



PATIENT

Callie Davis

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

16yr

WEIGHT

9.88lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Buss

HOSPITAL NAME

Kings Veterinary
Hospital

REFERRING VET

Dr. Buss

INVOICE

11727ag

DATE

09/27/2022

PRESENTING CLINICAL SIGNS

Callie is here today for an abdominal ultrasound to evaluate for chronic continued mild weight loss, pancreatitis and IBD. She has continued to lose weight despite eating better and vitamin B injections and prednisolone. Rare vomiting episodes. normal blood work other than mild elevated fPLI.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with potential for pinpoint to focal dependent luminal mineral although not obvious. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal size and margination was present in the kidneys. A focal area of asymmetrical margination associated with minor loss of cortical parenchyma consistent with infarct was present in the cranial lateral left kidney. 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 3.1 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

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.

Liver

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 in the area of the fundus and body. Intact to mildly prominent wall layering noted in the area of the antrum and pylorus. The pylorus wall measured 0.32 cm in width. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.23 cm in width.

The small intestine presented intact wall layering exhibiting subjective 1:3 muscularis/mucosa ratio to the level of the ileocolic junction. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The jejunum measured 0.24 cm in width. The ileocolic junction exhibited variably thickened wall layering with prominent to hypoechoic muscularis layer. The ileocolic junction measured up to 0.6 cm in width. Regional hyperechoic mesentery was present around the ileocolic junction.



PATIENT

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

Callie Davis

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum.

SPECIES

Feline

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

BREED

DSH

ULTRASONOGRAPHIC FINDINGS

Primary

SEX

- Mild to moderate chronic renal changes with left kidney infarct
- Mildly prominent yet intact pylorus wall
- Thickened ileocolic junction-possible emerging ileocolic mural mass
- Probable mild chronic to chronic active pancreatitis

FS

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

16yr

Concern for potential of progressive IBD mural changes or emerging neoplastic criteria in the area of the ileocolic junction warranted although not definitive. Ileocolic +/- GI biopsies required for definitive diagnosis. Increasing prednisolone dose to 2 mg/kg PO SID with as needed cobalamin supplementation, GI support and monitoring of weight may prove beneficial. Assessment of caloric plane is suggested.

WEIGHT

9.88lb

Low grade chronic to chronic active pancreatitis is suspected yet sonographically no significant evidence of pancreatitis or pancreatic neoplastic criteria was observed.

INTERPRETED BY

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

Sonographic monitoring of the ileocolic junction with initial recheck in 4 weeks would be a more conservative approach.

IMAGING PERFORMED BY

Dr. Buss

HOSPITAL NAME

Kings Veterinary
Hospital

REFERRING VET

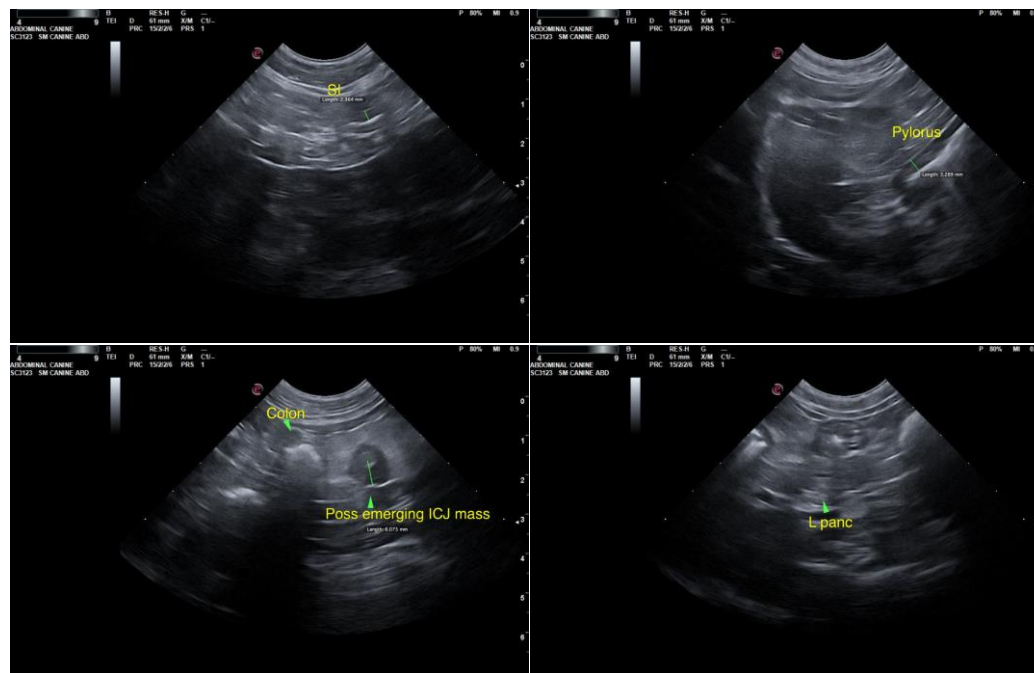
Dr. Buss

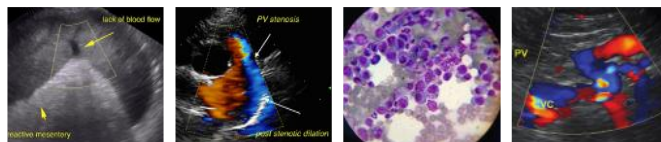
INVOICE

11727ag

DATE

09/27/2022





PATIENT

Callie Davis

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

16yr

WEIGHT

9.88lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Buss

HOSPITAL NAME

Kings Veterinary
Hospital

REFERRING VET

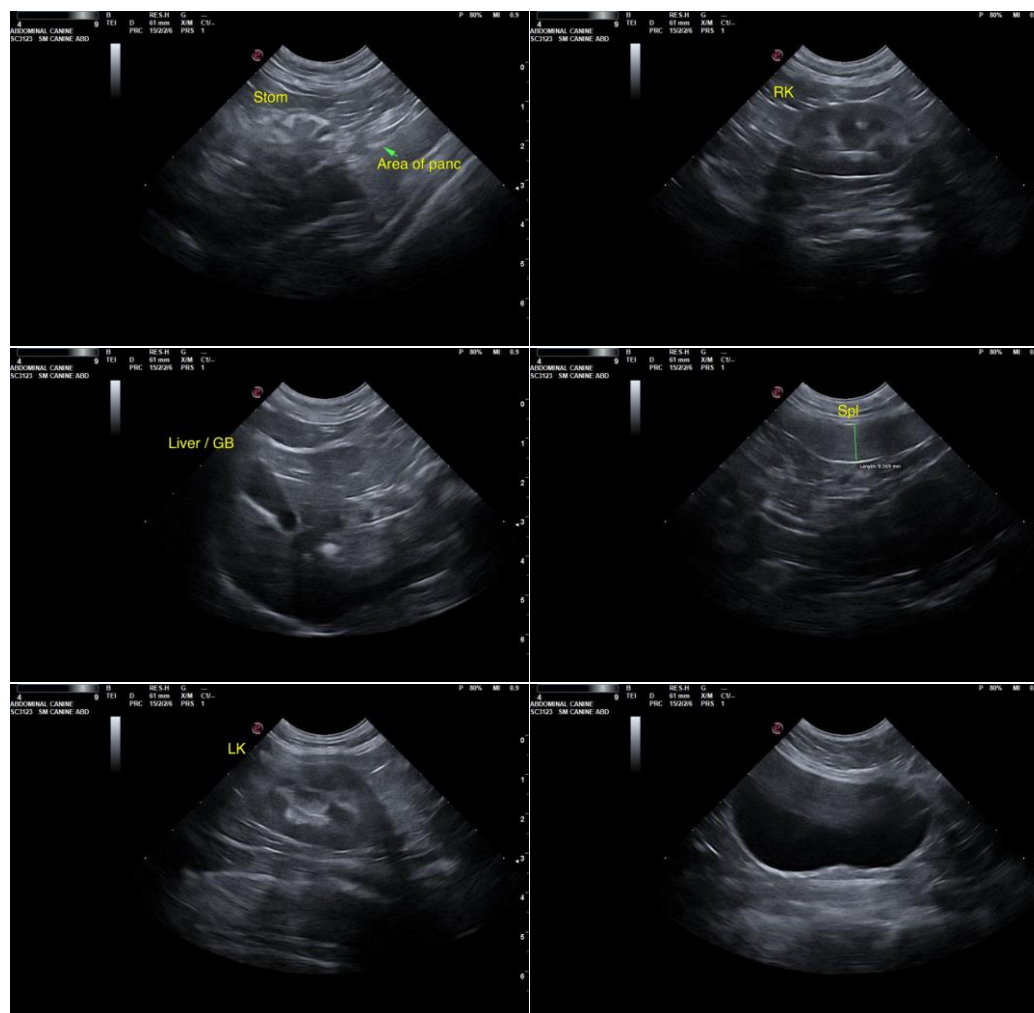
Dr. Buss

INVOICE

11727ag

DATE

09/27/2022



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)

info@SonoPath.com