



PATIENT PRESENTING CLINICAL SIGNS

Hatty Heabner Decreased appetite, lethargy. Medication: Clavamox, Pepcid, metronidazole. ALT 621 ALP 182 TBIL 2.2

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 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate 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 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. No evidence of pelvic dilation was present. Minor medullary mineral was present. The left kidney measured 3.3 cm in length. The right kidney measured 2.9 cm in length.

FS

AGE The area of the aortic trifurcation was free of pathology.

2008

Adrenal Glands

WEIGHT No overt pathology in the area of the left adrenal gland. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.32 cm width.

5.2

Spleen

INTERPRETED BY 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.

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

Liver/Gallbladder

IMAGING PERFORMED BY The liver was borderline to mildly enlarged with symmetrical contour and uniform mildly increased parenchymal echogenicity. 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 with mild echogenic non-mineralized debris. The proximal to mid common bile duct was mildly dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.25 cm diameter. Mildly prominent common bile duct wall was present.

Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME Maple Hills VH

Gastrointestinal

REFERRING VET 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.

Eckman

INVOICE Diffusely thickened small bowel and intact to altered muscularis/mucosa ratio with thickened muscularis layer was present. No overt intestinal masses. The intestinal wall measured 0.31 cm in width.

14550ag

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

08/09/2023



PATIENT *Pancreas*

Hatty Heabner The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

SPECIES *Free Abdomen*

Feline Mild volume peritoneal effusion was present.

BREED Intermittent enlarged mid abdominal mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of peril-intestinal to perilymphatic inflammation was present.

DSH

ULTRASONOGRAPHIC FINDINGS

- SEX**
- Urinary bladder sediment.
 - Moderate chronic renal changes with minor medullary mineral.
 - Diffusely thickened small bowel.
- FS
- Hepatopathy with mild gallbladder sediment and non-obstructive CBD dilation-suggestive of cholangiohepatitis.
- AGE**
- Chronic pancreatitis pattern.
 - Associated mild mesenteric lymphadenopathy and mild volume peritoneal effusion.
- 2008

WEIGHT

5.2

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IBD or other chronic inflammatory enteropathy and triaditis is a primary differential diagnosis. Potential for neoplastic infiltrative enteropathy which may present in a similar sonographic manner i.e., intestinal lymphoma and/or hepatic round cell neoplasia cannot be definitively excluded. Intestinal +/- hepatopancreatic full thickness/surgical biopsy is required for a definitive diagnosis.

INTERPRETED BY

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(Canine and Feline)

Assuming normal clotting status and with vitamin K premed, a hepatic FNA for screening cytology could be considered for further assessment. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

IMAGING

PERFORMED BY
Rebekah Jakum, CVT
ARDMS/RVT

Empirical as needed GI support and triaditis protocol pending additional diagnostics with monitoring of clinical response and body weight would be reasonable. A guarded long term prognosis is indicated.

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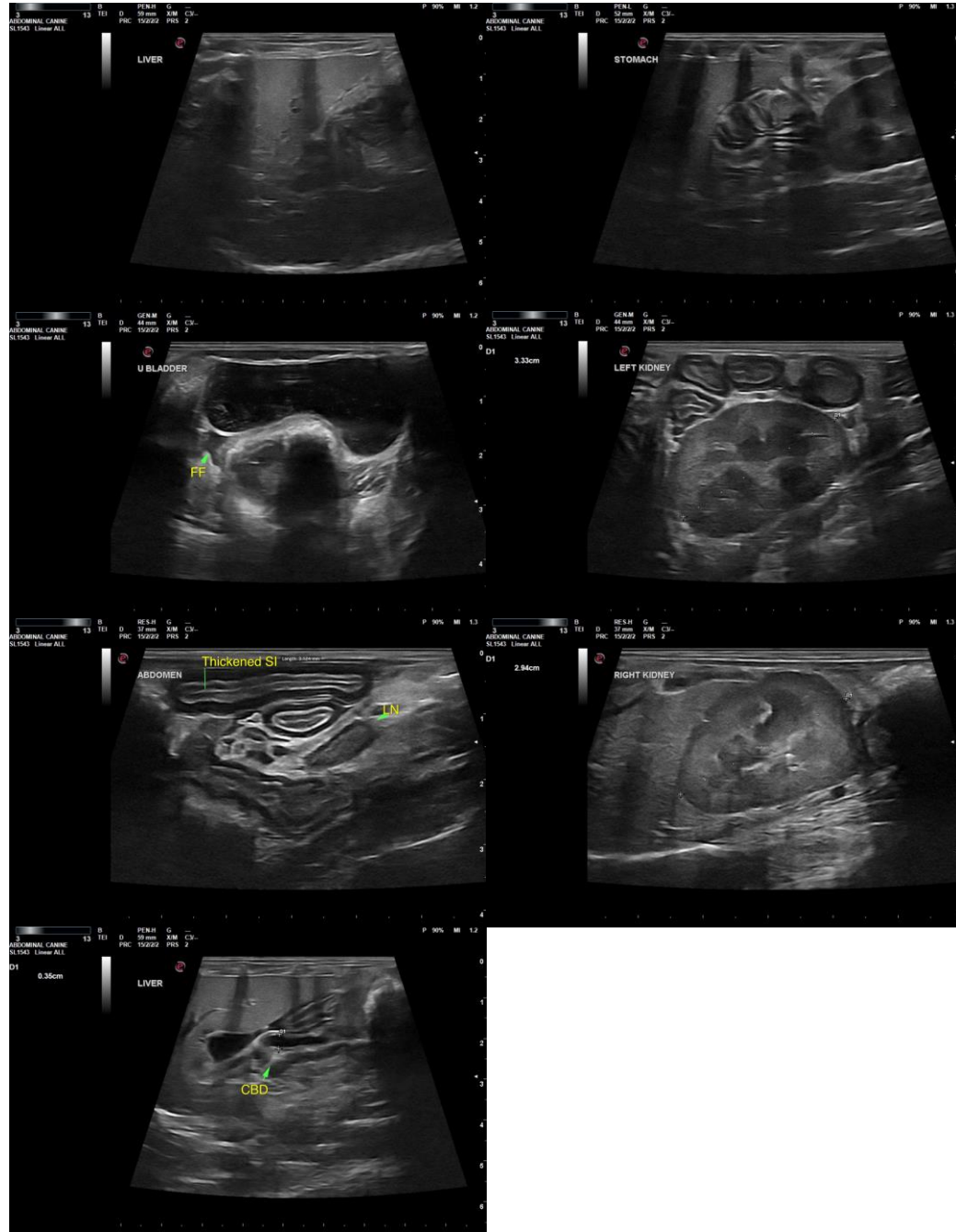
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@sonopath.com



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SPECIES

Feline

BREED

DSH

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