



**PATIENT PRESENTING CLINICAL SIGNS**

Oscar Zanni Since February, 2021, patient has had several bouts of dark, liquid, diarrhea with severe straining. Will have multiple accidents all over the house if it occurs when he is alone at home. He strains so hard at times that he vomits. Physical exam, including rectal, is normal with the exception of severe dental tartar. Chest and abdominal radiographs were normal. Sedated with telazol for study. Abnormal PE/Chem/CBC/UA Results: WBC 31K (mature neutrophilia and lymphocytosis).

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

11 years

**WEIGHT**

10.4 lbs.

**Urinary System**

The urinary bladder, trigone, and cystourethral junction 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 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. Minor medullary mineralization was present without evidence of pyelectasia. The left kidney measured 3.7 cm in length. The right kidney measured 3.7 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.44 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 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 mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. 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 proximal common bile duct was mildly dilated and tortuous without overt post hepatic obstruction.

**Gastrointestinal**

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.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Wood River AH

**REFERRING VET**

David Serra, DVM

**INVOICE**

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**DATE**

9/13/21



**PATIENT**

Oscar Zanni

The small intestine presented intact wall layering and primarily maintained a 1:3 muscularis/mucosa ratio with segmental propensity for mildly prominent muscularis and submucosa layers, although no evidence of small intestinal mural hypertrophy. The jejunum wall width measured 0.27 cm. The ileocolic junction wall width measured 0.34 cm.

**SPECIES**

Feline

The colon walls presented intact yet mild to moderate prominent wall layering with mild to moderate thickened to echogenic submucosa. Generalized nonformed to liquid fecal matter, consistent with diarrhea, was present and most notable in the descending colon with transverse and proximal colon gas. Non-formed feces was also present in the proximal colon just distal to the ileocolic junction. The descending colon wall width measured 0.2-0.27 cm.

**BREED**

DSH

**Pancreas**

**SEX**

Neutered Male

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum.

**Free Abdomen**

**AGE**

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Intermittent, jejunal and colic 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 a colic lymph node measured 0.34 cm width. An example of a jejunal lymph node measured 0.37 cm.

**WEIGHT**

10.4 lbs.

No effusion was noted.

**ULTRASONOGRAPHIC FINDINGS**

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DABVP (Canine and  
Feline)

**Primary Findings**

- Acute to chronic colitis pattern with segmental to generalized non-formed to liquid feces
- Possible concurrent low-grade inflammatory enteropathy
- Intermittent mild to reactive jejunocolic lymph nodes

**IMAGING**

**PERFORMED BY**

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**Secondary Findings**

- Subtly heterogeneous pancreas
- Mild chronic renal changes with minor medullary mineral
- Mild nonobstructive proximal common bile duct dilation - age-related changes, potential for low-grade cholangitis if previous history of hepatic enzyme elevation

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Fresh fecal analysis to assess for ova / Giardia, as well as diarrhea PCR panel, are warranted. A GI panel to include PLI/TLI/Cobalamin/Folate is also recommended.

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Empirically, Cobalamin supplementation pending Cobalamin levels, broad-spectrum deworming i.e., Panacur SID for 5 consecutive days with potential repeat protocol in 3 weeks, dietary therapy either hydrolyzed or higher fiber diet, as well as antibiotic trial such as Metronidazole may prove beneficial.



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If recurrent signs of colitis are noted, the addition of Prednisolone and Sulfasalazine to Metronidazole may prove beneficial. However, prior to Prednisolone use, and if recurrent signs of colitis, colonic endoscopic biopsies would be considered ideal.

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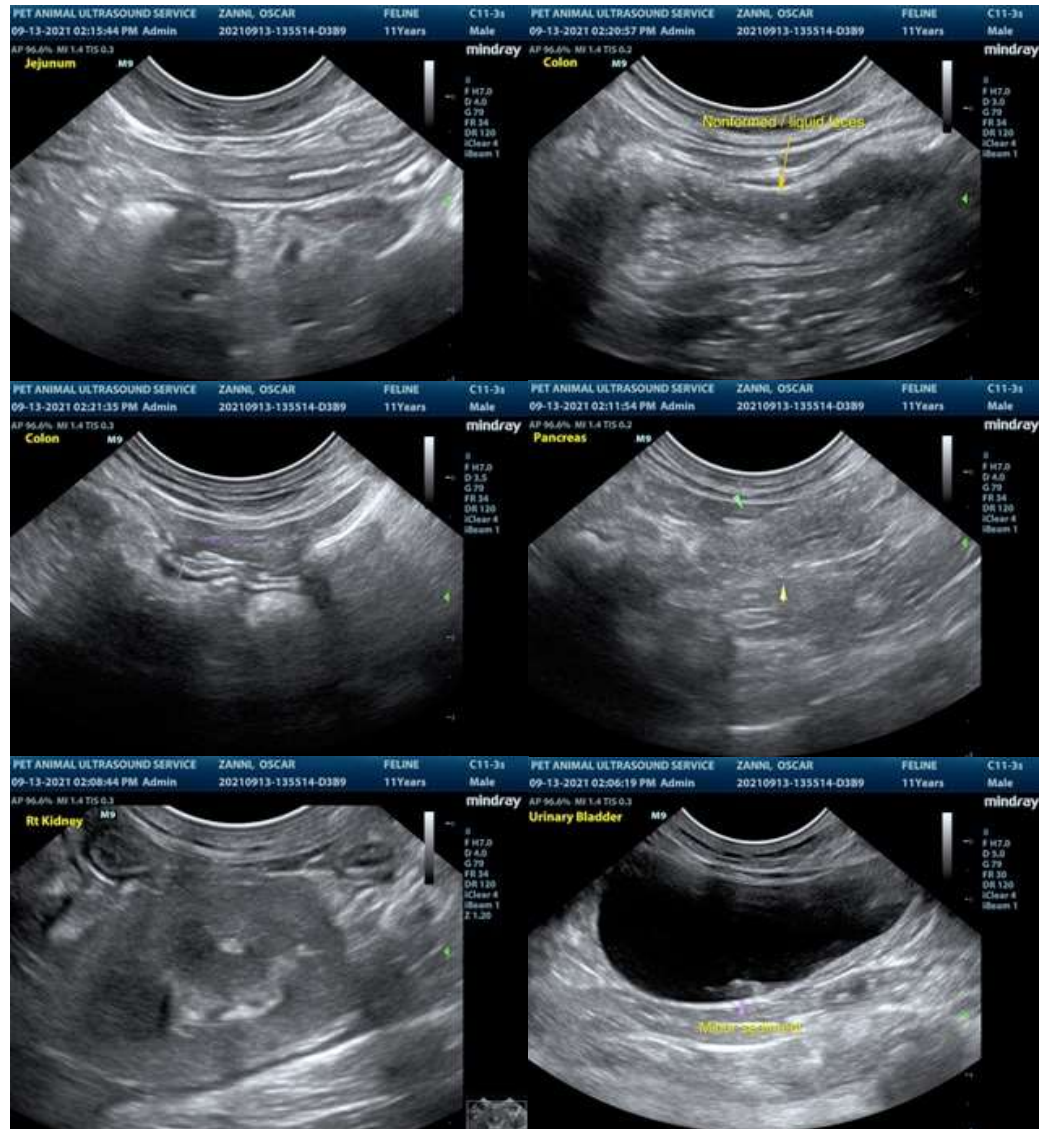
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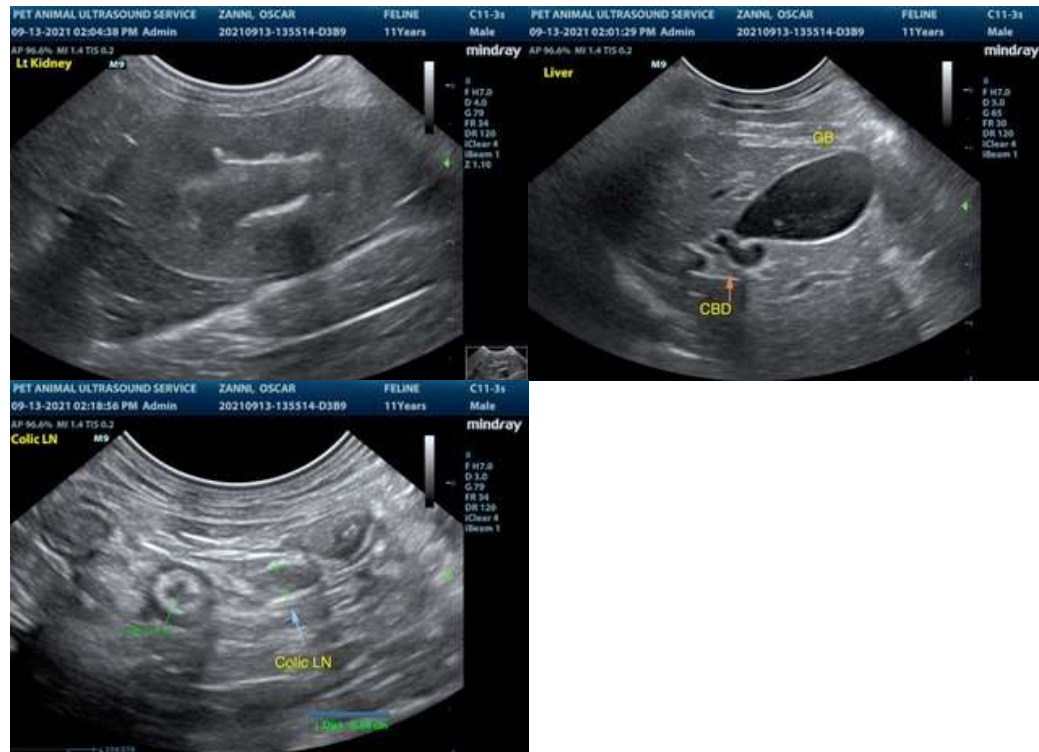
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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