



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
Rafa Ivory

**SPECIES**  
Feline

Rafa presents for weight loss and very loose stool of approximately 2-month duration. At the end of June, he was seen for the diarrhea at which point a fecal exam (negative) and bloodwork was performed. CBC and chemistry were unremarkable outside of mild elevation in TT4: 5.3. He was started on methimazole and presented for a recheck two days ago. He has continued to lose weight and his stool has not improved. His appetite has also been intermittent. Recommended ultrasound + GI panel (owner declined) to evaluate for underlying intestinal disease.

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**DSH Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

**SEX**

Neutered Male

**AGE**

9 Years 11 Months

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.7 cm in length. The right kidney measured 3.9 cm in length.

**WEIGHT**

9.62 Pounds

**Adrenal Glands**

No overt pathology in the area of the left or right adrenal glands.

**INTERPRETED BY**

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

**Spleen**

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. The spleen measured 0.72 cm in width at the level of the mid spleen.

**IMAGING PERFORMED BY**

Dr. Ellen Puthoff

**Liver**

**HOSPITAL NAME**

Kings VH

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.

**REFERRING VET**

Dr. Ellen Puthoff

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no evidence of retained gastric ingesta, fluid or foreign material. The gastric body wall measured 0.24 cm.

**DATE**

8/9/23

The small intestine presented generalized intact wall layering with segmental maintained 1:3 muscularis/mucosa ratio with concurrent segmental propensity for borderline to mild prominent intestinal mucosa layer. No evidence of loss of intestinal wall layering, obstructive pattern or intestinal



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masses. The jejunum wall measured up to 0.25 cm. The ileocolic wall was sonographically unremarkable, measuring 0.34 cm in width.

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Overtly normal wall layering was noted in the colon. The colon contained generalized semi formed to soft fecal matter consistent with patient history.

**Pancreas**

**BREED**

DSH

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.

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**Free Abdomen**

Intermittent, mildly prominent to enlarged mesenteric lymph 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 of lymph node measured 1.2 cm x 0.4 cm. No evidence of peritoneal effusion or omental masses.

**AGE**

9 Years 11 Months

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

9.62 Pounds

- Subjective nonspecific chronic enteropathy pattern
- Semi formed to soft fecal matter in colon
- Associated mild subjectively benign/reactive mesenteric lymph nodes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

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

Overall, no evidence of significant visceral pathology, specifically no evidence of intraabdominal neoplastic criteria, active pancreatitis or significant gastroenterocolic mural changes. The small intestine exhibited subtle mural changes, suggestive of chronic enteropathy criteria. This may indicate chronic nonspecific enteritis or enterocolitis, inflammatory bowel, malassimilation/maldigestive disorder, dysbiosis, early infiltrative intestinal neoplasia, which may present sonographically normal (considered less likely), or other enterocolonopathy. A GI panel to include PLI/TLI/Cobalamin/Folate and diarrhea PCR panel are warranted.

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Empirically, novel protein/hydrolyzed or higher fiber diet trial with likely long term dietary therapy, high colony count probiotic, such as Provable or similar, broad spectrum deworming even if fecal testing is negative, +/- antibiotic trial and as needed gastrointestinal support with assessment of clinical response is recommended.

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Pending additional diagnostics and response to empirical therapy, intestinal biopsies may be indicated for a definitive diagnosis.

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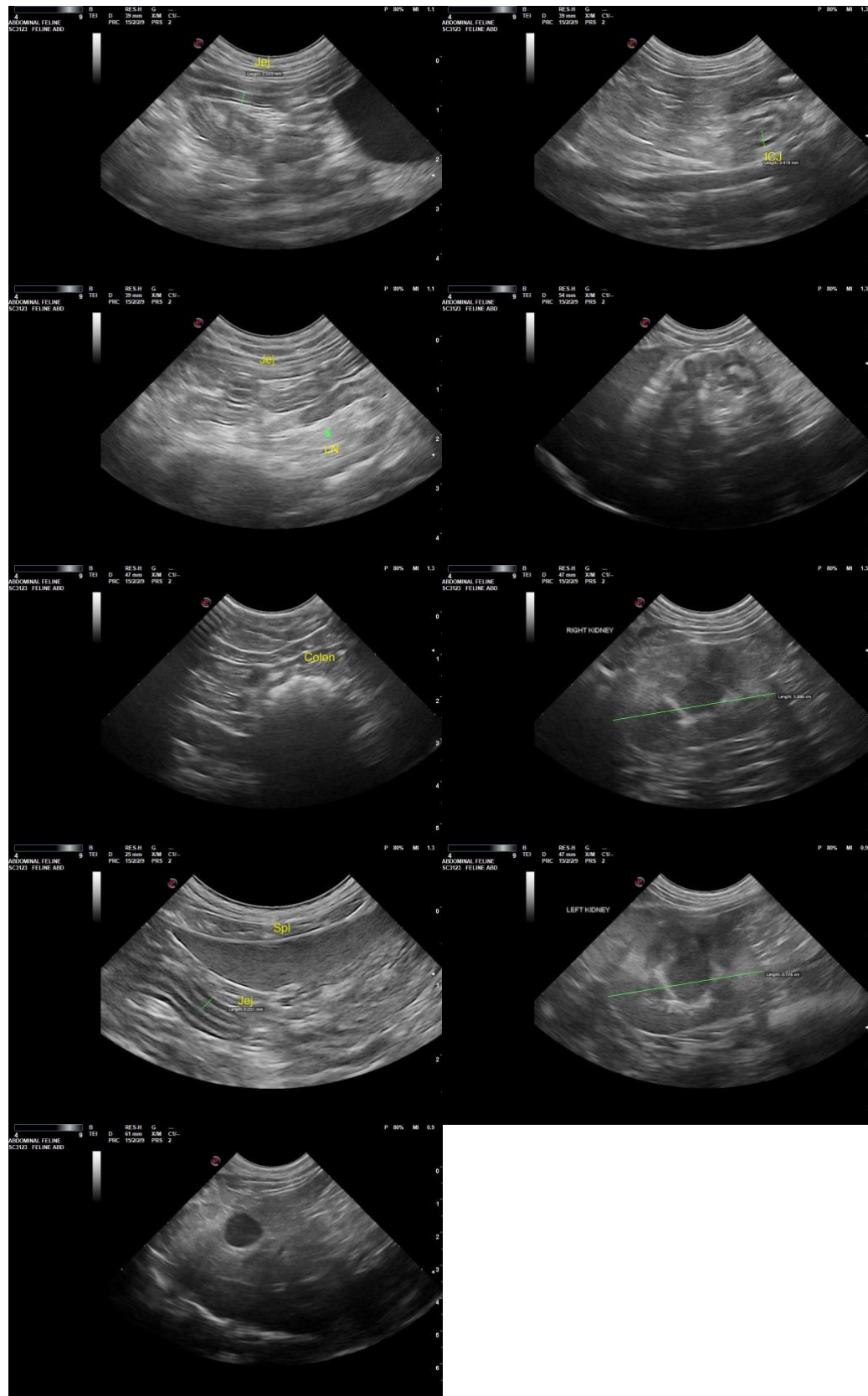
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

**BREED**

DSH

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
info@SonoPath.com

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