



PATIENT PRESENTING CLINICAL SIGNS

Henry Heabner History: Megacolon sx February, soft stool since, anemia, decreased appetite, lethargy

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SPECIES Urinary System

Feline The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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.

BREED

Domestic Shorthair

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. Focal areas of non-obstructive medullary mineral were present in both kidneys. The right kidney measured 3.5 cm. The left kidney measured 3.45 cm.

SEX

Neutered Male

AGE

10 years

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 cm in width. The left adrenal gland measured 0.44 cm.

WEIGHT

5.75 Pounds

Spleen

The spleen was normal in size (0.60 cm in width) and exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.

INTERPRETED BY

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

Liver

The liver presented normal in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder and cystic biliary duct exhibited generalized distention primarily anechoic fluid and mild echogenic, non-organized luminal debris. Generalized mild to moderate common bile duct dilation was present containing anechoic content without evidence of ductal mucus or calculi to the approximate level of the duodenal papilla. Common bile duct dilation measured 0.32 cm diameter. Overt evidence of obstructive pathology at the level of the duodenal papilla was not evident.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME

Maple Hills VH

REFERRING VET

Dr. Eckman

Gastrointestinal

INVOICE

25952

The stomach presented subjective intact yet mildly prominent wall layering owing to gastric fundus and body prominent mucosa and rugal folds. No evidence of mechanical pyloric outflow obstruction. Pylorus wall measured 0.20 cm. The lumen of the stomach contained mild echogenic, nonshadowing ingesta and chyme, most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.

DATE

9.30.2021



PATIENT

Henry Heabner

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Generalized luminal gas was present.

SPECIES

Feline

The colon was sonographically normal with subjective formed feces.

Pancreas

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.

BREED

Domestic Shorthair

Free Abdomen

Small pockets of scant peritoneal free fluid were noted in the cranial abdomen between the liver and gallbladder. No overt lymphadenopathy. Subjective mild generalized echogenic omentum noted.

SEX

Neutered Male

ULTRASONOGRAPHIC FINDINGS

AGE

10 years

- Bilateral moderate chronic renal changes with minor medullary mineral – potential for chronic non-specific nephritis such as interstitial nephritis possible.
- Prominent to hypoechoic pancreas – probable active to chronic active pancreatitis.
- Subjective hypoechoic liver – non-specific.
- Mild gallbladder, cystic biliary duct and common bile duct dilation to the approximate level of the duodenal papilla with minor gallbladder debris.
- Mild retained gastric ingesta/chyme, possible gastritis
- Generalized small bowel gas
- Scant pockets of peritoneal free fluid

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential for hepatobiliary inflammation, even without hepatic enzyme elevations (given the short half-life of hepatic enzymes in cats) and in light of the common bile duct distention and hypoechoic liver. Potential for occult hepatic neoplasia is considered a less likely differential diagnosis. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Although not definitive, a potential contributor to the anemia may include chronic renal disease. Potential for triad disease may be considered if evidence of weight loss or gastrointestinal signs. Further assessment may include GI panel to include PLI, TLI, cobalamin and folate.

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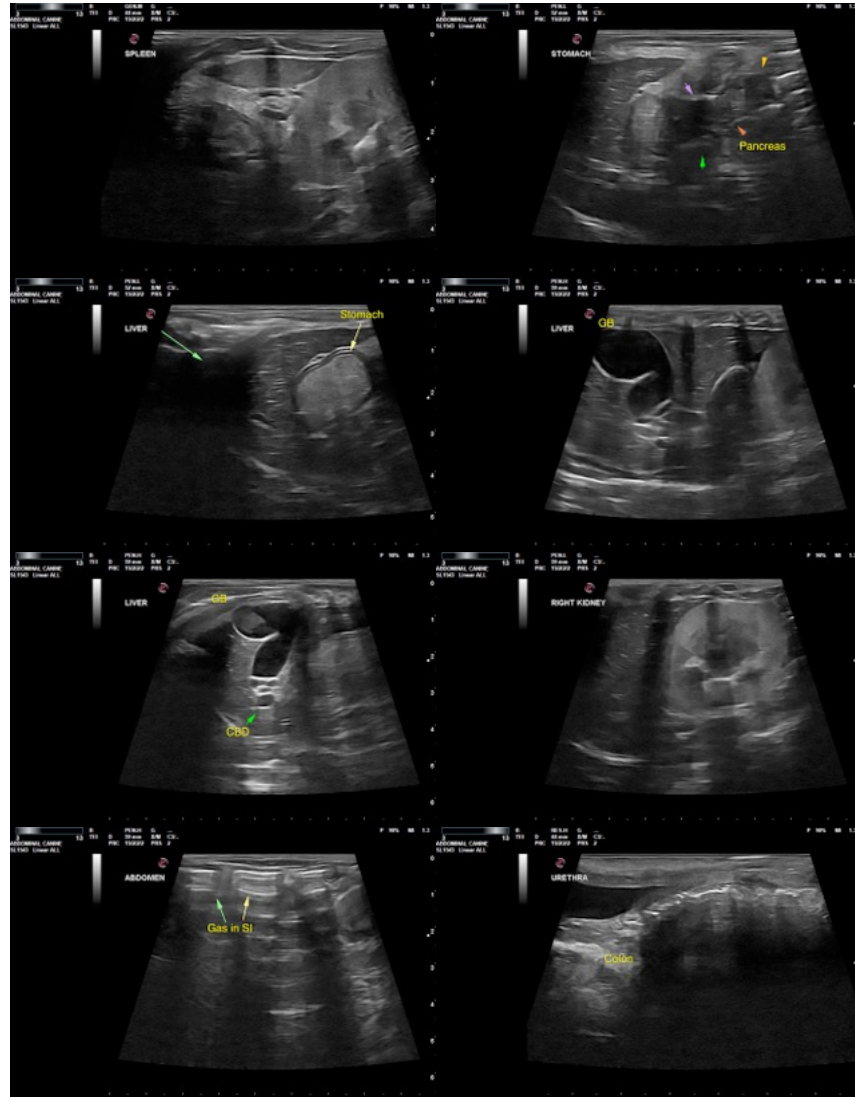
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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