



PATIENT	PRESENTING CLINICAL SIGNS
Monk Diggery	Recheck scan. Previous was Dec 13, 21. Tried changing diets to Hill's z/d- vomiting increased, tried MCRC Royal Canin Hypoallergenic as per PVD diet consult- diarrhea and vomiting occurred. Opted to switch back to the PVD Gastro EN and has been doing fairly well with this diet. Continued monthly injections of Vitamin B12. Was doing well As of March 2022. Radiographs + UA as follow up to kidney changes- in May 2022- X rays revealed early arthritic change in both coxofemoral joints. At the end of May 2022 routine feline dental prophylaxis Extracted 107,204,206,207,401,402,403,404,406,407 (vomited once after dental). Has been doing fairly well since. Occasional intermittent vomiting. Gets Vitamin B12.
SPECIES Feline	Abnormal PE/Chem/CBC/UA Results: May 2022- Bloodwork: mildly elevated BUN: 15.5 (5-12), Amylase: 1214 (100-1200), rest wnl. Urinalysis revealed: sp gr: 1.018, pH: 7
BREED Siamese	SEX MN
AGE 15.5 yr	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.
WEIGHT 9.1 lbs.	Adrenal Glands 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. No evidence of pelvic dilation was present. The left kidney measured 3.9 cm in length. The right kidney measured 4.0 cm in length.
INTERPRETED BY R. McKenzie Daniel, DVM, DABVP	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.
IMAGING PERFORMED BY Crystal Hill	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. 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.
HOSPITAL NAME Village Centre AH	
REFERRING VET Dr. Kunnath	
INVOICE 14844	
DATE 9/13/22	


PATIENT
Gastrointestinal

Monk Diggery

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.

SPECIES

Feline

The small intestine exhibited intact yet generalized prominent to mildly thickened wall layering with no evidence of loss of intestinal wall layering or intestinal masses. The duodenum wall measured 0.30 cm width. The jejunum wall measured up to 0.37 cm width. No overt pathology was noted in the area ileocolic junction, although indistinctly visualized.

BREED

Siamese

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

SEX
Pancreas

MN

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 were evident.

AGE

15.5 yr

Free Abdomen

Intermittent 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 lymph node measured 2.0 cm x 0.56 cm. No omental masses or peritoneal free fluid was noted.

WEIGHT

9.1 lbs.

ULTRASONOGRAPHIC FINDINGS
INTERPRETED BY

 R. McKenzie Daniel,
 DVM, DABVP

- Sonographically unremarkable stomach / pancreas
- Intact yet prominent to mildly thickened small bowel walls - probable IBD
- Associated minor subjective benign / reactive mesenteric lymph nodes
- Static mild chronic renal changes

**IMAGING
 PERFORMED BY**

Crystal Hill

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
HOSPITAL NAME

Village Centre AH

Overall, the presentation of the small intestine was similar to the previous ultrasound with continued intact yet prominent to mildly thickened wall layering, suggestive of infiltrative enteropathy, i.e., IBD / eosinophilic enteritis. Given the lack of loss of intestinal wall layering, progressive thickening or significant associated mesenteric lymphadenopathy, neoplastic infiltrative enteropathy, i.e., lymphoma or other is considered a less likely differential diagnosis. Full-thickness intestinal +/- lymphatic biopsies would be required for a definitive diagnosis.

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Dr. Kunnath

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Continued supportive care including dietary therapy and cobalamin supplementation would be reasonable. If biopsies are not possible, Prednisolone trial at the lowest effective dose and assessment of clinical response may be considered. Potential for concurrent low-grade pancreatitis may be present yet sonographically normal. Monitoring of body weight going forward is suggested. Recheck ultrasound may be considered if evidence of weight loss or progressive gastrointestinal signs to assess for progressive small intestinal mural changes.

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SPECIES

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Siamese

SEX

MN

AGE

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**IMAGING
PERFORMED BY**

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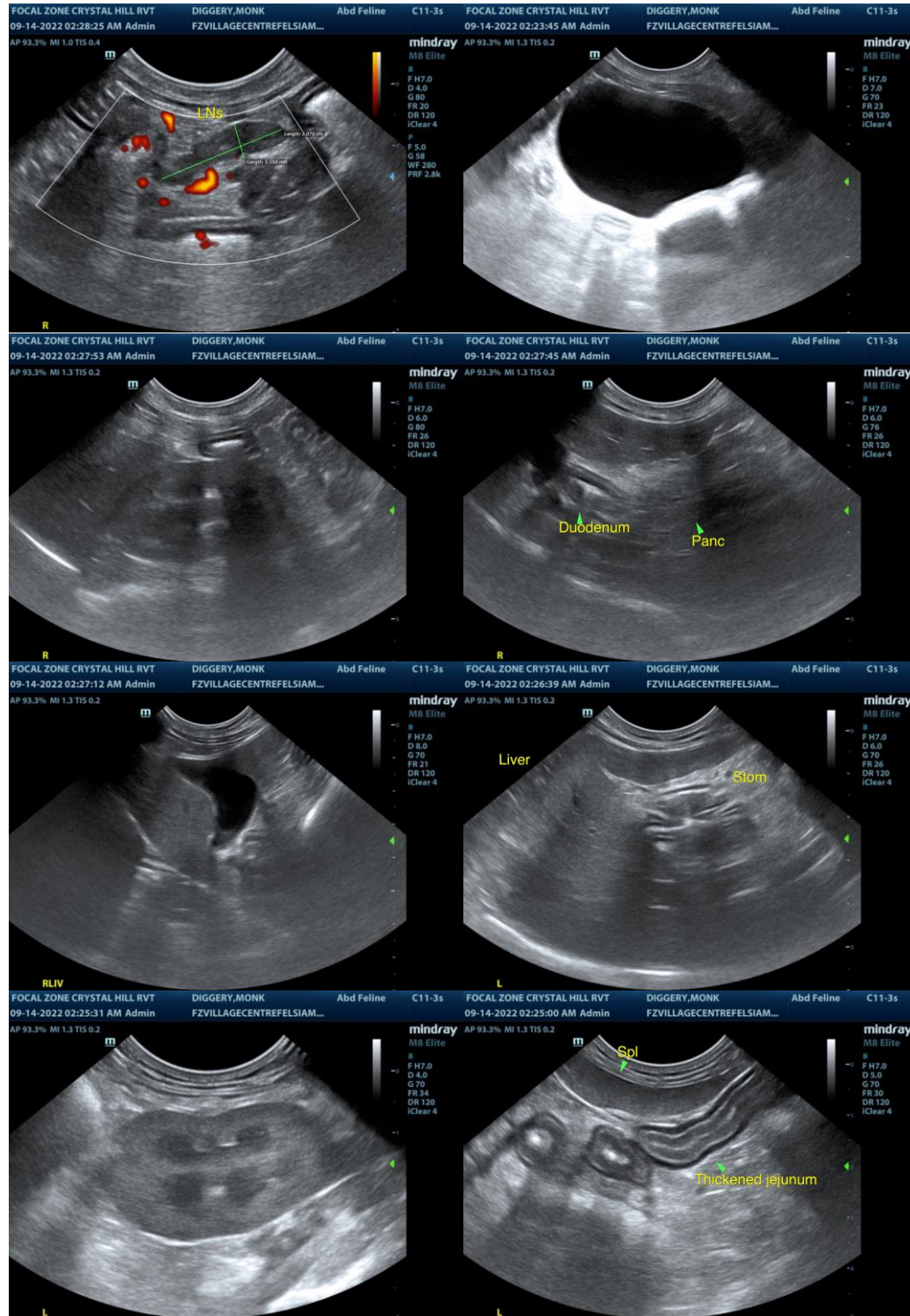
Dr. Kunnath

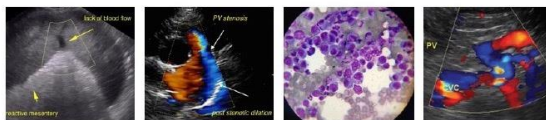
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SPECIES

Feline

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Siamese

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AGE

15.5 yr

WEIGHT

9.1 lbs.



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.

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