



PATIENT PRESENTING CLINICAL SIGNS

Lilly Schneider IBD, diarrhea, weight loss, poor appetite Ondansetron, miralax, metronidazole, mirtazapine

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline **Urinary System**

BREED 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.

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

AGE FS Normal renal size with asymmetrical margination were present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomodullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 3.0 cm in length. The right kidney measured 3.4 cm in length.

WEIGHT **Adrenal Glands**

6 The bilateral adrenal glands were normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age-related finding and not pathological. The left adrenal gland measured 0.41 width and the right adrenal gland measured 0.43 width.

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 1.0 cm width at the level of the hilus.

IMAGING PERFORMED BY
 Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME

White Haven VH

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 cystic and common bile ducts were normal.

REFERRING VET

Dr. Gallagher

Gastrointestinal

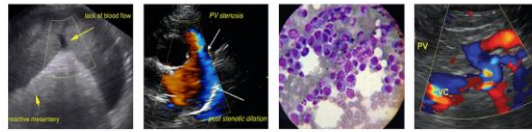
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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material. The gastric body wall width measured 0.24 cm.

DATE

9/13/22



PATIENT

Lilly Schneider

The small intestine presented intact wall layering with primarily maintained a 1:3 muscularis/mucosa ratio with segmental propensity for subtly prominent muscularis layer, yet without evidence of overt mural hypertrophy, loss of Intestinal wall layering, or intestinal masses to the level of the ileocolic junction. The duodenum wall measured 0.25 cm width. The jejunum wall measured 0.26 cm width. The ileocolic wall measured 0.36 cm width.

SPECIES

Feline

The proximal colon exhibited intact yet mildly prominent wall layering containing semi-formed fecal matter. The descending colon exhibiting sonographically unremarkable wall layering containing formed to semi-formed fecal matter. The proximal colon wall width measured 0.25 cm. By comparison, the descending colon wall width measured 0.18 cm.

BREED

DSH

Pancreas

SEX

FS

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

AGE

2010

Free Abdomen

Intermittent, mildly prominent mesenteric node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example lymph node measured 0.39 cm width. No free fluid or omental masses were present.

WEIGHT

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ULTRASONOGRAPHIC FINDINGS

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- Bilateral chronic interstitial nephrosis renal pattern with mild pyelectasia
- Chronic active pancreatitis
- Intact yet segmental mildly prominent small intestinal walls
- Intermittent mild subjectively benign / reactive mesenteric lymph nodes

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Rebekah Jakum, CVT
 ARDMS/RVT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The bilateral pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

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Chronic enteropathy or chronic active pancreatitis may be contributing factors to the patient's current gastrointestinal signs and weight loss. No overt evidence of neoplastic criteria was noted. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate, as well as three-view chest radiographs to rule out occult thoracic pathology as a contributing factor. In addition to current therapy, hydrolyzed diet trial, high colony count probiotics such as Provable +/- Prednisolone trial at the lowest effective dose to control clinical signs may prove beneficial. Empirical cobalamin supplementation is suggested pending GI panel results, or if the GI panel is not elected.

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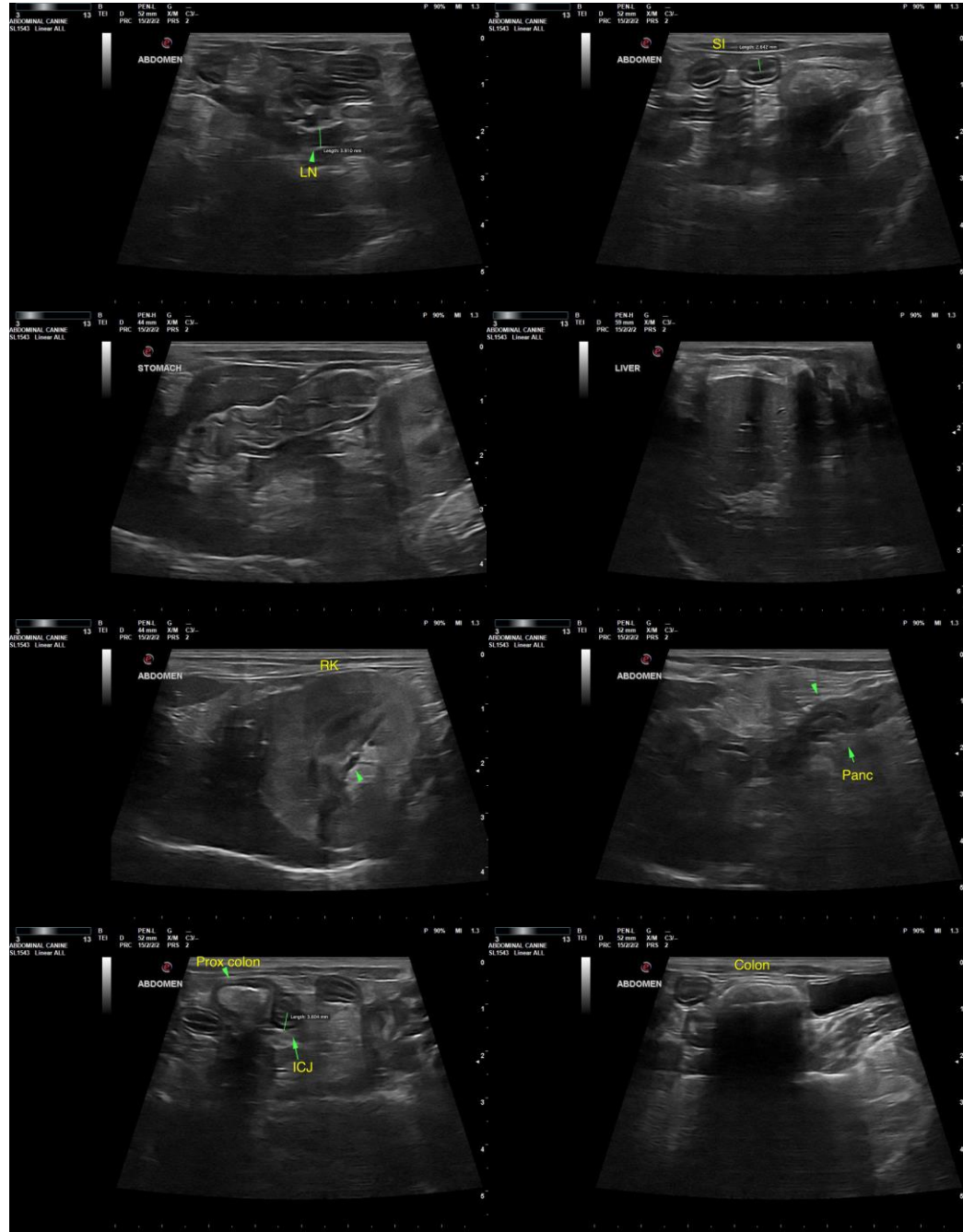
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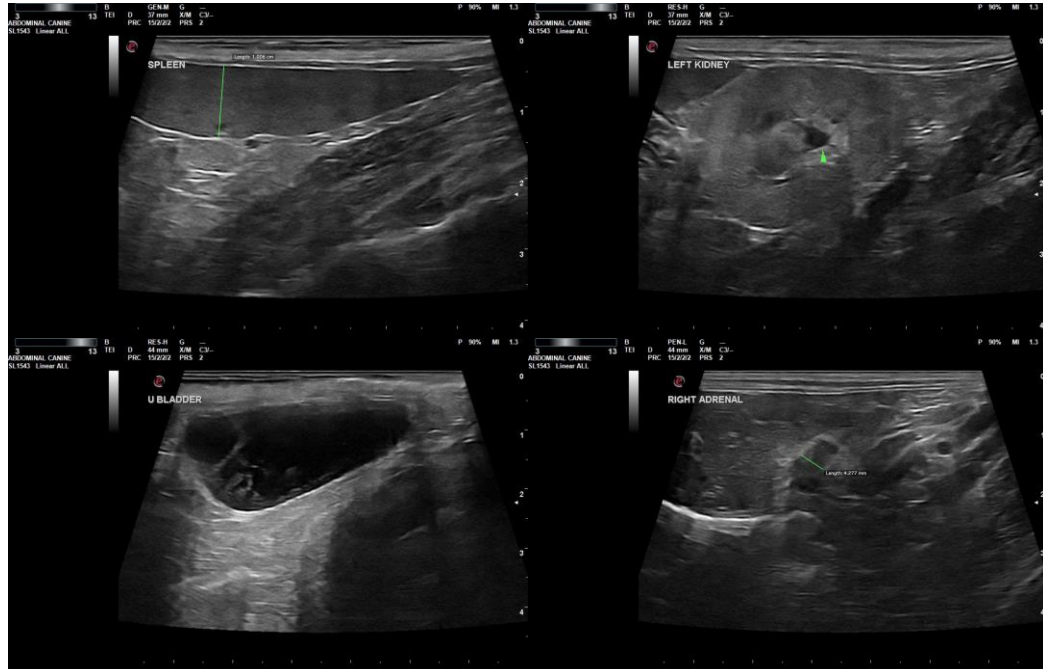
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

IMAGING

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