



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Soolie Drohan	Ongoing weight loss since May 2023. Dental disease(ongoing). Intermittent soft stools started in the Spring of 2023. Has started with some weird neuro signs. Has been getting Vitamin B12 injections weekly.
<b>SPECIES</b>	
Feline	Abnormal PE/Chem/CBC/UA Results: May 8th bldwk NSF except: UREA 5.1 mmol/L (5.7 - 12.9) LOW, TBIL 17 µmol/L (0 - 15) HIGH , TT4 29 nmol/L (10 - 60), ALT 59 U/L (12 - 130), ALKP 18 U/L ( 14 - 111) Add on bldwk July19: spec Fpl 2.6 (0-4.4ug/L) normal, B12 (cobalamin) 116 (204-1051pmol/L) Low, Folate >54 (27-46nmol/L) high
<b>BREED</b>	
DSH	
<b>SEX</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
FS	<b>Urinary System</b>
<b>AGE</b>	The urinary bladder was normal in size and tone exhibiting a normal urinary bladder wall without evidence of inflammatory criteria or masses. Anechoic urine was present primarily with mild dependent urinary bladder lumen mineral. The urethra exhibited normal structure and tone to a depth of 2.0 cm.
12 years	The area of the aortic trifurcation was free of pathology.
<b>WEIGHT</b>	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 moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Mild left kidney pyelectasia was present. Mild areas of medullary mineral were noted in both kidneys. The left kidney measured 3.4 cm in length. The right kidney measured 3.4 cm in length.
4.14 kg	
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
R. McKenzie Daniel, DVM, DABVP	The adrenal glands exhibited overtly normal size, position, and shape. The left adrenal gland subjectively measured 0.41 cm width and the right adrenal gland subjectively measured 0.39 cm width.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Crystal Hill	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.
<b>HOSPITAL NAME</b>	<b>Liver/ Gallbladder</b>
Simcoe 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.
<b>REFERRING VET</b>	
Lancashire	
<b>INVOICE</b>	
14788	
<b>DATE</b>	
8/3/23	



**PATIENT**

***Gastrointestinal***

Soolie Drohan

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.

**SPECIES**

Feline

The small intestine presented generalized intact, mildly prominent wall layering owing to subjective propensity for prominent mucosa. The small intestinal wall width measured up to 0.29 cm.

**BREED**

DSH

Overtly normal visible colon wall layers were present with mild to moderate generalized distended colon containing soft fecal matter.

**SEX**

FS

***Pancreas***

The left pancreatic limb was normal in size with minor capsule asymmetry with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

**AGE**

12 years

***Free Abdomen***

Intermittent, mildly prominent, mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 0.8 cm in diameter. There was no evidence of peritoneal effusion.

**WEIGHT**

4.14 kg

**ULTRASONOGRAPHIC FINDINGS**

- Mild dependent urinary bladder lumen mineral
- Moderate chronic renal changes with mild medullary mineral and left kidney pyelectasia
- Sonographically normal liver and gallbladder
- Intact, mildly prominent small bowel walls, associated mild subjective benign / reactive mesenteric lymphadenopathy
- Possible mild chronic pancreatitis left pancreatic limb
- Mild to moderate distended colon containing soft fecal matter

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Simcoe AH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

This patient may be passing small amounts of mineral from the kidneys into the urinary bladder. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

**REFERRING VET**

Lancashire

The GI panel in this patient is suggestive of at least distal small intestinal disease, given the decreased cobalamin levels. Considerations may include dysbiosis, inflammatory disease, i.e., IBD, while the potential for early or low-grade infiltrative intestinal neoplasia, i.e., lymphoma, cannot be excluded. Intestinal biopsies would be required for a definitive diagnosis.

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Empirically, continued cobalamin supplementation with monitoring of cobalamin levels, canned novel protein or hydrolyzed diet trial, high colony count probiotics such as Provable or similar, +/- Prednisolone trial at the lowest effective dose to control clinical signs with as-needed gastrointestinal support would be reasonable. Deworming is suggested if clinically applicable.



**PATIENT**

Soolie Drohan

**SPECIES**

Feline

**BREED**

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**SEX**

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**AGE**

12 years

**WEIGHT**

4.14 kg

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**IMAGING  
PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

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**REFERRING VET**

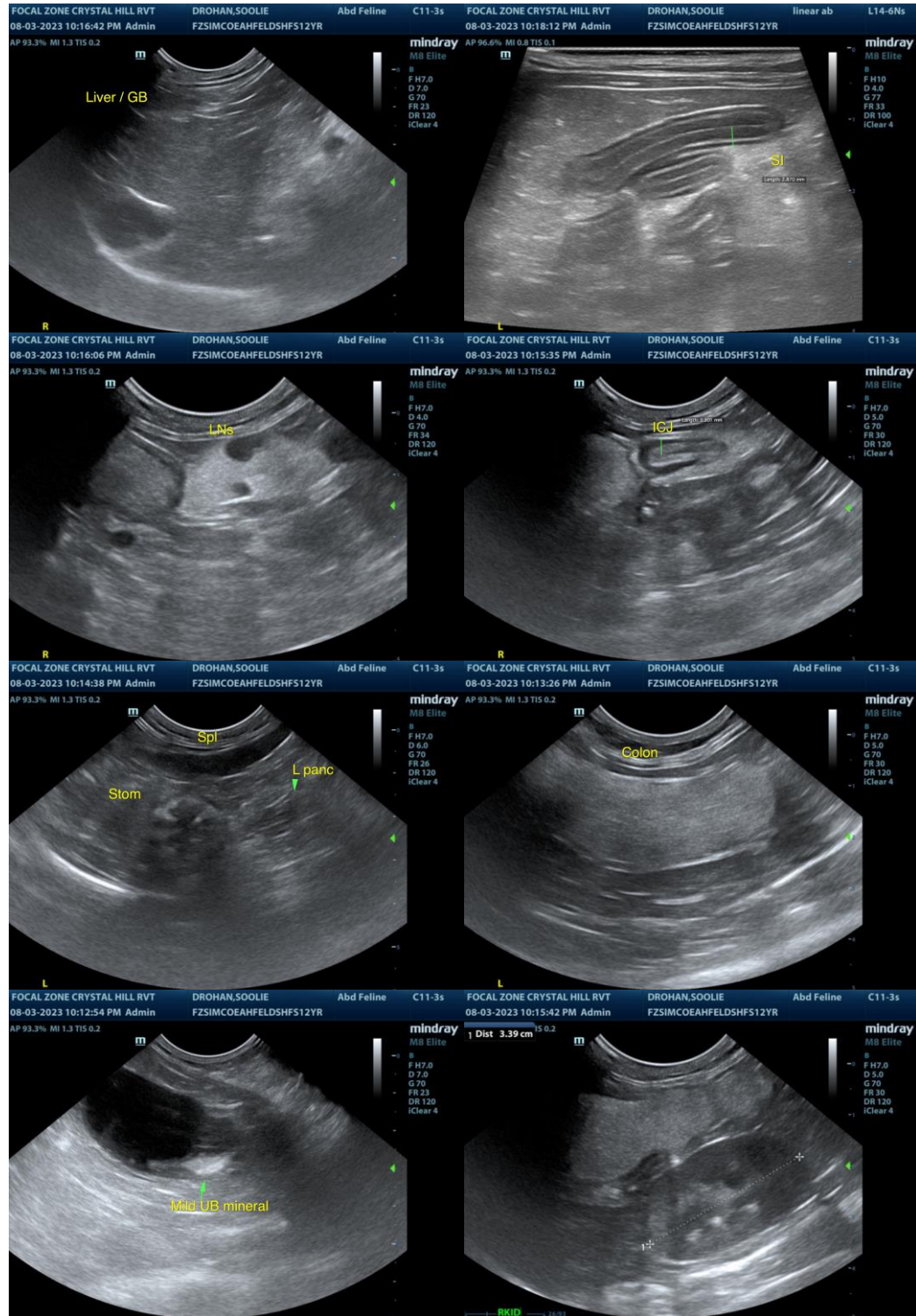
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**PATIENT**

Soolie Drohan

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

12 years

**WEIGHT**

4.14 kg



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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