



**PATIENT**

Luna Wright

**PRESENTING CLINICAL SIGNS**

Vocal- increased appetite- weight loss- sedation- some diarrhea noted in records, treated with metronidazole

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: LABS including thyroid WNL T4 1.7

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

DSH

**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.

**SEX**

FS

**AGE**

11 years

Normal size and margination was 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 3.6 cm in length. The right kidney measured 3.9 cm in length.

**WEIGHT**

7.4 lbs.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.32 cm width.

**INTERPRETED BY**

R. McKenzie Daniel, DVM,  
DABVP (Canine and

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.34 cm.

**IMAGING PERFORMED**

**BY**

Loetitia Saint-Jacques, RVT

**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 0.82 cm width.

**HOSPITAL NAME**

Pine Creek VC

**Liver/ Gallbladder**

**REFERRING VET**

Dr. Denny Nolet

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.

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**Gastrointestinal**

**DATE**

9/15/22

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.  
The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained anechoic gastric fluid. The gastric body wall measured 0.27 cm.



## PATIENT

Luna Wright The small intestine exhibited primarily intact yet generalized prominent to mildly thickened wall layering, exhibiting primarily maintained 1:3 muscularis to mucosa ratio. Segmental jejunum exhibited indistinct wall layer detail with concurrent mild mural hypertrophy. The duodenum wall measured 0.40 cm. The jejunum wall measured up to 0.48 cm in wall width. The ileocolic wall measured 0.35 cm.

## SPECIES

Feline Normal visible colon wall layers were present with semi-formed to soft fecal matter, consistent with patient history.

## BREED

### **Pancreas**

DSH Mildly prominent left pancreas was noted, exhibiting mild asymmetrical contour with heterogeneous to mildly hypoechoic parenchyma compared to adjacent omentum.

## SEX

### **Free Abdomen**

FS

Intermittent to multiple enlarged 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 2.3 cm x 0.87 cm.

## AGE

11 years

Intermittent small pockets of scant periintestinal free fluid was noted.

## WEIGHT

7.4 lbs.

## ULTRASONOGRAPHIC FINDINGS

- Enteropathy, exhibiting intact prominent to thickened generalized wall layering, segmental indistinct jejunal wall layering
- Intermittent to several hypoechoic to prominent mesenteric lymph nodes with perilymphatic hyperechoic mesentery- hyperplasia, reactive lymphadenitis, secondary to inflammatory bowel or early neoplastic lymphadenopathy may be possible.
- Mild age-related renal changes
- Irregular to mildly hypoechoic pancreas- possible concurrent low grade to mild chronic/chronic active pancreatitis

## INTERPRETED BY

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## IMAGING PERFORMED BY

Loetitia Saint-Jacques, RVT

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

## HOSPITAL NAME

Pine Creek VC

## REFERRING VET

Dr. Denny Nolet

The small intestine exhibited generalized intact yet prominent small intestinal walls and associated mural changes, indicating potential for inflammatory enteropathy, such as IBD/eosinophilic enteritis, neoplastic infiltrative enteropathy with round cells, such as lymphoma, which may present in similar sonographic manner with potential for malassimilation, maldigestive disorder, given increased appetite, yet evidence of weight loss and diarrhea or other enteropathy.

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A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. FNA of an enlarged mesenteric lymph node (if accessible) could be considered for screening cytology. Full thickness intestinal +/- lymphatic biopsy is likely required for a definitive diagnosis. Triad disease is considered a less likely differential in this patient given no reported hepatic enzyme elevations.

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Empirically, as needed gastrointestinal support and/or IBD protocol, which may include a hydrolyzed diet trial, high colony count probiotic, broad spectrum deworming (if clinically indicated) +/-



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Prednisolone trial at the lowest effective dose to control clinical signs and assessment of clinical response may be considered.

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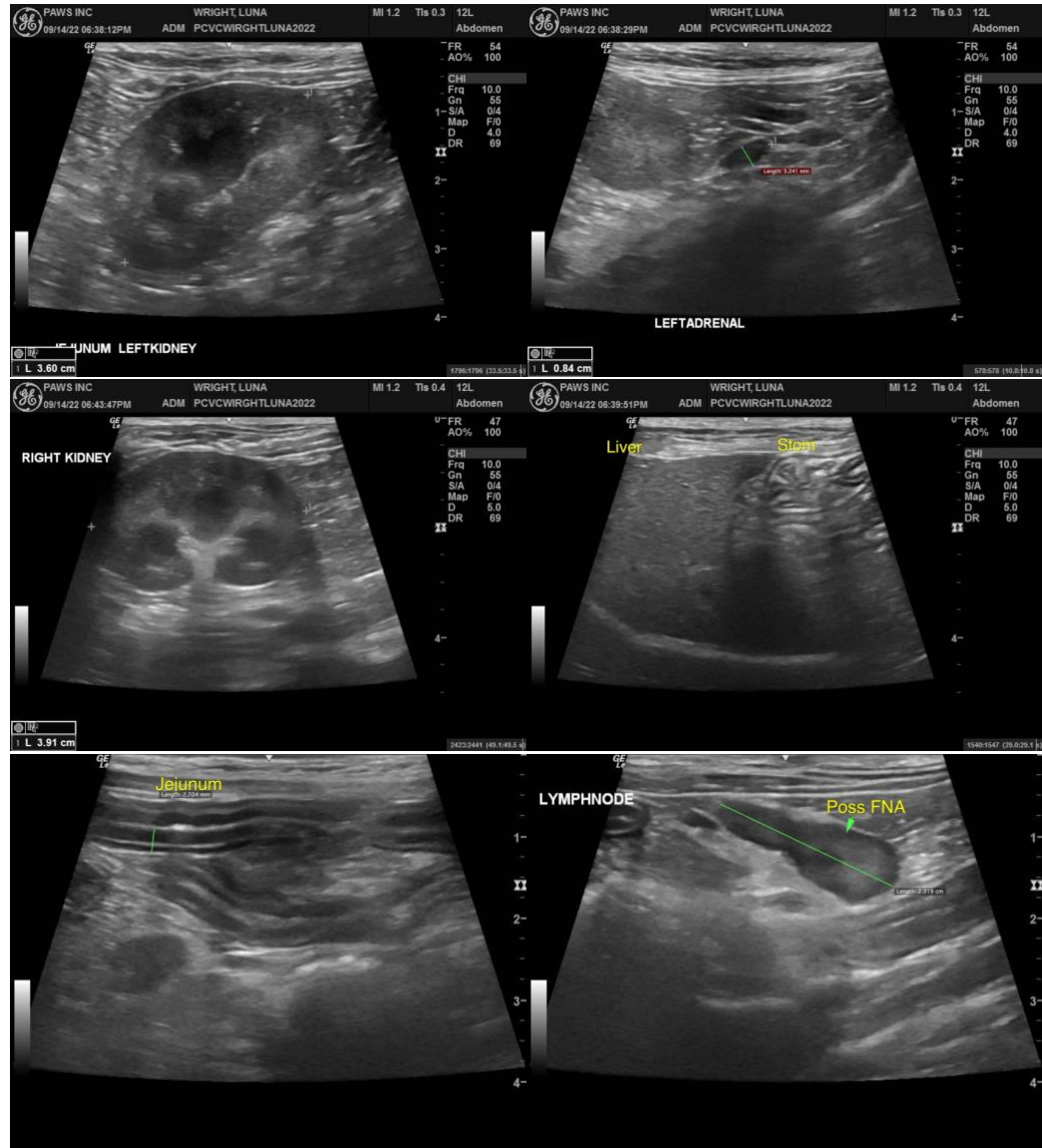
Dr. Denny Nolet

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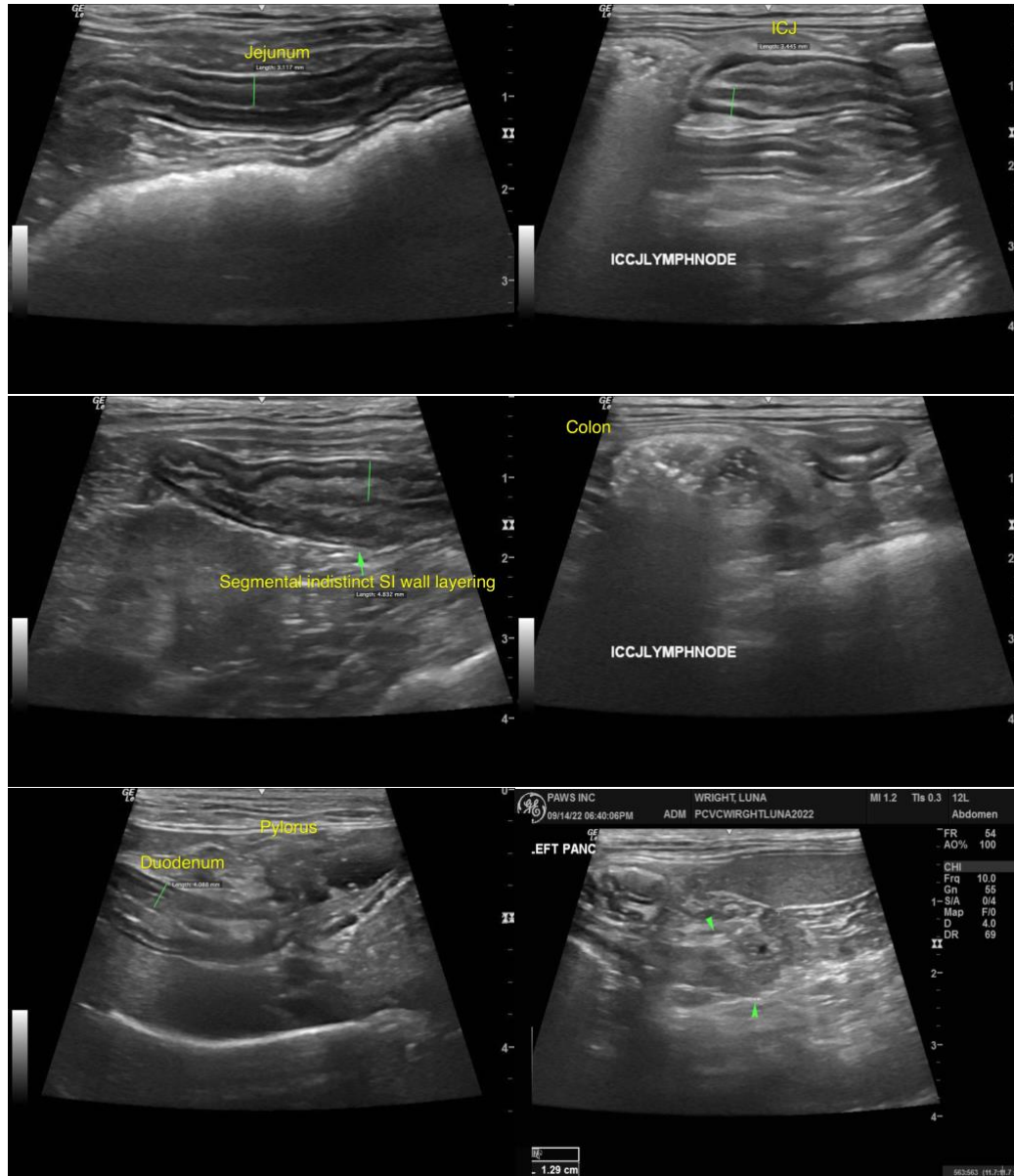
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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