



PATIENT

Mindi Vanhall

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

13 Years

WEIGHT

13.25 pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Carly Pate

HOSPITAL NAME

VCA McKenzie Animal
Hospital

REFERRING VET

Dr. Fricke

INVOICE

13154

DATE

01/13/26

PRESENTING CLINICAL SIGNS

This AM Acute ?discomfort?, defecated watery liquid /? stool and vomited her last meal while running around the house. Increased resting respiratory rate has been consistently present for the last several years (20-30/min), presents with tachypnea ~60bpm, occ. mild open mouth breathing, improved after sedation (midazolam/butorphanol) Tachycardia 200bpm on arrival with slight gallop; normal heart sounds and rate after sedation. Indoor only Lumbar guarding and mild abdominal guarding with palpation Long-term history of lower back/rear leg weakness/pain/neuropathy - chews at leg hair, quivering leg muscles, episodic, improves with spinal therapy and acupuncture.

Abnormal PE/Chem/CBC/UA Results: Long-term history of high to high normal RBC/Hct, Hgb level, Mild elevated creatinine and low USG; all attributed to chronic thoracic restrictions/pectus excavatum causing chronic suboptimal oxygenation and increased respiratory rate

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 change were noted.

The area of the aortic trifurcation was free of pathology. No evidence of distal aortic thrombus.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.1 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

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 1.0 cm width level of the mid spleen.

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.

Gastrointestinal



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The stomach presented intact wall layering in the fundus and gastric body. Empty gastric lumen without retained ingesta, fluid or foreign material. Nonobstructive pyloric mural lesion to mass was visualized measuring approximately 2.6 cm x 1.1 cm. The mass appeared to distort the pyloric wall without obstruction to pyloric outflow yet with loss of pyloric mural detail.

The small intestine presented generalized intact borderline to mild thickened wall layering most notable in the jejunum. The jejunum wall measured 0.26 cm to 0.27 cm wall width. Generalized empty intestine lumen to the level of the colon.

Normal visible colon wall layers were present with semi formed to soft fecal matter in lumen.

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Nondistended urinary bladder.
- Bilateral chronic renal changes.
- Empty stomach with pyloric mural lesion/mass.
- Mildly thickened intact small intestinal wall.
- Semi formed to soft fecal matter in colon.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the pyloric mural lesion/mural mass and mildly thickened intact small intestinal wall may include inflammatory, infectious, neoplastic or combined etiologies. The pyloric mural lesion to mass did not appear to be obstructive to pyloric outflow. Minor potential for non-shadowing homogenous pyloric ingesta mimicking a pyloric mural mass thought less likely. Gastrointestinal support which may include canned dietary trial, gastroprotectants, high colony count probiotic such as Provable and cobalamin supplementation with clinical and sonographic monitoring would be reasonable.

If available upper gastrointestinal endoscopy for further clarification and potential for biopsies would be ideal.



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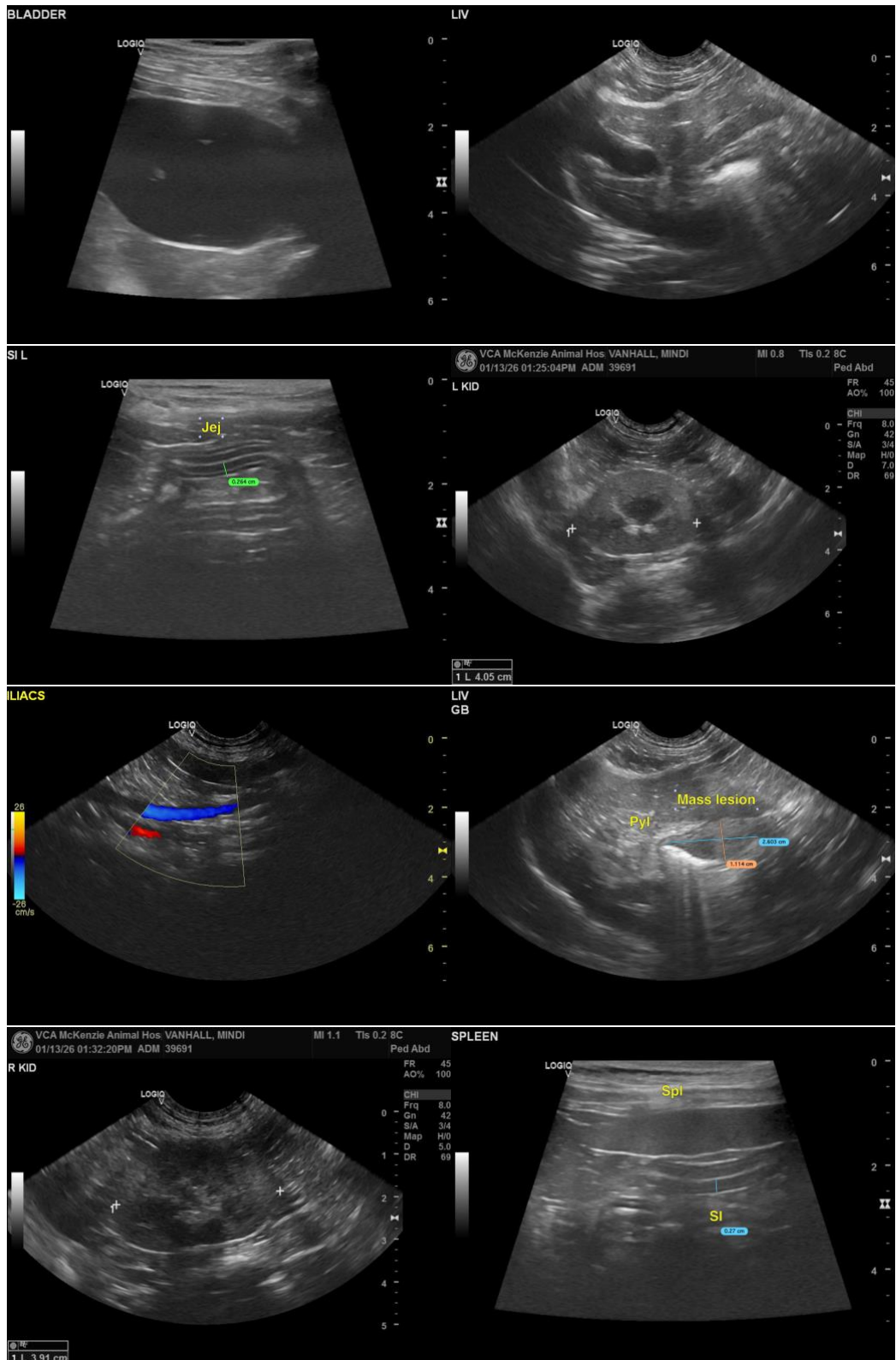
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com