

**PATIENT**

Chanel Borgardus

**PRESENTING CLINICAL SIGNS**

History: Decreased appetite, abd. distension, kidney dz suspect.

Abnormal PE/Chem/CBC/UA Results: Rbc 12.17, Hgb 17.2, SDMA 20

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

DSH

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor dependent mineral to small calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

**SEX**

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. The left kidney measured 3.2 cm in length. The right kidney measured 3.4 cm in length.

**AGE**

15yr

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

**WEIGHT**

10.07lb

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.54 cm width.

**INTERPRETED BY**

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

**Spleen**

The spleen exhibited generalized parenchyma heterogeneity and was folded in appearance. 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. The spleen measured 0.79 cm in width at the level of the hilus.

**IMAGING PERFORMED BY**

Shari Reffi CVT

**Liver**

The liver was subjectively 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.

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Animal Hospital

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. Batta

**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. The ventral gastric body wall measured 0.25 cm in width.

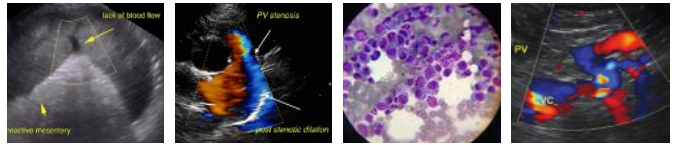
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The small intestine presented intact yet variably thickened wall layering owing to propensity for thickened muscularis layer to the level of the ileocolic junction. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The small intestine measured up to 0.30 cm in width. The ileocolic wall measured 0.48 cm in width.

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08/08/2022



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

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**Pancreas**

**SPECIES**

The pancreas exhibited normal size with areas of mild capsule asymmetry and non-homogeneous mildly hyperechoic parenchyma compared to the adjacent omental fat. The visible pancreatic duct was normal.

Feline

**Free Abdomen**

**BREED**

No peritoneal effusion was present.

DSH

Multiple variably sized hypoechoic to swollen mesenteric root lymph nodes were present. The lymph nodes exhibited symmetrical to rounded margination with abnormal width: length ratio (>0.5). The enlarged lymph nodes were bordered by echogenic to reactive mesentery. The mesenteric root lymph nodes measured 2.0 cm in diameter.

**SEX**

FS

A rapid view of the heart revealed no obvious evidence of left or right heart chamber enlargement with adequate cardiac functionality. No obvious evidence of structural or functional cardiomyopathy.

**AGE**

15yr

**ULTRASONOGRAPHIC FINDINGS**

- Mild dependent urinary bladder mineral/small calculi
- Mild chronic renal changes
- Infiltrative enteropathy pattern with concurrent to associated enlarged hypoechoic mesenteric lymph nodes
- Possible chronic pancreatitis

**WEIGHT**

10.07lb

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

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

Overall, the appearance of the small intestine and associated lymphadenopathy may indicate inflammatory infiltrative enteropathy (IBD/eosinophilic enteritis) vs neoplastic enteropathy with round cells such as lymphoma, mast cell neoplasia or other with associated mesenteric lymphoid hyperplasia, reactive lymphadenitis or neoplastic lymphadenopathy. Neoplastic etiology is lymphoma is suspected given the sonographic appearance of the mesenteric lymph nodes. Further assessment may include accessible mesenteric lymph node FNA for cytology and a GI panel to include PLI/TLI/Cobalamin/Folate.

**IMAGING PERFORMED BY**

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Empirically IBD protocol and as needed GI support with sonographic monitoring of the small intestine and lymph nodes for evidence of progressive changes would be reasonable. A very guarded prognosis is indicated pending cytology.

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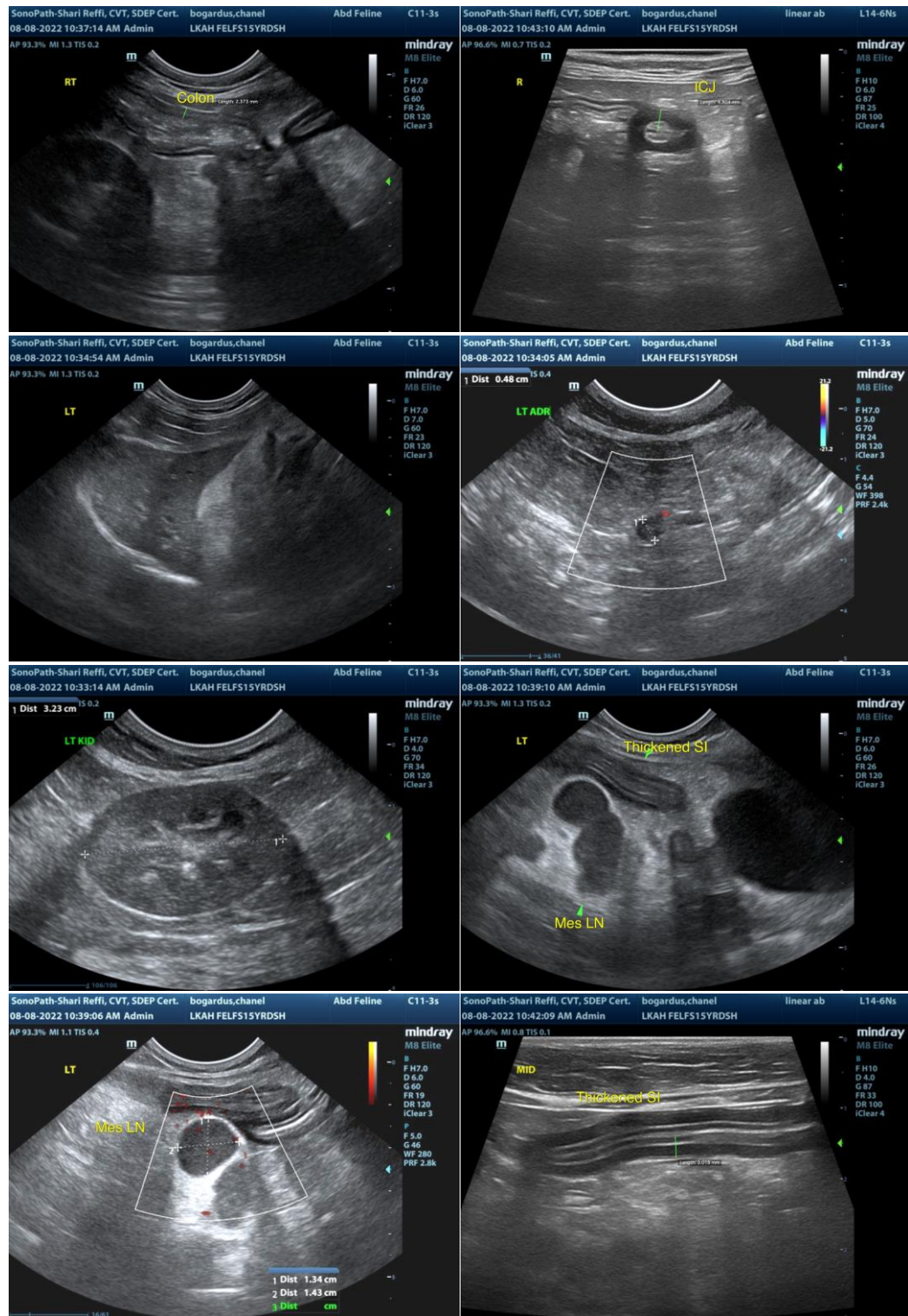
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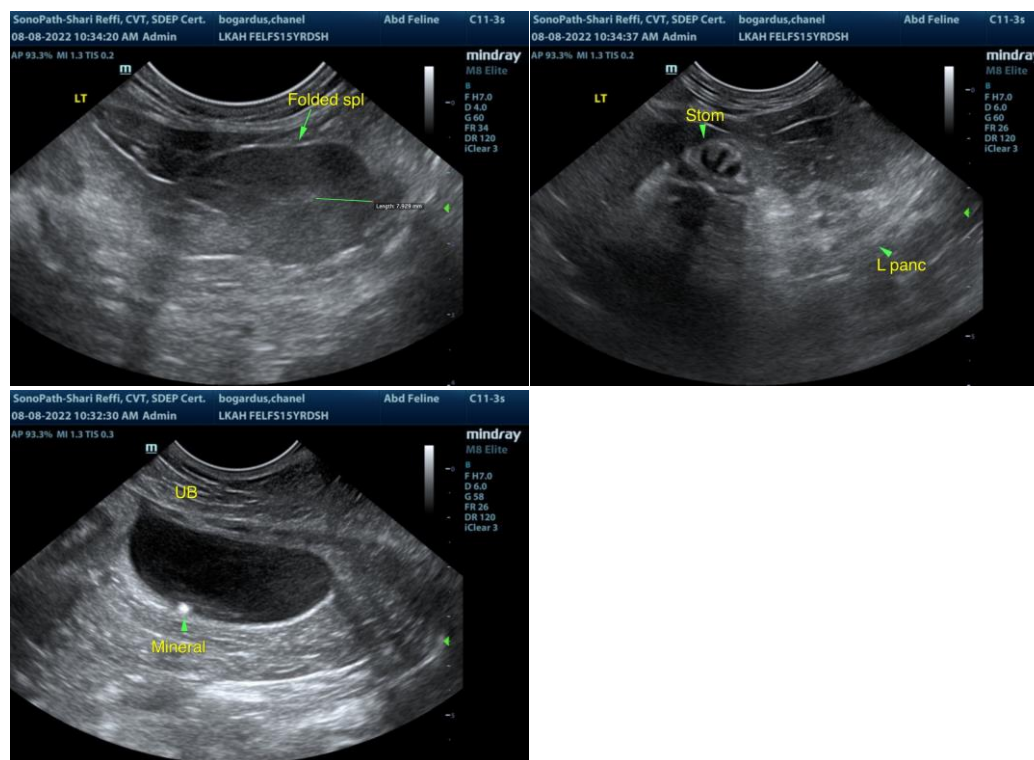
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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