



**PATIENT**

Jude Carr

**SPECIES**

Feline

**BREED**

Persian

**SEX**

Neutered Male

**AGE**

6 years

**WEIGHT**

6.9

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Willakenzie AC

**REFERRING VET**

Dr. Kairis

**INVOICE**

12204

**DATE**

9/10/21

**PRESENTING CLINICAL SIGNS**

9-7-21 patient had a 10 minute episode of unsteadiness, vocalizing, hypersalivation. Next morning vomited undigested food 1-2 hours post meal, very unusual for him although he has had an increase in vomiting last several months, thickened intestines on palpation. Otherwise normal acting normally and maintaining normal weight. 165, 170, 170 mm Hg systolic Site: Left rear leg By SK

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**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 was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomodullary 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 3.8 cm in length. The right kidney measured 4.2 cm in length.

**Adrenal Glands**

No overt pathology was noted 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 0.37 cm width.

**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.

**Liver/ Gallbladder**

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. Probable small, thinly walled parenchymal cysts containing anechoic fluid were present in the liver. 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. The cystic and common bile ducts were normal.



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***Gastrointestinal***

Jude Carr

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 width measured 0.25 cm.

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The small intestine presented intact wall layering with a subjective propensity for generalized mildly prominent muscularis layer. No overt evidence of significant mural hypertrophy or loss of intestinal wall layer detail. The duodenum wall width measured 0.24 cm. The jejunum wall width measured 0.26 cm to 0.29 cm.

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

Neutered Male

***Pancreas***

**AGE**

The pancreas exhibited normal size and contour with uniform hypoechoic parenchyma compared to adjacent nonreactive or inflamed peripancreatic omentum.

6 years

***Free Abdomen***

**WEIGHT**

No overt lymphadenopathy or peritoneal effusion was present.

6.9

**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

***Primary Findings***

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

- Possible IBD
- Mild hypoechoic pancreas - possible mild active to chronic active inflammation

**IMAGING PERFORMED BY**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Jenna Walsh, CVT

The small intestine exhibited subtle generalized mural changes which may suggest Inflammatory enteropathy / IBD.

**HOSPITAL NAME**

Concurrently, the appearance of the pancreas may indicate low-grade active or chronic active inflammation often seen with an underlying intestinal disease in cats. Dietary intolerance / food hypersensitivity or occult parasitism in the patient is indoor / outdoor may also be possible. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate.

Willakenzie AC

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Given the lack of weight loss, conservative therapy including a limited antigen or hydrolyzed diet, broad-spectrum deworming if clinically indicated, and as-needed gastrointestinal support would be appropriate. Recheck sonogram is suggested to assess for progressive inflammatory pancreatic or intestinal changes if clinical signs continue or if evidence of weight loss.

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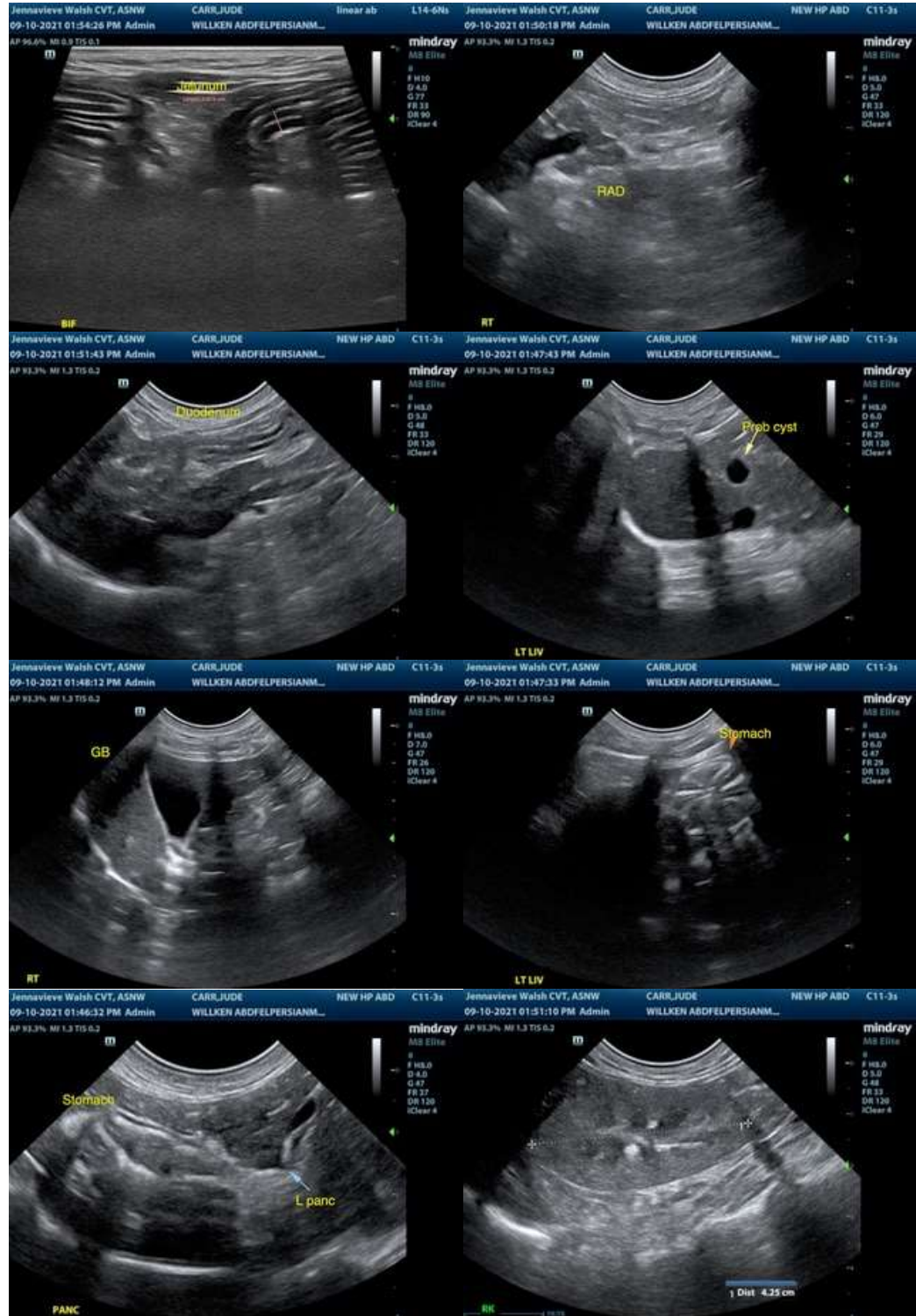
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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