

PATIENT

Roxy Rouke

SPECIES

Feline

BREED

Siamese

SEX

Spayed Female

AGE

12 Years

WEIGHT

9 kg

INTERPRETED BY

R. McKenzie Daniel, DVM,
DABVP (Canine and Feline)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

New England AMC

REFERRING VET

Katherine Doyon,
DVM

INVOICE

13470

DATE

1/17/22

PRESENTING CLINICAL SIGNS

History: Seen 4 days ago for pollakiuria, inappropriate urination. Fructosamine submitted (normal). Sent home with Clavamox 125 mg). Following day started vomiting and stopped eating. Owner discontinued antibiotic and requested anti-nausea medication and appetite stimulant from rDVM, given yesterday. Roxy has been hiding. Occasional cough noted. Presently, urination seems normal per owner. Soft stool this morning. On exam, obese, BCS 8/9, non-painful. Radiographs: stomach dilated and gas filled may represent aerophagia; appearance of an irregular, broad-based soft tissue structure cardia region, not seen on radiographs a week ago. Radiologist questions whether this soft tissue structure represents the normal cardia/gastroesophageal junction bulging into the gastric lumen due to the gastric dilation.

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 changes were noted. Aortic trifurcation was normal.

Normal size and margination were 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 pyelectasia was present. The left kidney measured 3.9 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.32 cm.

No overt pathology in the area of the right adrenal gland.

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 in width at the level of the hilus.

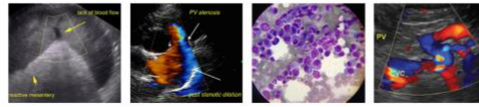
Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended with primarily anechoic content with mild gallbladder debris. Subtle dilation of the cystic biliary duct was present yet no evidence of common bile duct stasis, obstruction or dilation.

Gastrointestinal

The stomach exhibited normal size without evidence of dilation secondary to retained gastric ingesta, fluid or foreign material. Mild luminal gas was present. The visualized gastric fundus, body and pylorus



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walls were sonographically normal. The gastric body wall measured 0.27 cm. The pylorus wall measured 0.30 cm.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was primarily empty with segmental mild luminal gas. No evidence of mechanical/metabolic small intestinal ileus. The duodenum wall measured 0.30 cm. The jejunum wall measured 0.20 cm.

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Normal visible colon wall layers were present with apparent formed feces in lumen. The ileocolic wall measured 0.35 cm.

Pancreas

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The pancreas exhibited generalized prominent size with mild swollen to asymmetrical contour. Hypoechoic to heterogeneous parenchyma compared regional peripancreatic reactive mesentery. Mild pancreatic duct dilation was noted, measuring 0.25 cm in diameter.

Free Abdomen

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Intermittent focal, mildly prominent to enlarged colic nodes were present adjacent to the ileocolic junction. The lymph nodes were essentially isoechoic to adjacent omentum, maintaining a normal width:length ratio (<0.5). An example of lymph node measured 0.23 cm width. These lymph nodes were not overtly consistent with inflammatory or neoplastic criteria.

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Evidence of regional peripancreatic reactive mesentery was present. Potential for very scant free fluid was noted in the lateral abdomen, although not definitive. No evidence of significant peritoneal free fluid.

ULTRASONOGRAPHIC FINDINGS

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R. McKenzie Daniel, DVM,
DABVP (Canine and Feline)

- Pancreatitis- subjectively active to chronic active, mild to moderate
- Overtly normal gastrointestinal tract with mild gastric and segmental small bowel luminal gas
- Bilateral mild chronic renal changes- no evidence of pyelonephritis
- Sonographically unremarkable urinary bladder
- Mild gallbladder debris- potentially owing to fasting or nonclinical cholestasis

IMAGING PERFORMED BY

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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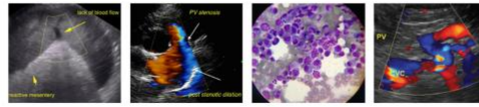
The gastrointestinal signs in this patient are suspected to be primarily owing to pancreatitis. Correlation with full lab work +/- spec FPL recommended. The possibility of structurally insignificant inflammatory bowel episode given the soft stool cannot be definitively excluded. A GI panel, to include PLI, TLI, cobalamin and folate could also be considered. Empirically, pancreatitis treatment protocol with (as needed) gastrointestinal support recommended.

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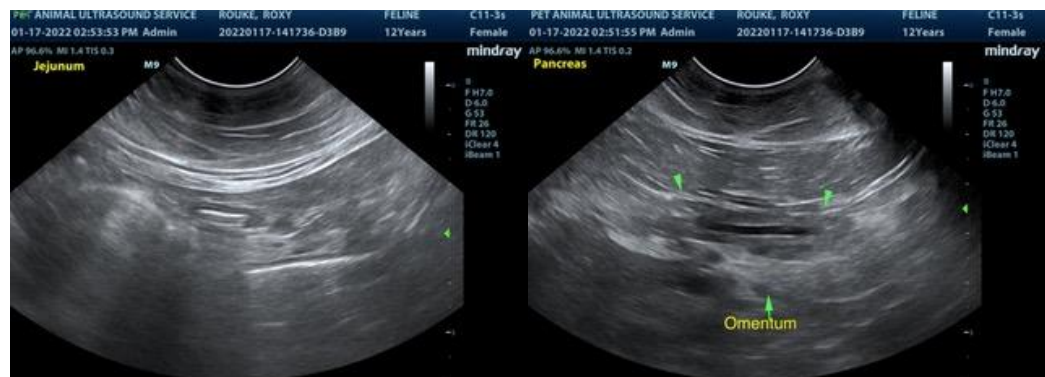
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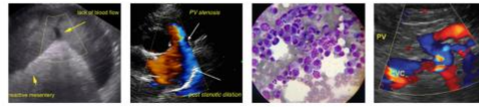
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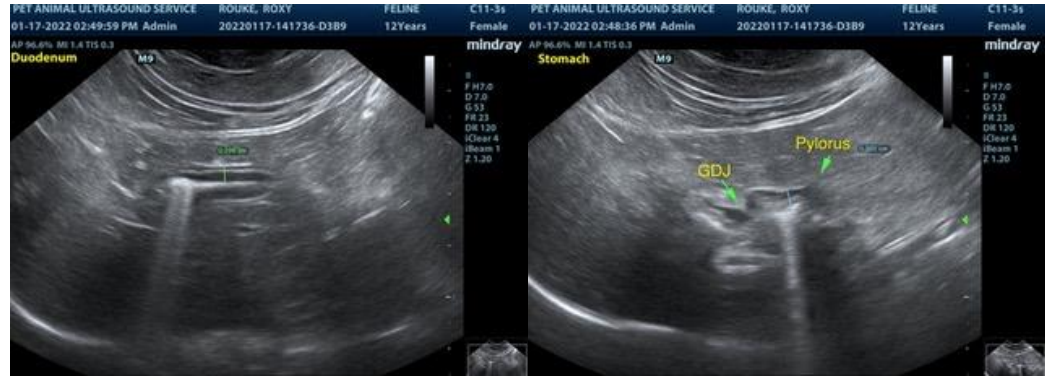
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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