



**PATIENT PRESENTING CLINICAL SIGNS**

Molly Bachofer Decreased appetite after dental extraction, palpable thick intestine, occasional vomiting. Medication: mirtazapine USG 1.014 CREAT 2.4 SDMA 25 urine C/S negative

**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 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** 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 mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient.

FS No evidence of pelvic dilation was present. The left kidney measured 3.2 cm in length. The right kidney measured 3.2 cm in length.

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

2009

**Adrenal Glands**

**WEIGHT** The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.3 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.34 cm width.

7.9

**Spleen**

**INTERPRETED BY** The spleen exhibited normal size and minor likely incidental asymmetrical medial capsule contour with homogenous parenchyma. No splenic masses/nodules. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The spleen measured 0.65 cm in width at the level of the hilus.

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

**Liver/Gallbladder**

**IMAGING PERFORMED BY** 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 with mild echogenic non-mineralized debris. The cystic and common bile ducts were normal.

Rebekah Jakum, CVT  
 ARDMS/RVT

**Gastrointestinal**

**HOSPITAL NAME** 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.

Alburtis AH

**REFERRING VET** The small intestine presented intact generalized mildly thickened wall layering with mildly thickened muscularis layer. No evidence of loss of intestinal wall layering or intestinal masses. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The duodenum wall measured 0.25 cm width. The jejunum wall measured 0.27 cm width. The ileocolic wall measured 0.32 cm width.

Klemp

**INVOICE** The small intestine presented intact generalized mildly thickened wall layering with mildly thickened muscularis layer. No evidence of loss of intestinal wall layering or intestinal masses. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The duodenum wall measured 0.25 cm width. The jejunum wall measured 0.27 cm width. The ileocolic wall measured 0.32 cm width.

14547ag

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

08/09/2023



**PATIENT** *Pancreas*

Molly Bachofer The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

**SPECIES** *Free Abdomen*

Feline No omental masses or peritoneal effusion was present.

**BREED** Intermittent mildly prominent to enlarged mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example measured 1.0 cm in diameter.

**SEX** **ULTRASONOGRAPHIC FINDINGS**

- Sonographically normal empty stomach.
- Intact generalized mild thickened small bowel wall.
- Intermittent mild benign/reactive mesenteric lymph nodes.
- Mild to moderate chronic renal changes.

**AGE** **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

2009 The small intestine exhibited mild mural changes suggestive of mild inflammatory enteropathy criteria with associated mild benign/reactive mesenteric lymphadenopathy. Early low grade to mild neoplastic enteropathy with round cells is technically possible yet thought less likely. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

**WEIGHT** 7.9 Assessment for evidence of cranial abdominal/subxiphoid discomfort on palpation which may allude to low grade/chronic pancreatitis is recommended.

**INTERPRETED BY** R. McKenzie Daniel, DVM, DABVP (Canine and Feline) An intestinal full thickness/surgical biopsy is required for a definitive diagnosis.

**IMAGING PERFORMED BY** Rebekah Jakum, CVT ARDMS/RVT Empirical as needed GI support +/- IBD protocol with assessment of clinical response and monitoring of body weight would be reasonable. Sonographic reassessment of the GI and lymph nodes is recommended if progressive clinical signs or weight loss.

**HOSPITAL NAME**

Alburtis AH

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**INVOICE**

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**PATIENT**

Molly Bachofer

**SPECIES**

Feline

**BREED**

DSH

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DVM, DABVP  
(Canine and Feline)

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

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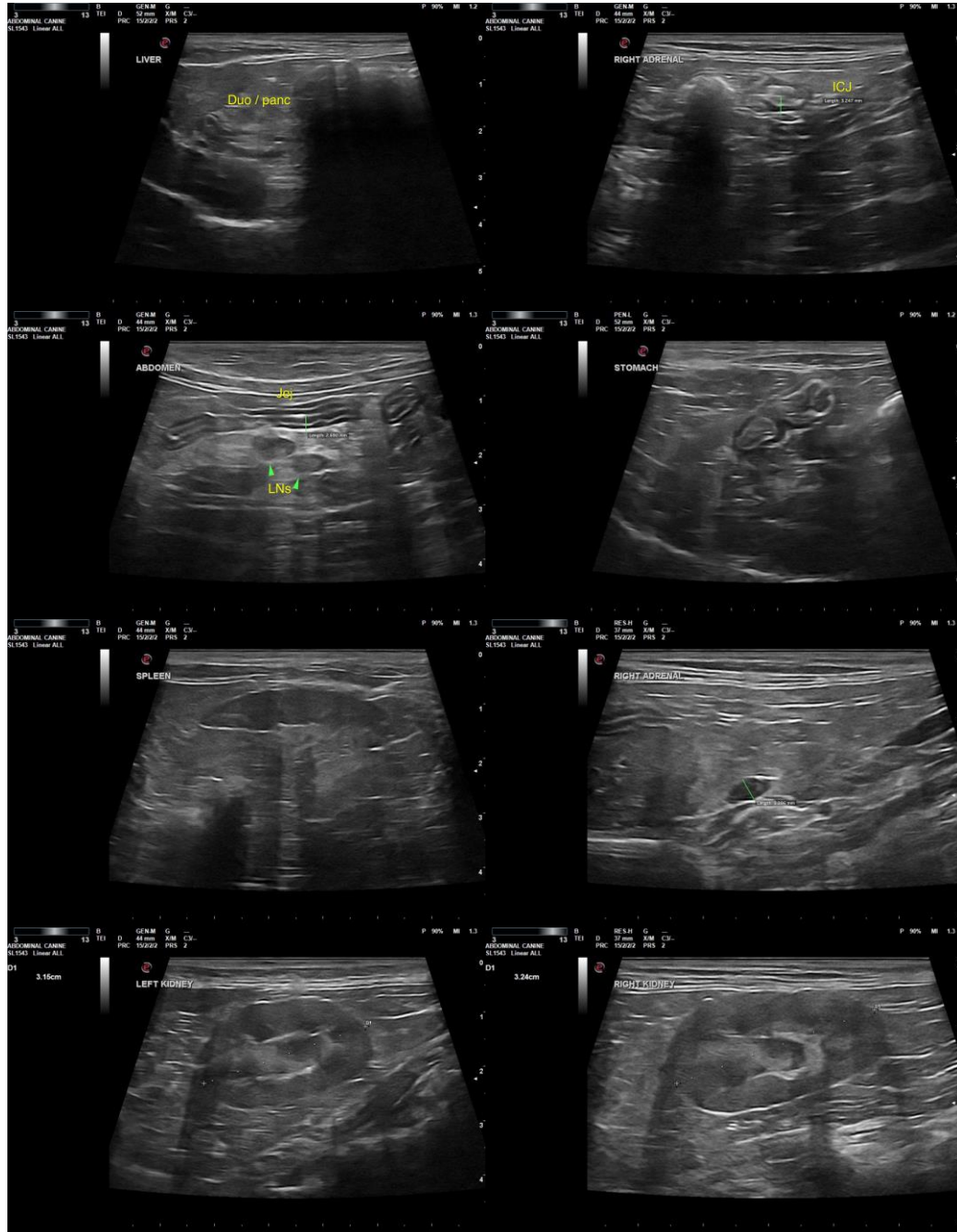
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)



**PATIENT** [info@sonopath.com](mailto:info@sonopath.com)

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