



## PATIENT

Nicholas Jones

## PRESENTING CLINICAL SIGNS

## SPECIES

Feline

## BREED

DSH

## SEX

Neutered Male

## AGE

17 Years

## WEIGHT

8 Pounds

LG: 09-10-21 at 3:28p: Vomiting and have diarrhea almost every day as per O. Recheck GI issue and blood work 9/8/2021 3:26 PM: Confirmed Via VitusVet OBJECTIVE SECTION AG: 09-13-21 at 11:06a: CBC: low RBC = 6.72 (7.12-11.46), ^WBC = 22.1 (3.9-19.0), ^Neut = 18520 (2620-15170), ^Mono = 1017 (40-530) Chem: ^K = 5.4 (3.7-5.2), low Na:K ratio = 28 (29-42), ^Amy = 2658 (623-2239), ^Crea Kinase = 1291 (64-440) T4 = 1.8 (0.8-4.7) UA: low Sp.G = 1.009, all other values were normal SYSTEMS Hydration Skin tenting present Heart sounds normal Digestive/Abdomen Gas palpated in small intestines

## 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 were noted.

Normal renal size with asymmetrical margination was 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 corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 3.3 cm. The right kidney measured 4.0 cm.

The area of the aortic trifurcation was free of pathology.

## INTERPRETED BY

R. McKenzie Daniel,  
DVM, DABVP

### Adrenal Glands

The adrenal glands were not definitively visualized. No overt pathology.

## IMAGING BY

Loetitia Saint-Jacques,  
LVT

### 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.

## HOSPITAL NAME

North Hills VC

### Liver

## REFERRING VET

Dr. Adam Gonzales

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.

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## DATE

9/16/21



**PATIENT**

Nicholas Jones **Gastrointestinal**

**SPECIES**

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.

Feline

**BREED**

The small intestine presented primarily intact yet prominent wall layering with subjective altered muscularis/mucosa ratio owing to variable mucosa and muscularis hypertrophy. Mucosa speckling was present. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Duodenum wall measured 0.35 cm. Ileocolic wall measured 0.36 cm. No evidence of ileocolic masses. Areas of prominent muscularis hypertrophy noted in focal areas of jejunum. Areas of mucosal hypertrophy measured up to 0.7-0.9 cm wall width.

DSH

**SEX**

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

Neutered Male

**Pancreas**

**AGE**

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 inflammation. No overt evidence of neoplasia.

17 Years

**Free Abdomen**

**WEIGHT**

A small pocket of scant free fluid was noted around the lateral aspect of the dorsal urinary bladder.

8 Pounds

**INTERPRETED BY**

Multiple enlarged mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident.

R. McKenzie Daniel,  
DVM, DABVP

**ULTRASONOGRAPHIC FINDINGS**

**IMAGING BY**

- Chronic enteropathy with altered muscularis/mucosa ratio with potential for emerging mural masses – inflammatory versus neoplastic infiltrative enteropathy, both of which may present in similar sonographic manner (less likely potential for dry form FIP).

Loetitia Saint-Jacques,  
LVT

**HOSPITAL NAME**

- Associated mesenteric lymphadenopathy – hyperplasia, reactive lymphadenitis, or early neoplastic lymphadenopathy.

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- Chronic active pancreatitis

**REFERRING VET**

- Bilateral chronic interstitial nephrosis renal pattern – chronic renal changes with potential for interstitial nephritis.

Dr. Adam Gonzales

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Full thickness intestinal biopsies would be required for definitive diagnosis. Chronic IBD with variable small bowel mural hypertrophy versus intestinal round cell neoplasia such as

25671

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lymphoma, mast cell neoplasia or other are primary differentials in this case. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. If biopsies are not possible, empirical IBD therapy which may include hydrolyzed diet, cobalamin supplementation, as needed gastrointestinal support and Prednisolone (at lowest effective dose to control clinical signs) would be appropriate.

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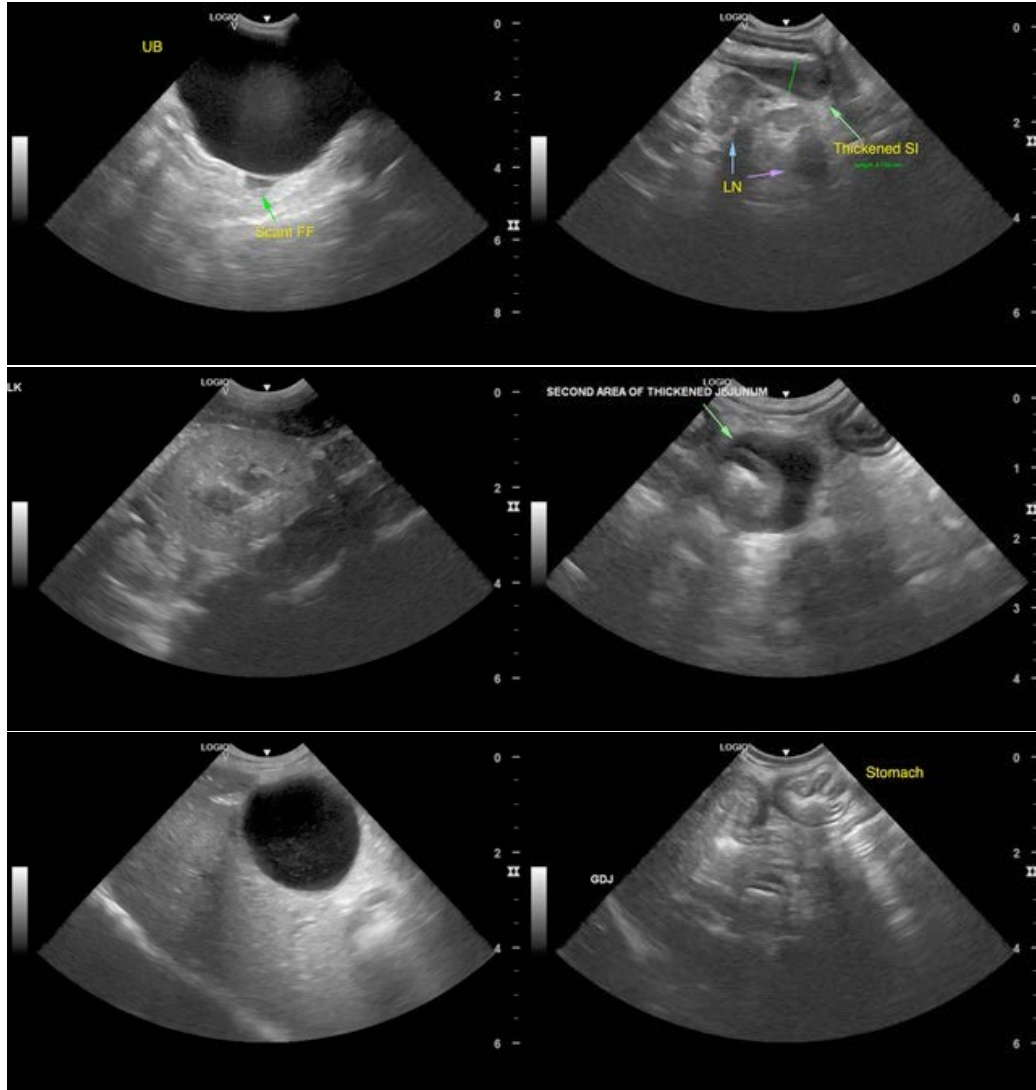
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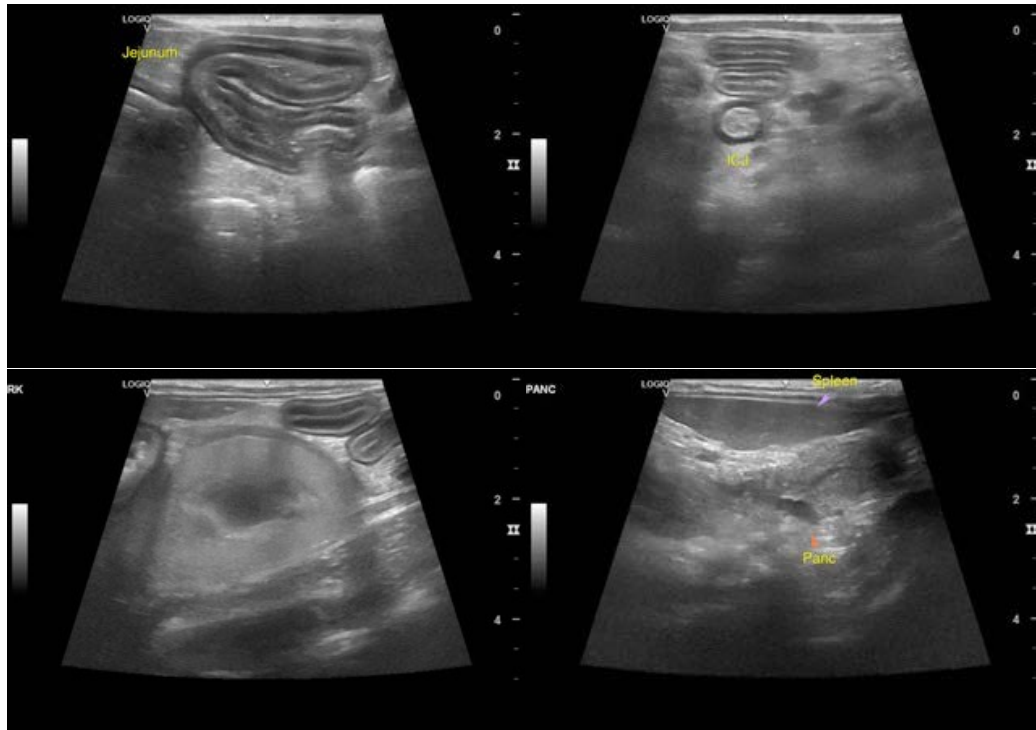
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
info@SonoPath.com