SonoPath

FOSTERING THE ART OF VETERINARY MEDICINE™

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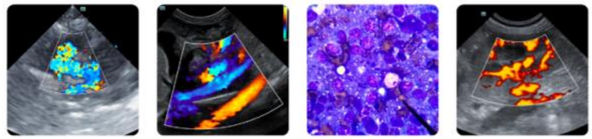


Clinical Sonography & Telecytology

Educational Teleconsultation Services™

PATIENT

Alastor Platzer

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8 Months

WEIGHT

7.5 pounds

INTERPRETED BY

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

IMAGING PERFORMED BY

Dr. Meghan Myers

HOSPITAL NAME

Hershire Animal Hospital

REFERRING VET

Dr. Meghan Myers

INVOICE

13128

DATE

01/13/26

PRESENTING CLINICAL SIGNS

Vomiting multiple times last 72 hours. Last vomit was last night which contained frank blood. anorexic for 36 hours, chronic intermittent diarrhea. no known foreign body, congestion. no string under tongue. bloodwork unremarkable.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is adequately distended with anechoic urine. The bladder, trigone, and pelvic urethra are unremarkable with normal wall thicknesses and normal tone. The ureters were not visualized, which is a normal finding. There are no uroliths or sediment noted. The ureteral papillae appear normal. There is no evidence of inflammatory, infiltrative, or neoplastic disease.

The kidneys are normal in size and structure, with appropriate corticomedullary definition and cortex to medulla ratio. The cortices are uniform in texture with normal echogenic relationship to liver and spleen. The medullary structure differed distinctly from the cortex and no evidence of pyelectasis is present. The capsules are uniform without significant irregularities noted. The left kidney measures 3.55 cm. The right kidney measures 3.83 cm.

Adrenal Glands

Both adrenal glands are visualized and have normal shape, size, position and echogenicity for this breed. The phrenic vasculature, glandular echogenicity and detail were unremarkable. Capsule, cortex, and medullary definition were normal for this age patient. The left adrenal gland measures 0.37 cm. The right adrenal gland measures 0.39 cm.

Spleen

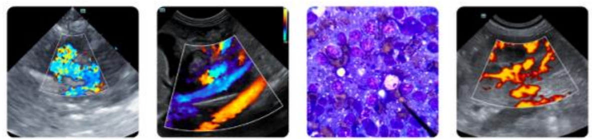
The spleen is smooth with homogeneous parenchyma and hyperechoic to liver and renal cortical parenchyma. The capsule is without noticeable irregularity or deformation. The splenic vasculature is normal without signs of congestion, spontaneous echo contrast, or thrombosis. No evidence of acute or chronic inflammatory, neoplastic, or infarct are documented. The spleen measures 1.0 cm at the hilus.

Liver

The liver is subjectively normal liver size, contour, and structure. Parenchymal echogenicity is naturally coarse and hypoechoic to the spleen. Vasculature is within normal limits with no evidence of congestion. The gallbladder has thin walls which contain anechoic bile. There is no evidence of intra- or extra-hepatic biliary dilation. The cystic and common bile ducts were normal. No hepatic lymphadenopathy is documented. There is no overt structural evidence of inflammatory, infiltrative or regenerative pathology evident.

Gastrointestinal

The stomach and small intestines contain a mild amount of echogenic luminal contents with no discrete shadowing foreign material identified. The pylorus and pyloroduodenal junction are patent and there's no overt evidence or concern for a mechanical gastrointestinal tract obstruction. The gastrointestinal walls are normal in thickness with maintenance of normal wall layering. The colon contains normal shadowing feces.



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Pancreas

The pancreas is mildly hypoechoic and with a slightly irregular margins, however, there's no distinct hyperechoic mesentery or regional omental fat.

Free Abdomen

There are several prominent mesenteric and jejunal lymph nodes with normal length to width ratios and isoechoic parenchymal detail. There's no free perineal effusion noted.

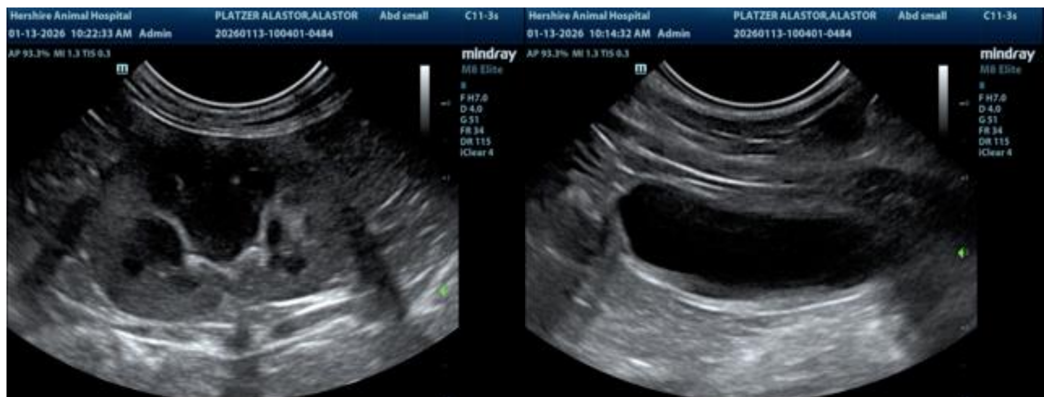
ULTRASONOGRAPHIC FINDINGS

- The mild gastrointestinal luminal contents may represent a functional ileus given the recent gastrointestinal symptoms. There's no discrete ulcerative lesion identified, however, occult gastrointestinal ulcers can't be definitively excluded with ultrasonography.
- The pancreas is slightly prominent and irregular without discrete evidence of regional peritonitis or inflammation, however, an occult or early pancreatitis cannot be definitively excluded.
- The slightly prominent mesenteric and jejunal lymph nodes display no loss of parenchymal detail or change in echogenicity. This is most consistent with reactive lymphadenitis or lymphatic hyperplasia.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A gastrointestinal panel (TLI, PLI, B12, folate) via Texas A&M gastrointestinal laboratory is indicated to further evaluate for potential chronic enteropathy. Ultimately, gastrointestinal biopsies may be required for a definitive diagnosis. An fPLI is recommended to further evaluate the pancreas and active pancreatitis as an underlying cause of the clinical signs. Supportive care for an acute gastritis or gastroenteritis is recommended at this time.

Serial imaging and monitoring may be indicated if clinical signs do not resolve in the next 12 to 24 hours. Ultimately, endoscopy may be indicated if persistent evidence of hematemesis is present to investigate for potential proximal gastrointestinal ulcers.



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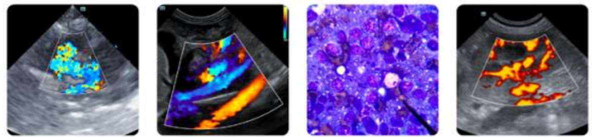

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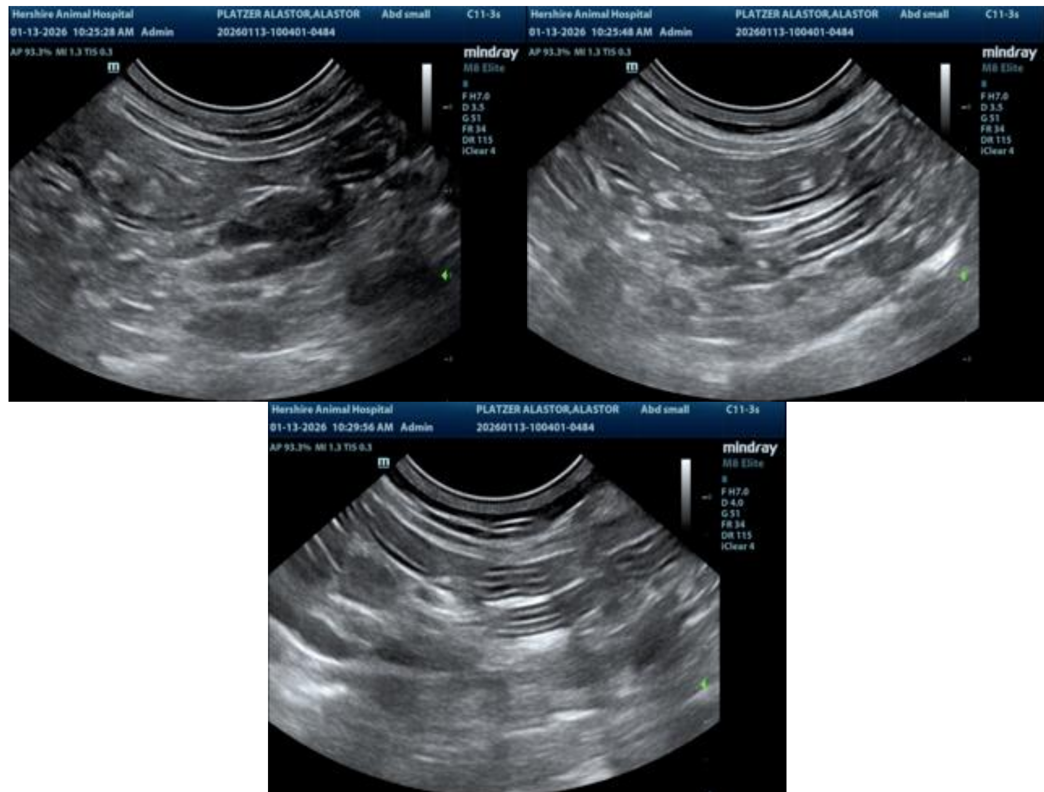

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Bradley Harris, DVM, DACVECC, DACVIM (cardiology)

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