



PATIENT PRESENTING CLINICAL SIGNS

Liberty Horrocks Intermittent vomiting ~1 year with 3# weight loss.
 Medication: Cerenia, B12 inj PRN

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline **Urinary System**

BREED 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.

DSH

SEX The area of the aortic trifurcation was free of pathology.

FS

AGE Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.6 cm in length. The right kidney measured 3.6 cm in length.

2016

WEIGHT Adrenal Glands

10.3 The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.4 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.3 cm width.

INTERPRETED BY

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

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
 Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME

Creekview VH

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 containing minor, non-dependent, mildly echogenic gallbladder debris. This is likely incidental given the lack of cholestasis, potentially secondary to fasting. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Ballek

INVOICE Gastrointestinal

14994 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 0.24 cm.

DATE

9-27-22



PATIENT

Liberty Horrocks

The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. The duodenum wall measured 0.36 cm width. The jejunum wall measured 0.33 cm width.

SPECIES

Feline

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

Pancreas

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.

BREED

DSH

Free Abdomen

SEX

FS

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 of a lymph node measured 1.7 cm x 0.47 cm.

AGE

2016

ULTRASONOGRAPHIC FINDINGS

- IBD intestinal pattern
- Associated minor subjective benign / reactive mesenteric lymphadenopathy
- Minor gallbladder debris
- Sonographically unremarkable pancreas

WEIGHT

10.3

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Minor potential for neoplastic infiltrative enteropathy with round cells such as lymphoma or dry-form FIP, which may present in a similar sonographic manner, cannot be definitively excluded. Full-thickness intestinal biopsies are required for a definitive diagnosis.

IMAGING

PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

Empirical IBD protocol, which may include; current supportive care +/- Prednisolone trial at the lowest effective dose with an assessment of clinical response and monitoring of bodyweight going forward would be reasonable. Hydrolyzed diet trial in addition to the IBD protocol may prove beneficial.

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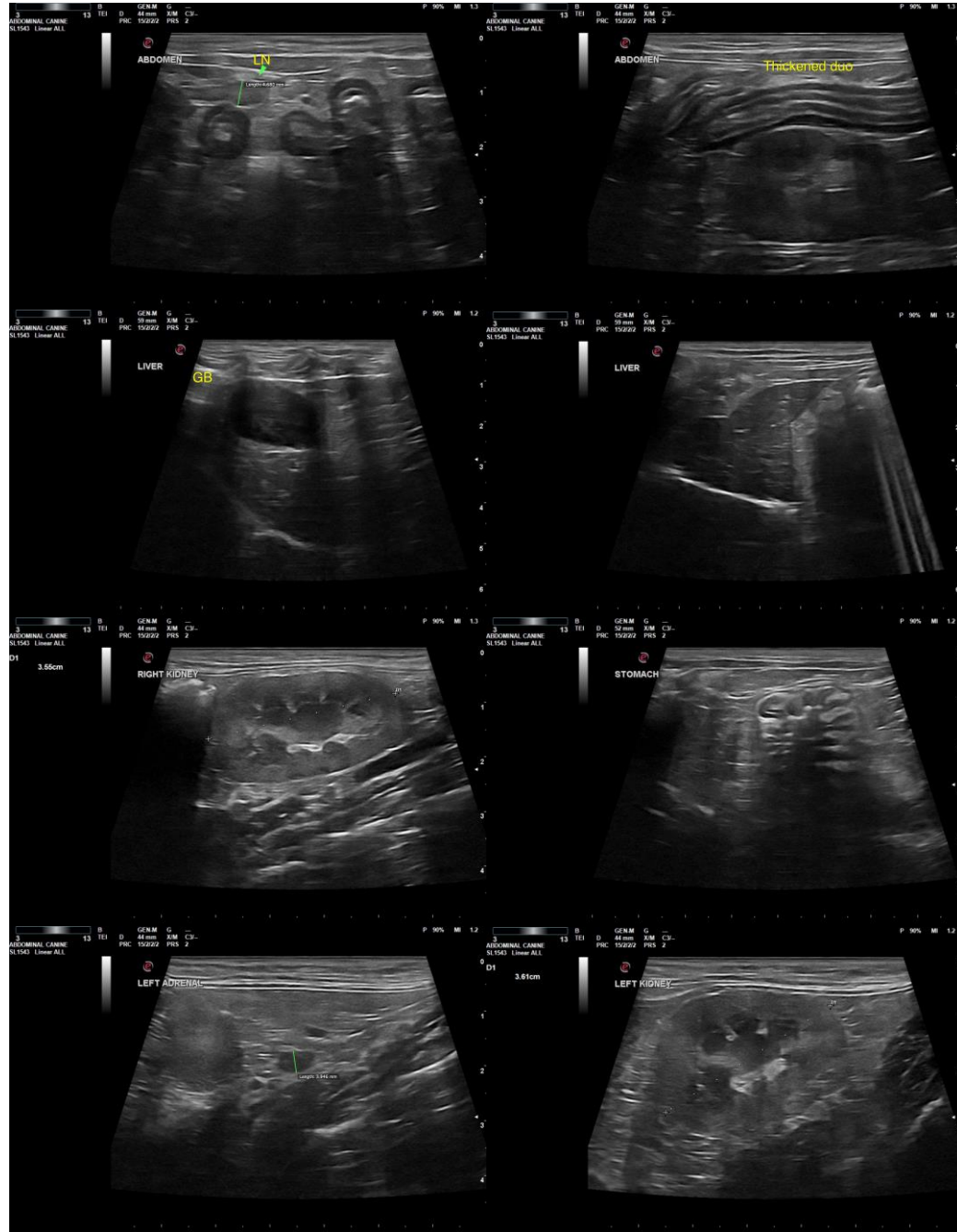
Dr. Ballek

INVOICE

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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.

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