



PATIENT PRESENTING CLINICAL SIGNS

Juniper Rogers Recent decreased appetite, diarrhea, vomits hairballs occasionally; sometimes vomits undigested food.

SPECIES Abnormal PE/Chem/CBC/UA Results: CBC - mild increase WBC (17.5) and neutrophils (11.0); urine sp gr > 1.060, rest normal. Radiograph of stomach previously showed moderately full stomach with granular material, some gas dilation, colon full of feces.

Feline

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

DLH

Urinary System

SEX

The urinary bladder is moderately distended with anechoic urine. The Bladder wall, trigone, ureteral papillae and visible urethra (to a depth of 2cm) appear normal with no evidence of wall thickening, mucosal irregularities, masses or cystic calculi.

Spayed Female

AGE

The left kidney has a normal shape and size (3.42 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

4 Years

WEIGHT

The right kidney has a normal shape and size (3.52 cm). Overall echogenicity is normal with adequate corticomedullary distinction and a typical 1:3 cortex:medulla ratio. There is no evidence of focal perinephric inflammation or effusion. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter. Renal vasculature is normal.

4.3 kg

INTERPRETED BY

Adrenal Glands

Kathleen Sennello DVM,
MS, Diplomate ACVIM
(Small Animal Internal
Medicine)

The left adrenal gland is normal in size measuring 0.24 cm at the caudal pole. It is observed in its normal position cranial to the left renal artery. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

IMAGING PERFORMED BY

The right adrenal gland is normal in size measuring 0.24 cm at the caudal pole. It is observed in its normal position between the cranial aspect of the right kidney and the caudal vena cava. It is normal in appearance (uniformly hypoechoic) and shape with no evidence of a mass effect.

Dr. Nigel Gumley

HOSPITAL NAME

Spleen

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The spleen is subjectively normal in size (0.75 cm), echotexture is homogenous, and the splenic capsule is smooth with no irregularities. The blood flow through the hilus and splenic parenchyma appears normal. No focal parenchymal abnormalities are visualized.

REFERRING VET

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Liver

INVOICE

The liver is subjectively normal in size, and echogenicity with smooth peripheral margins. The parenchyma is homogenous echotexture. The visible portions of the vasculature and biliary tract appear normal. No focal nodules or cystic lesions are observed.

44761

DATE

The gallbladder lumen is moderately distended. The wall of the gall bladder is not thickened and has a smooth mucosal surface. Luminal contents are mild and primarily anechoic. The proximal bile duct appears slightly prominent and tortuous, measuring 0.27 cm, and is lost to visualization distally.

8/17/23



PATIENT *Gastrointestinal*

Juniper Rogers

The stomach is mildly distended with fluid. It measures at a normal thickness of 0.34 cm with some variability due to the presence of rugal folds. The distinction of the gastric wall layers is adequate and there is no impression of reduced peristaltic activity. No masses or focal lesions were observed.

SPECIES

Feline

The visualized areas of duodenum, jejunum and ileum have a relatively uniform diameter with minimal fluid distension. Wall thickness is normal. Bowel loops follow a curvilinear path with distinct wall layering maintaining the typical 1:3 muscularis:mucosa layer ratio. Jejunum wall measures 0.20 cm. Duodenum wall measures 0.25 cm. Visualized peristalsis appears appropriate. There is very mild corrugation visualized associated with the duodenum.

BREED

DLH

SEX

Spayed Female

The ileocecal junction was visualized and exhibited normal intact wall layering and is subjectively of normal thickness. Sections of colon are visualized with formed fecal material and gas shadowing distally. There is no observed focal or generalized colon wall thickening or loss of layering.

AGE

4 Years

Pancreas

The pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid.

WEIGHT

4.3 kg

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The Medial iliac nodes appear normal and there was no evidence of a caudal aortic thrombus at the bifurcation. The omentum is of normal uniform echogenicity.

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Medicine)

ULTRASONOGRAPHIC FINDINGS

- Mildly prominent/corrugated duodenum – These findings are very subtle, possibly consistent with mild duodenitis.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Today's scan appears relatively normal. No prominent focal gastrointestinal lesions are visualized. There is a small amount of fluid visualized within the stomach, and the duodenum appears slightly prominent, but these are very mild findings. Unfortunately, there are many causes for diarrhea and vomiting that cannot be definitively diagnosed by ultrasound alone.

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Consider such differentials as food allergy/dietary intolerance, GI parasitism, pancreatitis, dysbiosis, recurrent dietary indiscretion, IBD and less likely neoplasia, etc....

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- Consider a novel protein/hydrolyzed protein diet (exclusively at least 4-6 weeks)
- Consider a GI panel to Texas A&M for evaluation of B12 levels, folate, PLI/TLI etc.. to further evaluate for pancreatic/small intestinal disease.
- Recommend chronic probiotic therapy.

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If the above steps are taken and metabolic disease seems very unlikely, then consider obtaining GI biopsies to further investigate the possibility of a primary enteropathy.

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Recommend three view thoracic radiographs to evaluate for possible concurrent thoracic disease/involvement.



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Juniper Rogers

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REFERRING VET

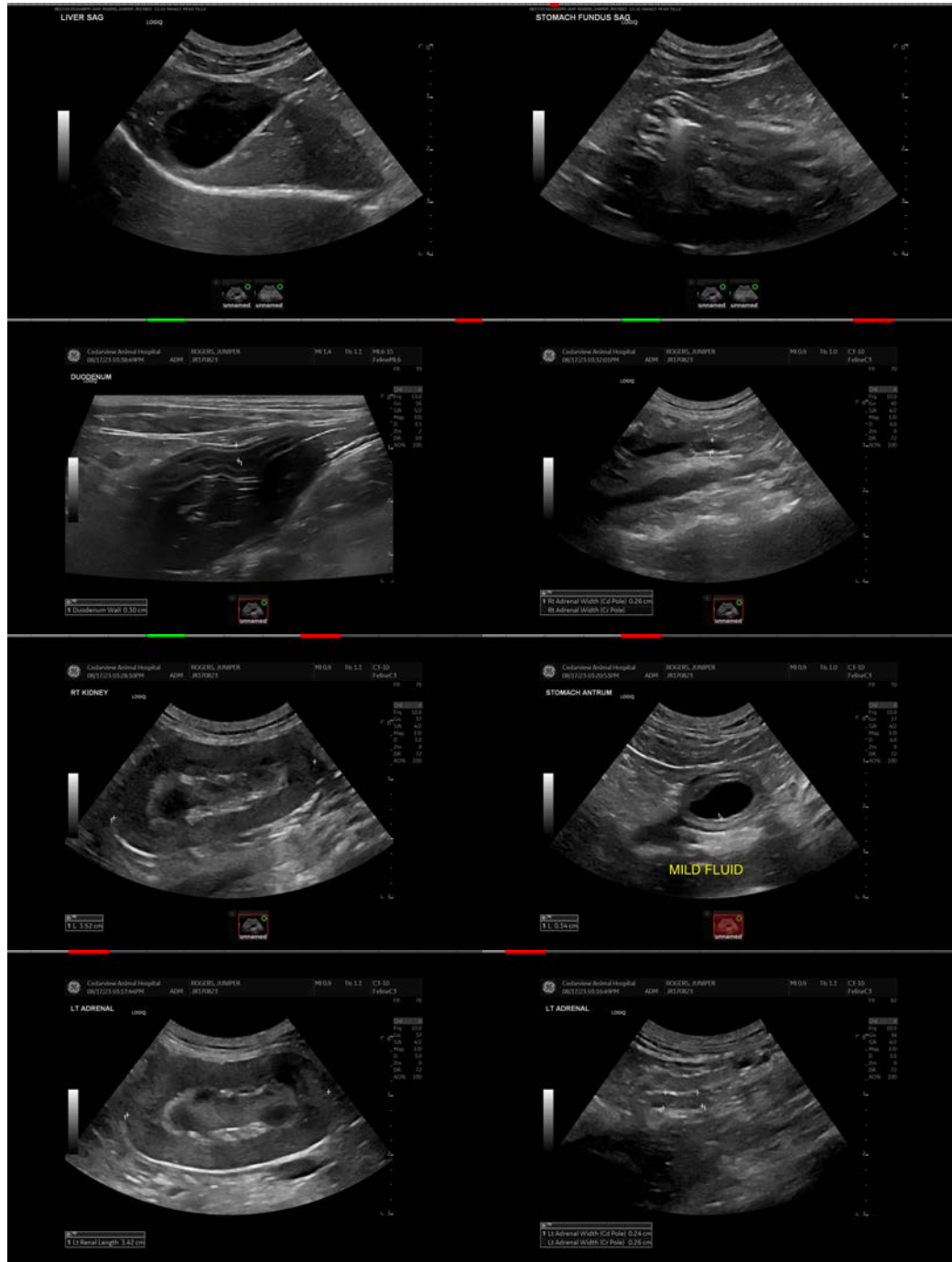
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PATIENT

Juniper Rogers

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.

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.

Kathleen Sennello DVM,MS, Diplomate ACVIM (Small animal Internal Medicine)

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info@sonopath.com

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