



PATIENT

Dylan Desmarais

PRESENTING CLINICAL SIGNS

Pet has been vomiting small puddles of yellow fluid 2-3 times a week for the last 2 months. He has been eating the same food for years- Science Diet WD. He is sometimes constipated. He is gradually losing wt. over the last 2 years.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: He has grade 2 tartar. BCS 6/9 Firm stool in the colon. Chem profile, CBC, T4 and UA WNL.

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The **bladder** was moderately distended with mild suspended sediment. This may represent normal mucous, crystals or exfoliated cells. Considering the normal urinalysis, it is likely normal. The bladder wall and urethra exhibited normal in thickness and tone. The ureters were not visible, which is normal.

SEX

Neutered Male

Both kidneys were normal in size and shape. The capsule contour was smooth. A normal 1:3 cortex to medulla ratio was present. The cortex was diffusely hypoechoic with normal echotexture. There was no pyelectasia or renoliths noted. The left kidney measured 4 cm in length. The right kidney measured 3.9 cm in length.

AGE

14 Years

The **iliac trifurcation** was visualized with normal structure and no visible lymphadenopathy.

WEIGHT

13.7 Pounds

Adrenal Glands

Both **adrenal glands** were visualized and found to be normal in size, shape and position. There was normal echotexture. The left adrenal gland measured 4 mm in width. The right adrenal gland measured 4 mm in width.

INTERPRETED BY

Karen Ebersole, DVM,
DABVP (Canine and
Feline practice)

Spleen

The **spleen** was normal in size and capsule contour. The parenchymal was finely textured and homogenous throughout. There were no masses or capsular expansion noted. The spleen measured 8 mm in width at the hilus.

IMAGING PERFORMED BY

Dr. Logas

Liver

The **liver** was subjectively normal in size and capsule contour. The parenchyma was homogenous with a normal mildly coarse echotexture. The hepatic and portal vessels were structurally normal with no deviation. The **gall bladder** was normal size with thin walls, with normal anechoic contents. The common bile duct was normal.

HOSPITAL NAME

Bradentown VH

Gastrointestinal

REFERRING VET

Dr. Logas

The **stomach** was empty with normal size, shape and position. The stomach wall was normal in thickness and maintained appropriate layering. The **small intestine** displayed normal curvilinear patterns throughout, with normal wall thickness and layering. The **colon** was mildly distended with normal appearing stool. There was stool along the entire length of the colon, with mild reactive mesentery at the mesenteric root. There were occasional small reactive lymph nodes in the mesentery. There was no visible mass or other distal obstruction in the colon or visible rectum.

INVOICE

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Pancreas

DATE

1/6/23

The **pancreas** was largely isoechoic to the surrounding tissues with normal shape, size and capsule contour. There was no inflammation or masses noted.



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ULTRASONOGRAPHIC FINDINGS

- Mild colonic distension with adjacent mildly reactive mesentery
- Structurally normal abdomen otherwise

SPECIES

Feline

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The vomiting is likely secondary to constipation. Hydration should be evaluated, including assuring adequate access to water or addition of a water fountain or the like. Evaluation for any potential cause of painful defecation is indicated.

BREED

DSH

A change in diet to RC fiber response may produce softer and easier to pass stools for this cat. There is no sign of any significant structural disease in the abdomen.

SEX

Neutered Male

AGE

14 Years

WEIGHT

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HOSPITAL NAME

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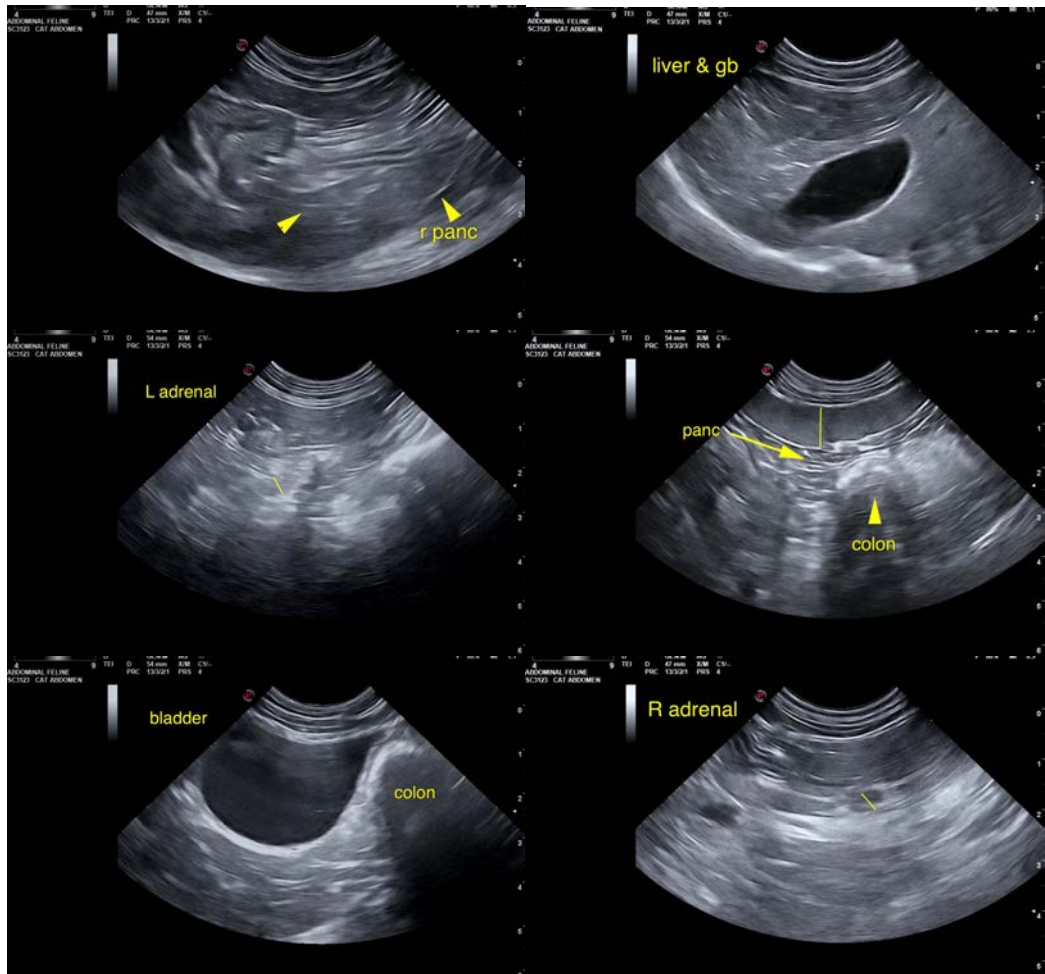
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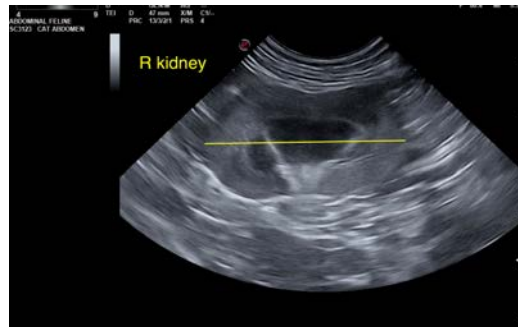
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Karen Ebersole, DVM, DABVP (Canine and Feline practice)
info@SonoPath.com