**PATIENT**

Eggs Marner

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

12 Years

**WEIGHT**

10 Pounds

**INTERPRETED BY**R. McKenzie Daniel, DVM,  
DABVP (Canine and Feline)**IMAGING  
PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Sr. Katie Merkes

**INVOICE**

17213

**DATE**

9/8/22

**PRESENTING CLINICAL SIGNS**

History: Decreased appetite for about 2 weeks. Diabetic but controlled.  
 Abnormal PE/Chem/CBC/UA Results: Blood work unremarkable. UA normal. Xrays revealed gas distended small intestinal loops DDX ileus or infiltrative disease. Seems uncomfortable when laying down. Lethargic.

**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 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 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 3.7 cm in length. The right kidney measured 3.9 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.44 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 cm.

**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 exhibited intact and sonographically unremarkable wall layering. The lumen of the stomach contained a mild amount of retained focally shadowing hyperechoic ingesta. The area of shadowing ingesta measured approximately 1.5 cm in diameter. No evidence of mechanical pyloric outflow obstruction. The gastric body wall measured 0.25 cm.

The small intestine exhibited intact yet segmental to generalized mildly thickened wall layering. The lumen of the small intestine was primarily empty with minor segmental nonshadowing ingesta/chyme. The small intestinal wall measured up to 0.36 cm.

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No evidence of pathology at the level of the ileocolic junction. The ileocolic junction measured 0.30 cm in wall width.

Normal visible colon wall layers were present with subjective formed fecal matter.

**SPECIES*****Pancreas***

Feline

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 was evident.

**BREED**

DSH

***Free Abdomen*****SEX**

Spayed Female

Mildly prominent intermittent 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. An example of lymph node size was 0.63 cm in width. No free fluid noted.

**AGE**

12 Years

- Mild retained focally shadowing gastric ingesta/echo- possible nonobstructive hairball density
- Intact yet segmental to generalized thickened small intestinal walls
- Associated intermittent mild subjective benign/reactive mesenteric lymph nodes- consistent with probable secondary lymphoid hyperplasia or minor reactive lymphadenitis

**WEIGHT**

10 Pounds

**ULTRASONOGRAPHIC FINDINGS****INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS****INTERPRETED BY**

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

The appearance of the small intestine, although potential for patient variant, is suggestive of underlying inflammatory criteria, such as IBD, minor potential for early neoplastic infiltrative enteropathy with round cells, such as lymphoma considered a less likely differential diagnosis. A possibility of a small amount of nonobstructive gastric foreign material or hairball density could be possible. Hairball therapy may prove beneficial if clinical history of hairballs. Sonographic monitoring of the shadowing gastric ingesta or echo for evidence of persistent or passage would be ideal. If evidence of weight loss a GI panel to include PLI/TLI/Cobalamin/Folate would be warranted. Full thickness intestinal biopsies would be required for a definitive diagnosis and could be considered if persistent inappetence or evidence of weight loss is noted. Empirically, as needed gastrointestinal supportive care and hairball therapy is suggested.

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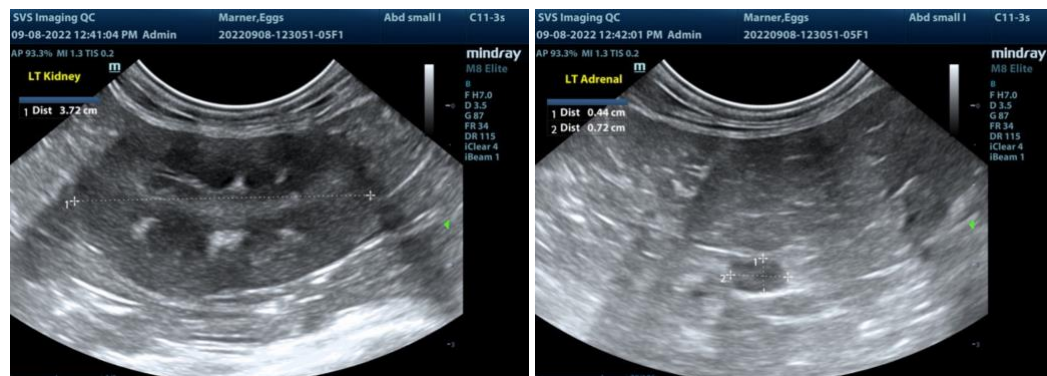
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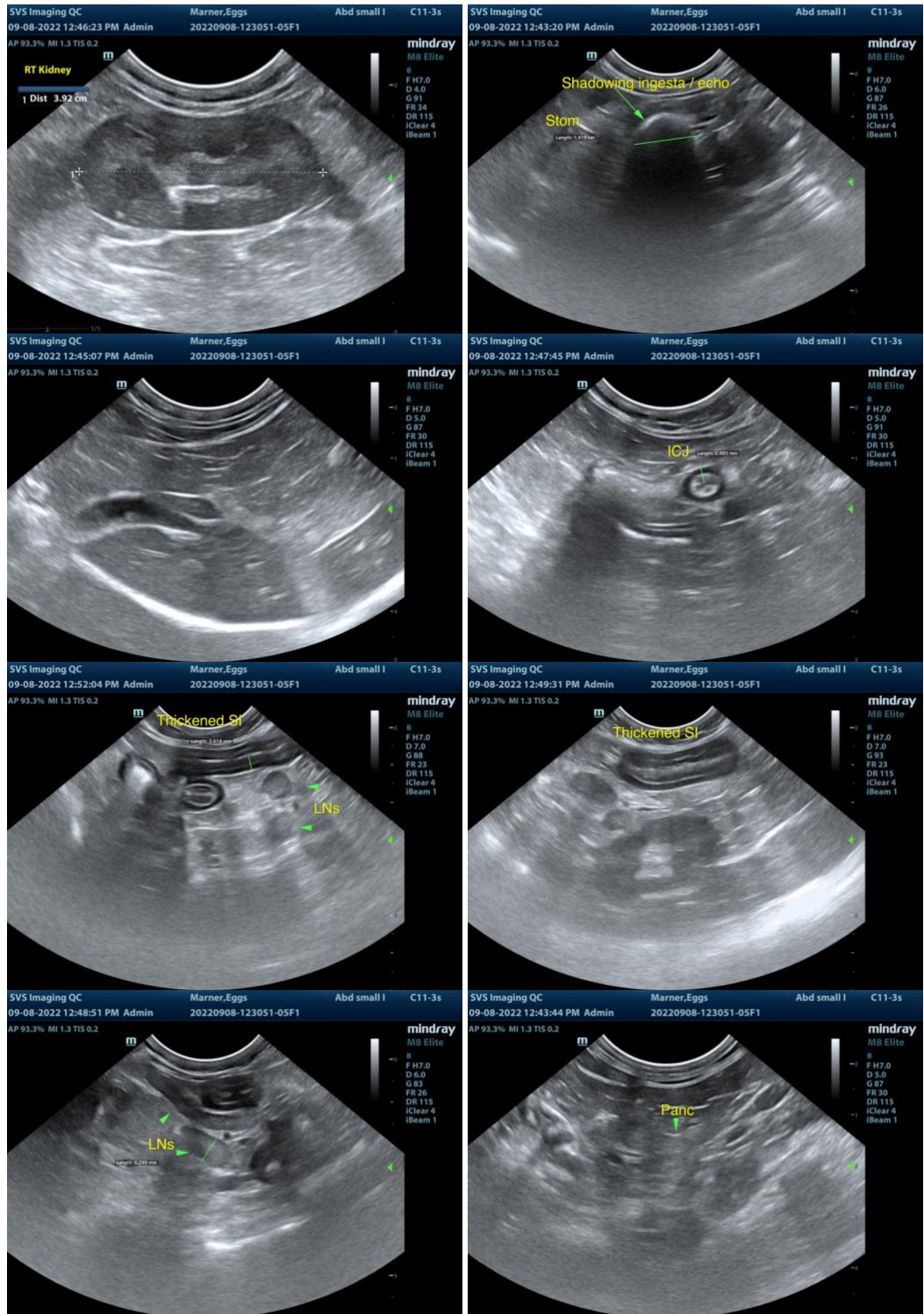
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I

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Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

**PATIENT**

can be of any further assistance please contact me.

Eggs Marner

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**info@SonoPath.com**

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