



PATIENT

Fiona Lynch

PRESENTING CLINICAL SIGNS

Patient presents for inappetance and vomiting, no known dietary indiscretion.

Abnormal PE/Chem/CBC/UA Results: Bloods : pending.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DSH

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

SEX

FS

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.4 cm in length. The right kidney measured 3.5 cm in length.

AGE

6yr

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

WEIGHT

12lb

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

Spleen

INTERPRETED BY

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

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 0.78 cm in width at the level of the hilus.

IMAGING PERFORMED BY

Kelly Vazquez

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.

HOSPITAL NAME

New Bridge
Veterinary

Gastrointestinal

REFERRING VET

Dr. Glennon

The stomach presented intact wall layering with a normal wall layer ratio. The stomach exhibited moderate distention with retained anechoic to mildly echogenic fluid with no signs of ileus, obstruction or foreign material.

INVOICE

12715ag

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental to generalized intestinal ileus pattern with mild to moderate variable retained intestinal fluid exhibiting subjective oral/aboral luminal movement was present. Within the mid to caudal abdomen a focally thickened segment of intestine with mild variable hyperechoic mural hypertrophy with concurrent ileus and segmental hyperechoic ingesta was present. The thickened segments measured up to 0.63 cm width. By comparison, the normal appearing small intestine measured 0.2 cm in width. Peri intestinal hyperechoic mesentery was present.

DATE

01/17/2023



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The visualized segments of descending colon exhibited normal visible colon wall layers with apparent formed feces in lumen.

Pancreas

SPECIES

Feline

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

BREED

DSH

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

SEX

FS

- Segmental to generalized GI ileus pattern with oral/aboral fluid movement-strongly suggestive of GI obstructive pattern
- Segmentally thickened mid to caudal abdominal intestine with hypoechoic mural echogenicity and loss of wall layer detail-inflammatory vs neoplastic criteria
- Concurrent primarily empty small intestine distal to intestinal ileus and thickened segmental intestine

AGE

6yr

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

12lb

Given no reported diarrhea along with normal visualized descending colon, colonic involvement is considered less likely. Strong concern for mechanical obstructive pattern given this presentation while the possibility of non-obvious GI foreign material obscured by gas or early infiltrative neoplasia is possible.

INTERPRETED BY

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Exploratory laparotomy for gross inspection of the intestine, possible resection/anastomosis and with intestinal biopsies considered essential despite exploratory findings is recommended.

IMAGING PERFORMED BY

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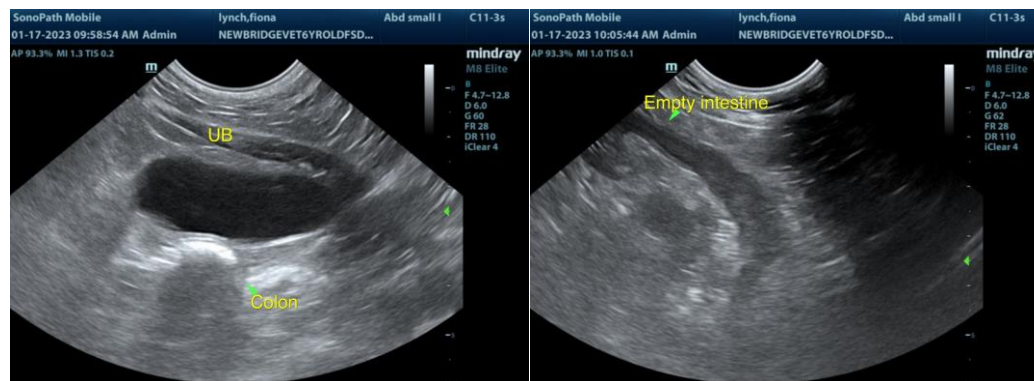
Dr. Glennon

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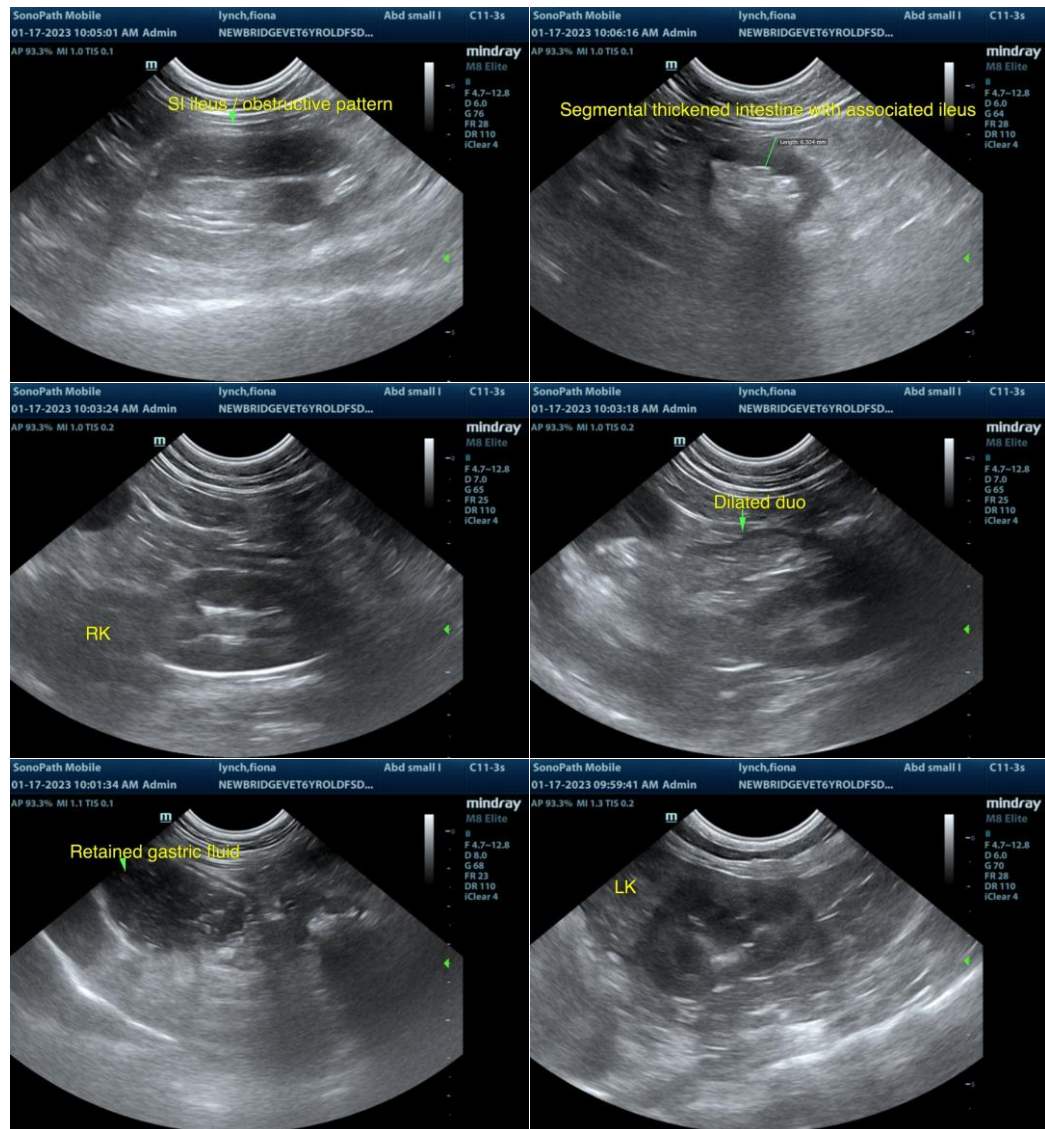
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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