



**PATIENT PRESENTING CLINICAL SIGNS**

Eddie Donnally History: Weight loss, not eating, vomiting

Abnormal PE/Chem/CBC/UA Results: ALP 713, TBIL 1.3

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Feline

**Urinary System**

**BREED**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor particulate sediment which may indicate cellular debris/protein, lipid or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

DSH

**SEX**

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

MN

**AGE**

2006

The area of the aortic trifurcation was free of pathology.

**WEIGHT**

**Adrenal Glands**

14

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 cm width.

**INTERPRETED BY**

**Spleen**

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

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. A very discrete hyperechoic nodule was present likely consistent with benign myelolipoma. 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 0.88 cm in width at the level of the hilus.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

**Liver**

**HOSPITAL NAME**

Easton Animal Hospital

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. A solitary cystic appearing intraparenchymal macronodule to small mass was present in the mid ventral liver measuring 2.5 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion.

**REFERRING VET**

Dr. Yazwinski

The gallbladder was non-distended in size with primarily anechoic luminal content. The proximal to mid common bile duct was dilated and tortuous without overt post hepatic obstruction measuring 0.51 cm in diameter. No evidence of mucus or calculi was noted.

**INVOICE**

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**Gastrointestinal**

**DATE**  
08/08/2022

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 gastric body wall measured 0.25 cm in width.



**PATIENT**

Eddie Donnally

The small intestine presented intact yet generalized thickened wall layering owing to thickened muscularis. A segment of the small intestine exhibited moderate mural hypertrophy, decreased mural echogenicity and loss of discernable wall layering measuring approximately 7 cm in length with wall width up to 1.0 cm. Subtle evidence of peri intestinal nonuniform hyperechoic mesentery.

**SPECIES**

Feline

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

**Pancreas**

**BREED**

DSH

The distal left pancreatic limb was prominent in size and contour with hypoechoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

**SEX**

MN

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**ULTRASONOGRAPHIC FINDINGS**

- Infiltrative enteropathy with small bowel mural mass
- Probable chronic to focal active pancreatitis
- Hepatopathy with cystic appearing macronodule to small mass-complex hepatic cyst or cystic biliary adenoma suspected
- Non obstructive common bile duct dilation-potential cholangitis
- Bilateral chronic renal changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

14

General considerations for the small intestinal presentation may include inflammatory vs neoplastic with dry form FIP considered less likely. Potential neoplastic intestinal criteria may be considered of higher probability given the mural mass. Assuming normal clotting status an ultrasound guided FNA of the intestinal mural mass +/- screening hepatic FNA could be considered for further assessment. Potential for triad disease is possible. A definitive diagnosis may require full thickness intestinal biopsy.

**INTERPRETED BY**

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

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended as well as three view chest radiographs to rule out occult thoracic pathology.

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Rebekah Jakum, CVT  
ARDMS/RVT

Empirical triad disease protocol with as needed GI support would be reasonable. A guarded prognosis is indicated pending sampling.

**HOSPITAL NAME**

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**PATIENT**

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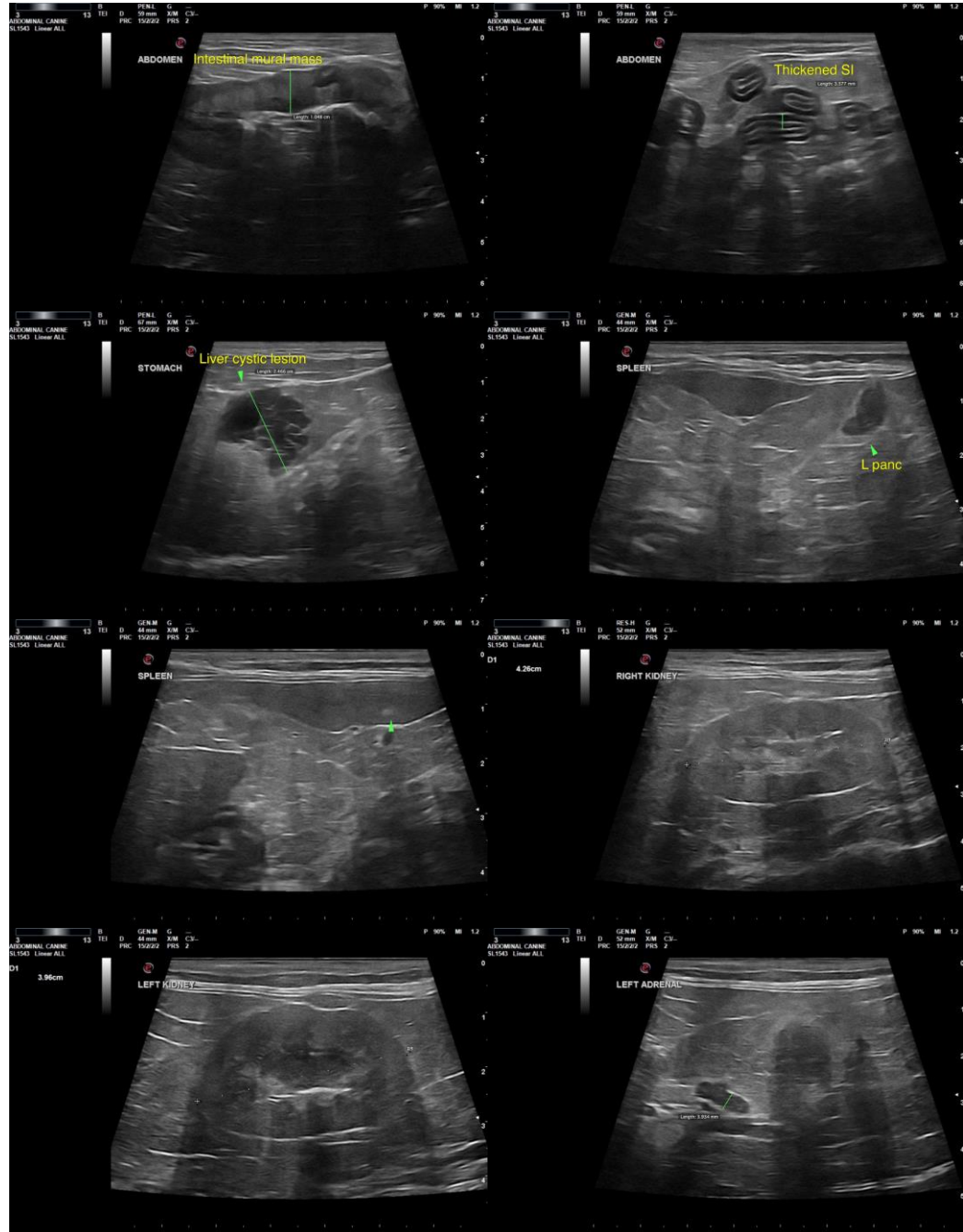
Dr. Yazwinski

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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.

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