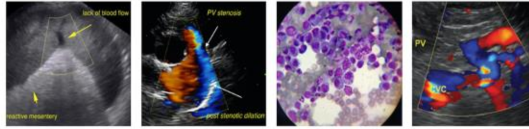
Pennsylvania Mobile
VETERINARY ULTRASOUND SERVICES
IMAGING PERFORMED BY
PAMobileVet.com 443-794-4700



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT
Sushi Paul

SPECIES
Feline

BREED
DSH

SEX
MN

AGE
2009

WEIGHT
9.6

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

IMAGING PERFORMED BY
Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME
White Haven VH

REFERRING VET
Dr. Dengler

INVOICE
14852

DATE
9/13/22

PRESENTING CLINICAL SIGNS

Thin body condition, intermittent bloody stool

Precision PSL 45, CPK 532, mild neutrophilia and eosinophilia, T4 3.0, Urine specific gravity 1.025

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 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 4.2 cm in length. The right kidney measured 4.3 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 0.41 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.34 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. The spleen measured 0.92 cm width at the level of the hilus.

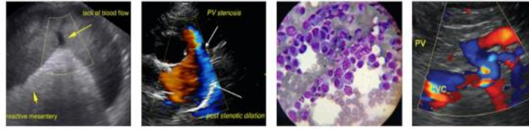
Liver/ Gallbladder

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.

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.

The small intestine presented intact wall layering and primarily maintained 1:3 muscularis/mucosa ratio with segmental propensity for mildly prominent intestinal wall layering owing to mildly



PATIENT
Sushi Paul

SPECIES
Feline

BREED
DSH

SEX
MN

AGE
2009

WEIGHT
9.6

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

IMAGING PERFORMED BY
Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME
White Haven VH

REFERRING VET
Dr. Dengler

INVOICE
14852

DATE
9/13/22

prominent muscularis layer. No evidence of loss of intestinal wall layering or intestinal masses was noted. No overt pathology was noted at the level of the ileocolic junction.

The colon exhibited intact yet subtly prominent wall layering. The colon contained semi-formed fecal matter.

Pancreas

The pancreas exhibited generalized prominent to enlarged size with mildly swollen to asymmetrical pancreatic capsule contour and nonhomogeneous hypoechoic parenchyma. Mild pancreatic duct dilation was noted. Subtle evidence of peripancreatic hyperechoic mesentery was noted.

Free Abdomen

Intermittent mildly prominent mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 1.8 cm in length. Subtle evidence of perilymphatic hyperechoic mesentery was noted. Intermittent scant pocket of peritoneal free fluid was noted in the cranial abdomen.

ULTRASONOGRAPHIC FINDINGS

- Bilateral chronic renal changes
- Pancreatitis - active to chronic active presentation
- Intact yet segmental mild prominent small intestinal walls - possible IBD
- Mildly prominent to hypoechoic mesenteric lymphadenopathy - suspect reactive hyperplasia or mild lymphadenitis
- Suspect low-grade colitis

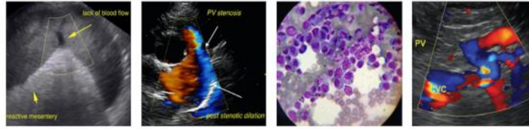
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A GI panel to include PLI/TLI/Cobalamin/Folate is warranted for further assessment of the pancreas, as well as the small bowel. In addition to active to chronic active pancreatitis pattern, the small intestine exhibited subtle mural changes which may suggest concurrent inflammatory enteropathy i.e., IBD / eosinophilic enteritis. Pancreatic and intestinal neoplastic criteria are considered a less likely differential diagnosis.

Ultrasound-guided FNA of the pancreas could be considered for further assessment. If gastrointestinal signs are present, and given the patient's thin body condition, therapy for pancreatitis +/- IBD could be considered, or if clinically indicated.

Pennsylvania Mobile
VETERINARY ULTRASOUND SERVICES

IMAGING PERFORMED BY
PAMobileVet.com 443-794-4700



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
1-800-838-4268 info@sonopath.com SonoPath.com

PATIENT

Sushi Paul

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

2009

WEIGHT

9.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

White Haven VH

REFERRING VET

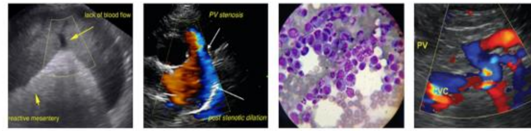
Dr. Dengler

INVOICE

14852

DATE

9/13/22



PATIENT

Sushi Paul

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

2009

WEIGHT

9.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT ARDMS/RVT

HOSPITAL NAME

White Haven VH

REFERRING VET

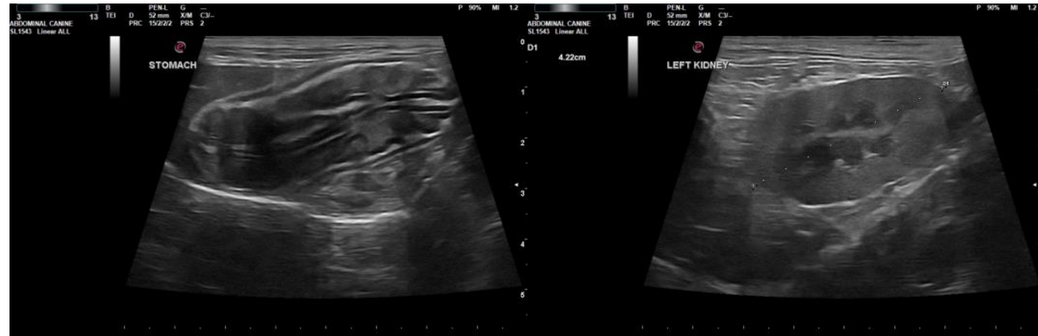
Dr. Dengler

INVOICE

14852

DATE

9/13/22



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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com