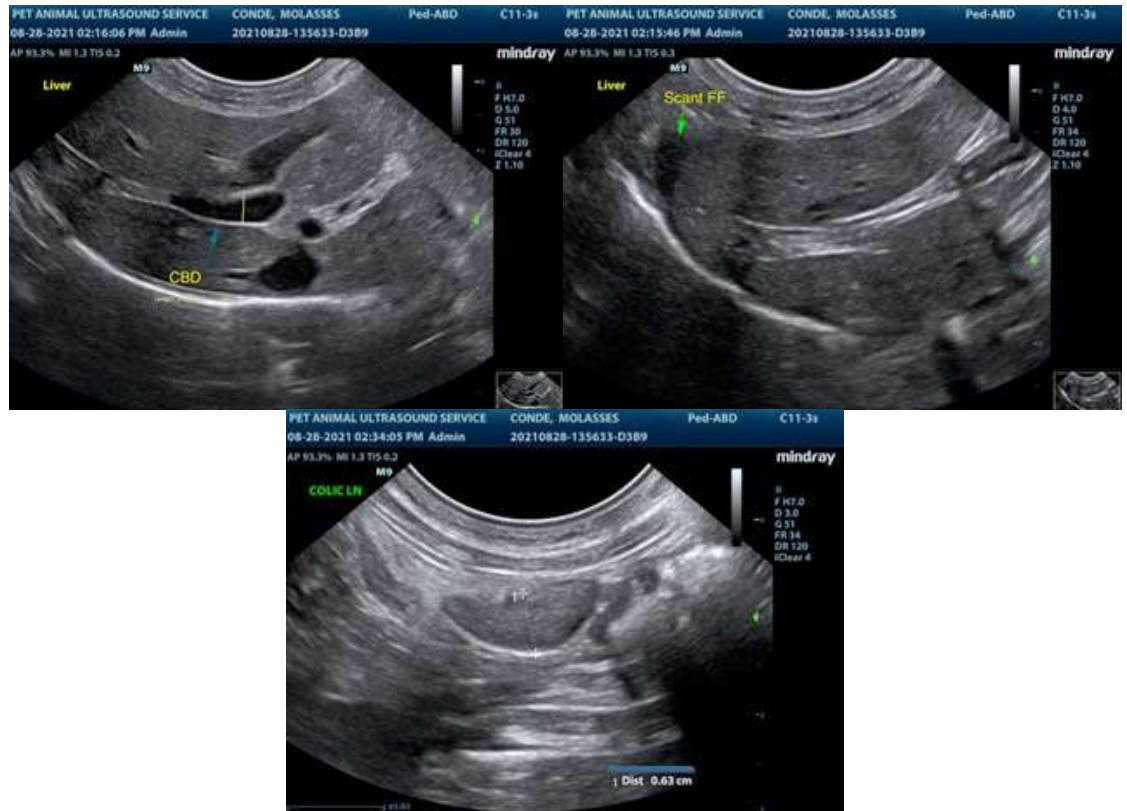
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**AGE**

14 Years

**WEIGHT**

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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.

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