



PATIENT

Marly Baig

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

10yr

WEIGHT

15lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Christina

HOSPITAL NAME

Animal Health
Veterinary Clinic

REFERRING VET

Rodriguez

INVOICE

12713ag

DATE

01/17/2023

PRESENTING CLINICAL SIGNS

P presented from neighboring clinic for black tar stool for past week. Non responsive to medication. P has history of eating dental floss as a 3 year old that resulted in exploratory. P has staples present in abdomen from past surgery. Small pellet mid abdomen seen on radiographs at referring clinic suspected to be litter pellet.

Abnormal PE/Chem/CBC/UA Results: NA

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild dependent hyperechoic mildly shadowing sand. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

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 pelvic dilation was present. The left kidney measured 4.2 cm in length. The right kidney measured 4.5 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm width. The right adrenal gland was not definitively visualized.

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multifocal, well-defined, symmetrical, hyperechoic nodules were present throughout the cranial to caudal parenchyma. An example measured 0.36 cm in diameter. 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 or neoplastic changes were not noted. The hyperechoic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas. The spleen measured 1.0 cm in width at the level of the hilus.

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

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained non shadowing chyme and gas with no signs of ileus, obstruction or foreign material. The ventral gastric body wall measured 0.32 cm in width. No evidence of infiltrative gastric neoplastic criteria.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained minor segmental intestinal gas with no signs of ileus, obstruction or foreign material. No intestinal masses. The duodenum wall measured 0.26 cm width. The jejunum wall measured 0.25 cm width.

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Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

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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.

Free Abdomen

SEX

FS

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

ULTRASONOGRAPHIC FINDINGS

AGE

10yr

- Mild dependent urinary bladder sand
- Mild chronic renal changes
- Overtly normal gastrointestinal tract
- Probable benign splenic nodules consistent with probable benign myelolipoma

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant abdominal visceral pathology as a definitive cause of the patient's clinical signs, specifically no evidence of structural gastroenterocolic pathology, masses of neoplastic criteria. The possibility of gastrointestinal micro ulceration or small amounts of passing foreign material such as litter or similar cannot be definitively excluded. No indication for immediate surgical intervention given lack of definitive obstructive pattern.

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(Canine and Feline)

As needed gastric protectants +/- empirical deworming even with negative fecal testing and assessment of clinical response would be reasonable. Potential recheck sonogram suggested if evidence of progressive melena or gastrointestinal signs including weight loss.

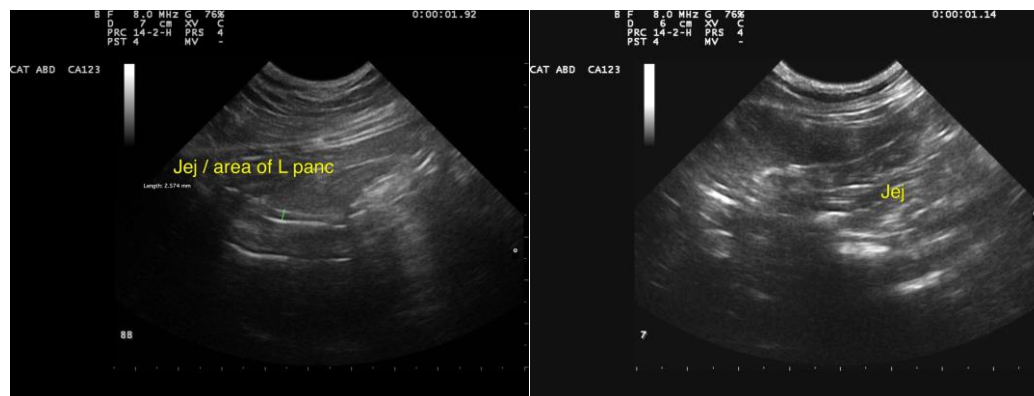
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A urine C/S suggested on sterile urine sample to rule out underlying UTI.

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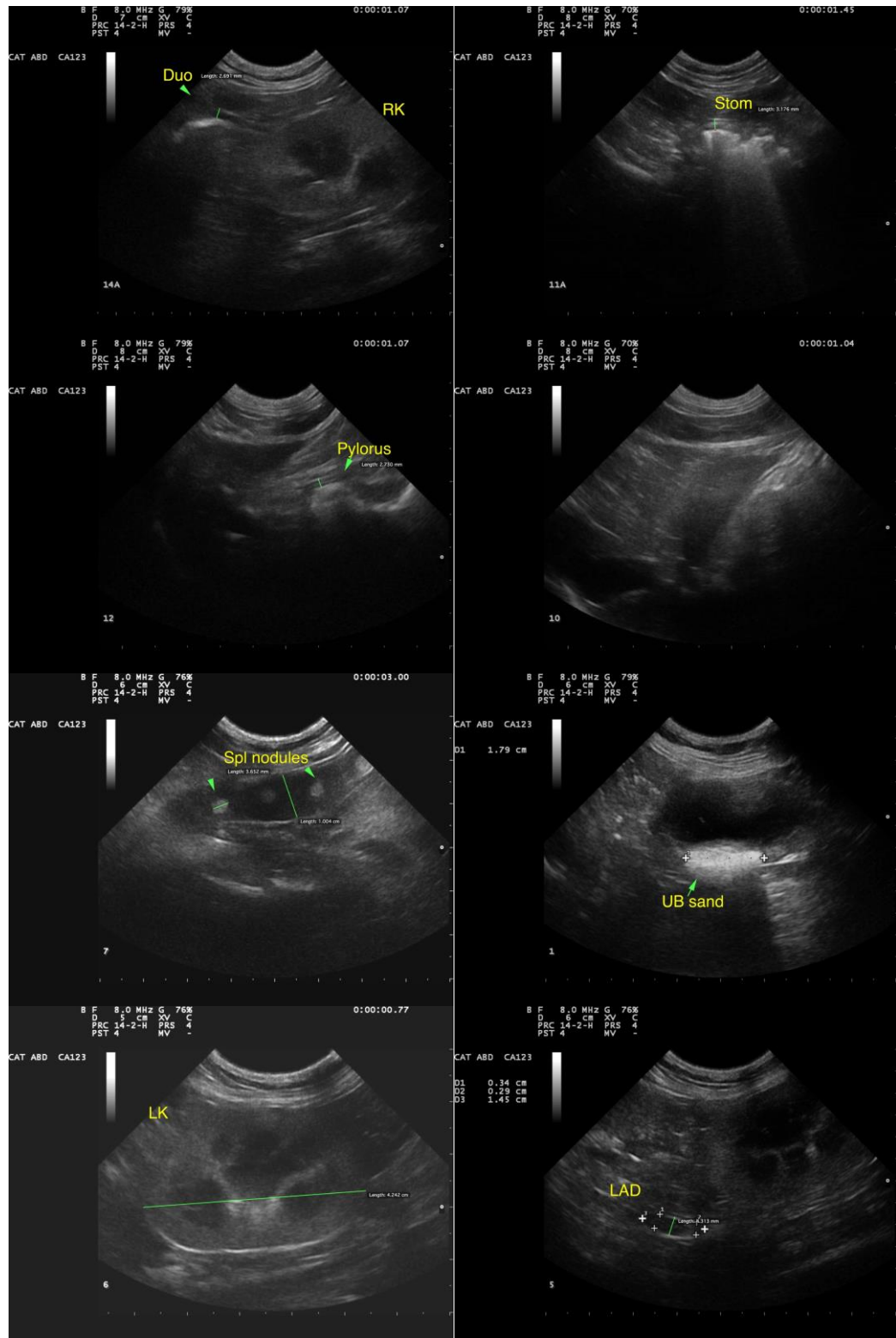
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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mac.daniel@sonopath.com

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