



PATIENT PRESENTING CLINICAL SIGNS

Elly Hill GI issues, 4 episodes vomiting, constipation, and diarrhea in 12 months.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SPECIES

Feline

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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

DSH

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 mild 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 3.8 cm in length.

SEX

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AGE

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The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 cm.

WEIGHT

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Spleen

The spleen exhibited mild enlargement likely secondary to sedation. Finely textured and homogenous splenic 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. The spleen measured 1.1 cm in width at the level of the hilus.

INTERPRETED BY

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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.

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Gastrointestinal

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 measured 0.25 cm in width.

REFERRING VET

Dr. Dengler

The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. The jejunum wall measured 0.29 - 0.30 cm in width. The duodenum wall measured 0.27 cm in width. The ileocolic wall measured 0.41 cm in width.

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

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Pancreas



PATIENT The pancreas base and right limb exhibited mild asymmetrical contour with heterogeneous mildly mixed echogenic to subtly nodular parenchyma. The visible pancreatic duct was normal.

Elly Hill

Free Abdomen

SPECIES No peritoneal effusion was present.

Feline Intermittent focally enlarged colic 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 1.2 cm in width.

BREED

DSH **ULTRASONOGRAPHIC FINDINGS**

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- Infiltrative enteropathy pattern-probable IBD/eosinophilic enteritis, potential for lymphoma
- Mildly prominent to enlarged colic lymph nodes-hyperplasia or secondary reactive lymphadenitis suspected, minor potential for emerging neoplastic lymphadenopathy
- Heterogeneous to nodular pancreas-potential for concurrent mild chronic to chronic active pancreatitis, pancreatic neoplastic criteria considered less likely
- Mild splenomegaly-incidental
- Mild chronic renal changes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

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Full thickness intestinal biopsies +/- lymphatic biopsies required for definitive diagnosis. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Empirical IBD therapy protocol with as needed GI support is warranted if biopsies are not elected.

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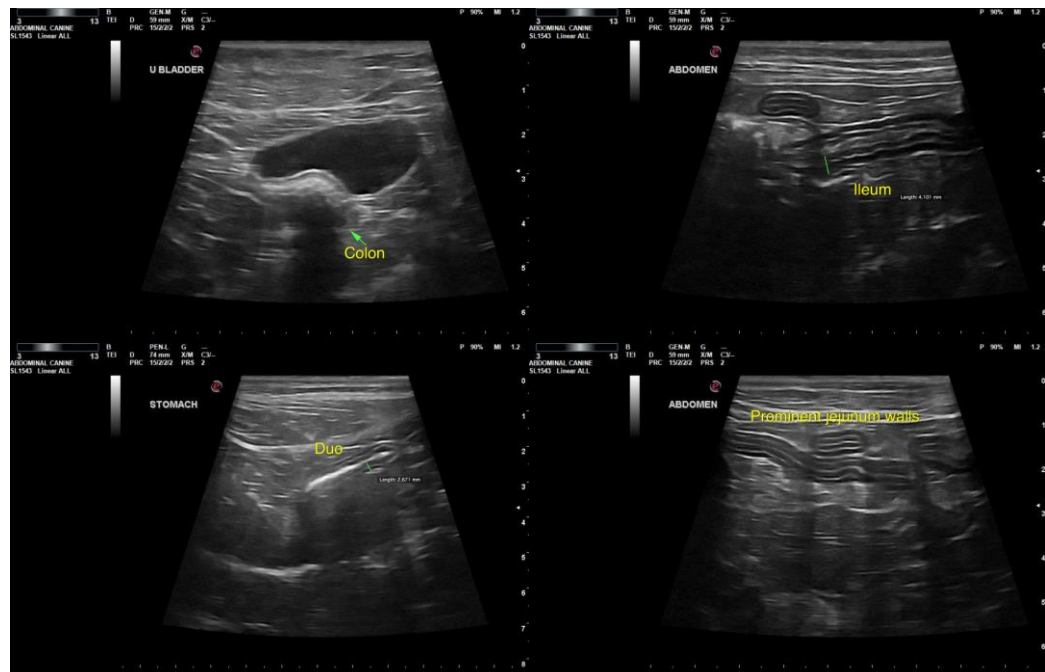
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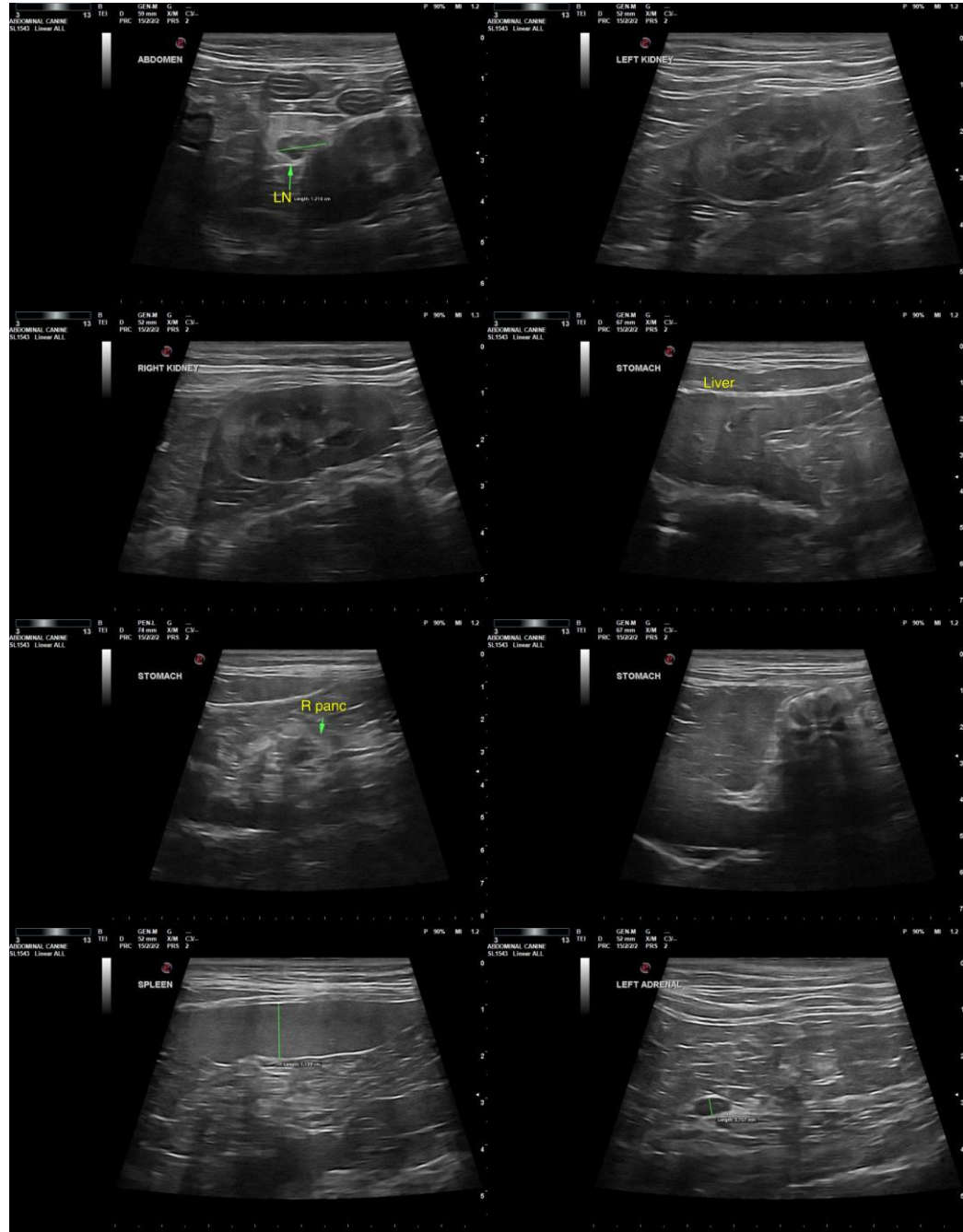
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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