

**PATIENT PRESENTING CLINICAL SIGNS**

Sadie Wood Hospital name: BGVH Owner's first and last name: Cheryl Wood Species: Canine Gender(altered?) FS  
Age: 8 yrs Weight in #: 6.59 Breed: Persian History- Chronic diarrhea. Not improved on ultamino diet.  
Senior panel- CHO 244 UA- USG 1.060 2+ proteinuria with 21-50 lipid droplets. Fecal negative OP and G

**SPECIES**

Feline

**Urinary System**

**BREED**

Persian

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.

**SEX**

Spayed Female

The area of the aortic trifurcation was free of pathology.

**AGE**

8 years

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 3.5 cm in length. The right kidney measured 3.5 cm in length.

**WEIGHT**

6.59 lbs

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.24 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. The spleen measured 0.73 cm width.

**IMAGING PERFORMED BY**

Loetitia Saint-Jacques, RVT

**HOSPITAL NAME**

Brighton Greens 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 with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**REFERRING VET**

Dr. Robin Janeway

**Gastrointestinal**

**INVOICE**

12200

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 0.25 cm.

**DATE**

9/9/21

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. The duodenum wall



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width measured 0.30 cm. The jejunum wall width measured 0.20 cm. The ileocolic wall width measured 0.33 cm.

The colon walls presented generalized intact yet prominent wall layering with mild thickened to echogenic submucosa, primarily noted in the descending colon. The proximal colon wall width measured 0.18 cm in width. By comparison, the descending colon wall width measured up to 0.36 cm. Subjective mild semi-formed to soft feces was present in the colon lumen with lumen dilation.

***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 reactivity / inflammation. No overt evidence of neoplasia.

***Free Abdomen***

Intermittent, colic 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 0.26 cm width. No effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

***Primary Findings***

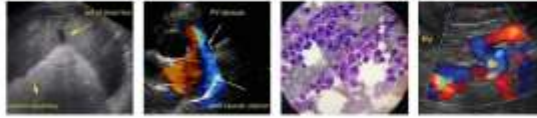
- Chronic colitis
- Associated minor colic lymphadenopathy - mild hyperplasia or reactive lymphadenitis likely
- Chronic to chronic active pancreatitis pattern

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the lack of structural small bowel mural pathology, the cause of diarrhea is secondary to chronic colitis. A minor potential for early neoplastic infiltrative colonopathy may be possible yet considered less likely.

Additional diagnostics which may be considered include a diarrhea PCR panel, a GI panel, specifically Cobalamin, Folate, and TLI. Pending GI panel results, empirical Cobalamin supplementation 250 mcg once weekly initially for 4 weeks is recommended. Broad-spectrum deworming even with negative fecal testing i.e., Panacur once a day for up to 7 days is suggested. Hydrolyzed or higher fiber diet is suggested.

Endoscopic colonic biopsies are likely required for a definitive diagnosis. However, if biopsies are not possible, Prednisolone / Metronidazole / Sulfasalazine compounded combination SID to BID pending clinical response may prove beneficial.



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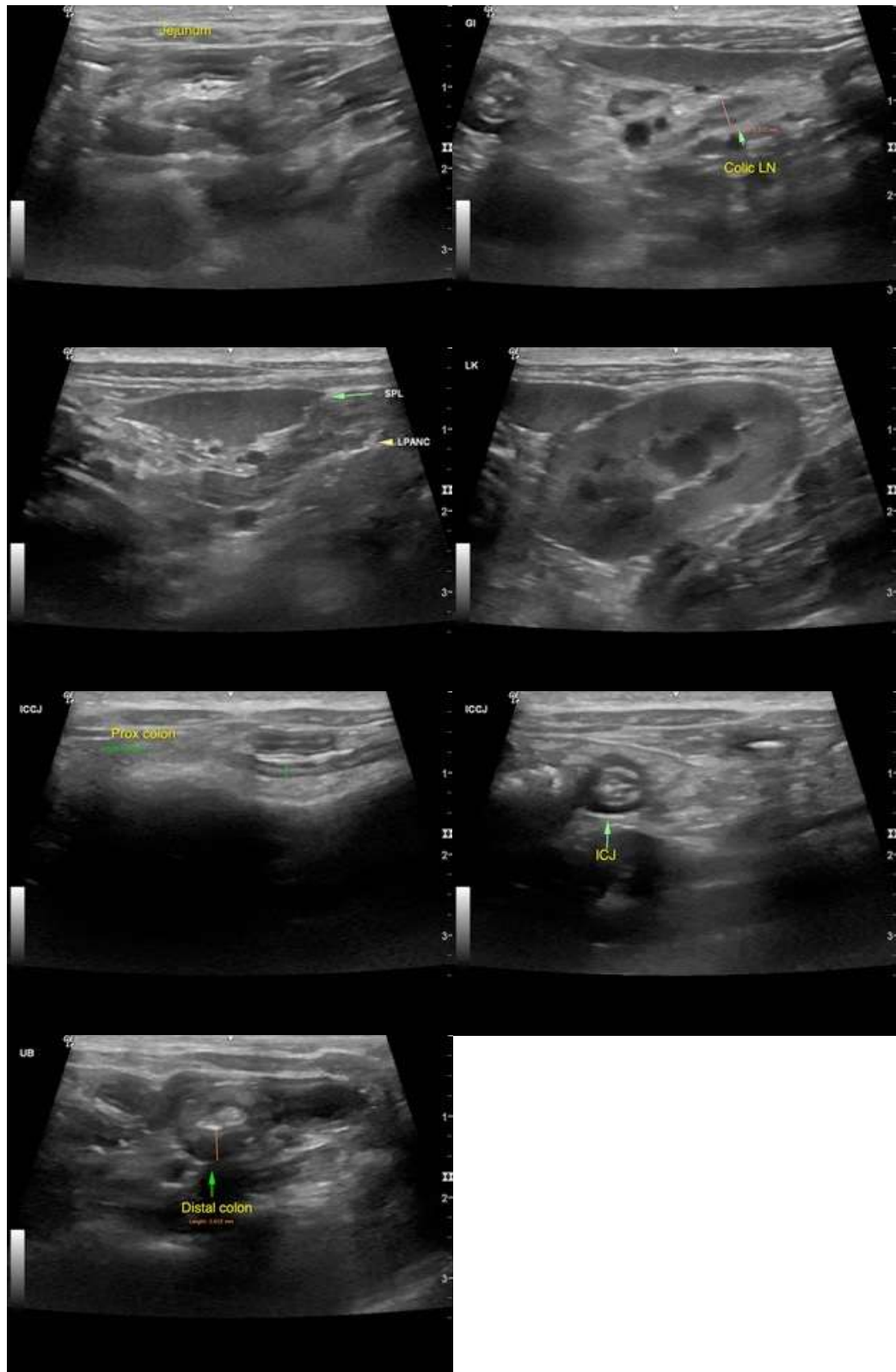
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**PATIENT**

Sadie Wood

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.

**SPECIES**

Feline

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.

**BREED**

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info@SonoPath.com

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