

**PATIENT**

Sophie Louckes

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

13yr

WEIGHT

11.5lb

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING
PERFORMED BY**

Amy Mayhew LVT

HOSPITAL NAMESVS Imaging
Michigan**REFERRING VET**

Family Pet Practice

INVOICE

12716ag

DATE

01/17/2023

PRESENTING CLINICAL SIGNS

Per the O the P has not had regular vet HX for the last 10 years. P has been having D+ on and off for 2 years. Becoming more frequent. P has been V+ on and off as well. Yesterday V+ multiple times throughout the day. No longer able producing anything. P has been having loss of appetite for a few weeks. Not drinking water that last few days. P has arthritis in the front legs. per the O slowing down. Not able to groom as regularly. Hx of broken jaw, surgery done at VSC Milford 5 + years ago.

Abnormal PE/Chem/CBC/UA Results: See attached.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

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.

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 3.4 cm in length. The right kidney measured 4.0 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 0.44 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 cm width.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease. The spleen measured 0.77 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 moderate retained mildly echogenic fluid and a strongly shadowing luminal echo in the gastric body measuring ~ 2.5-3.0 cm. The echo did not overtly extend into the area of the pyloric outflow.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio along with intact mildly altered muscularis/mucosa ratio and a prominent muscularis layer involving the jejunum. Within a segment of jejunum, a focal similar appearing segmental shadowing echo measuring ~ 3.0 cm in diameter was present in the subjective mid abdomen. Minor duodenojejunal ileus pattern likely proximal to the shadowing jejunal echo was present.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, likely consistent with age related changes and considered incidental. No signs of active inflammation or neoplasia.

Free Abdomen

No omental masses or peritoneal effusion was present.

Minor benign/reactive jejunal lymphadenopathy was present.

ULTRASONOGRAPHIC FINDINGS

- Strongly shadowing gastric luminal echo with retained gastric luminal fluid
- Segmentally thickened intact jejunal walls with focal similar appearing shadowing luminal echo in the subjective mid abdomen
- Heterogeneous pancreas-age related pancreatic changes, remodeling owing to previous inflammation or low grade to chronic pancreatitis possible
- Bilateral mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The strongly shadowing gastric and jejunal echo is strongly suggestive of foreign material i.e. hairball, fabric, cloth density or similar. Segmental subjective IBD intestinal pattern is suspected given the patient's history of chronic GI signs. Minor potential for early infiltrative neoplastic enteropathy which may present in a similar sonograph manner cannot be definitively excluded.

Exploratory laparotomy with gastrotomy and enterotomy with intestinal biopsies considered essential despite exploratory findings is recommended.

Assessment or pre renal vs renal azotemia with a full urinary workup and renal stabilization prior to surgery is likely ideal.

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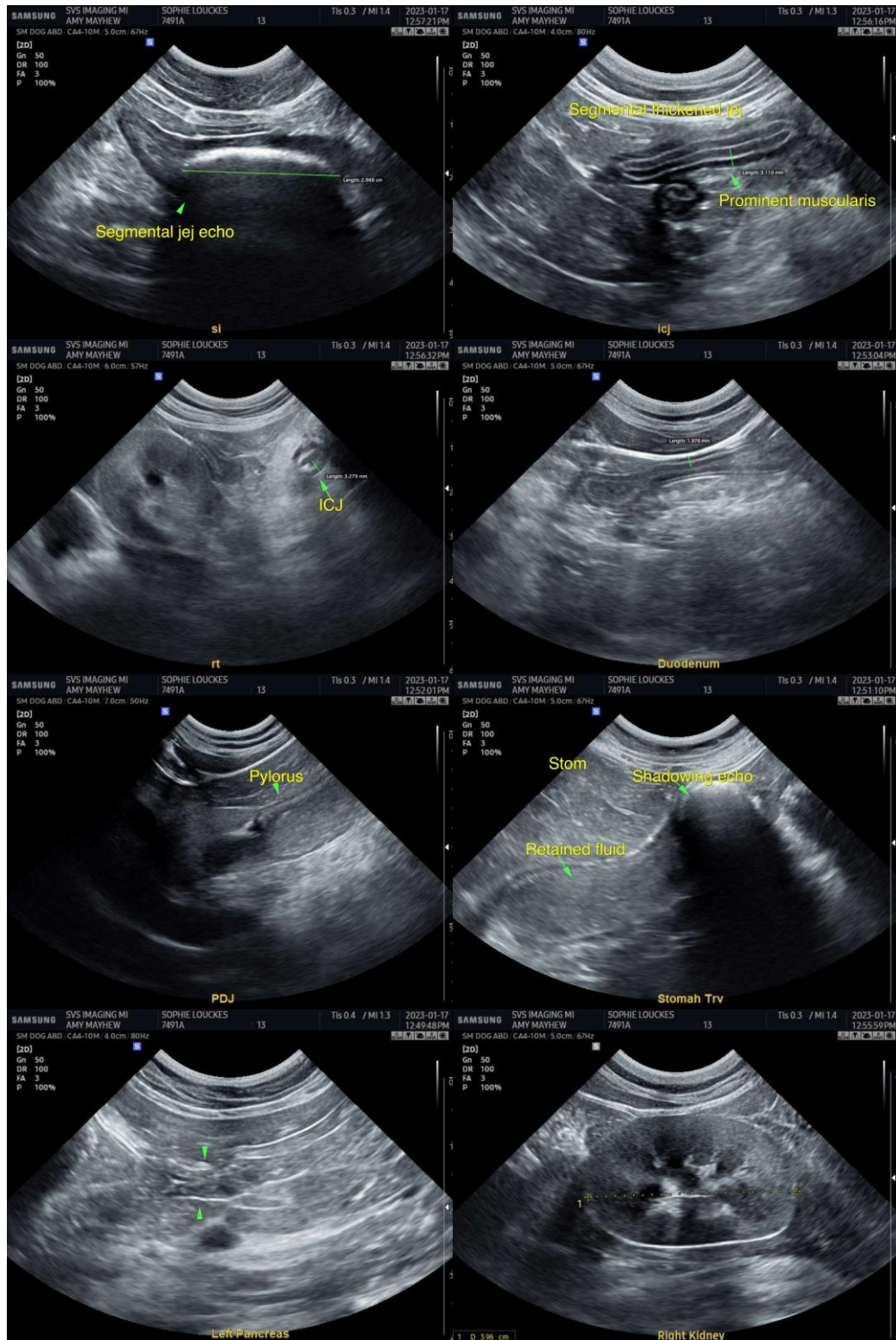
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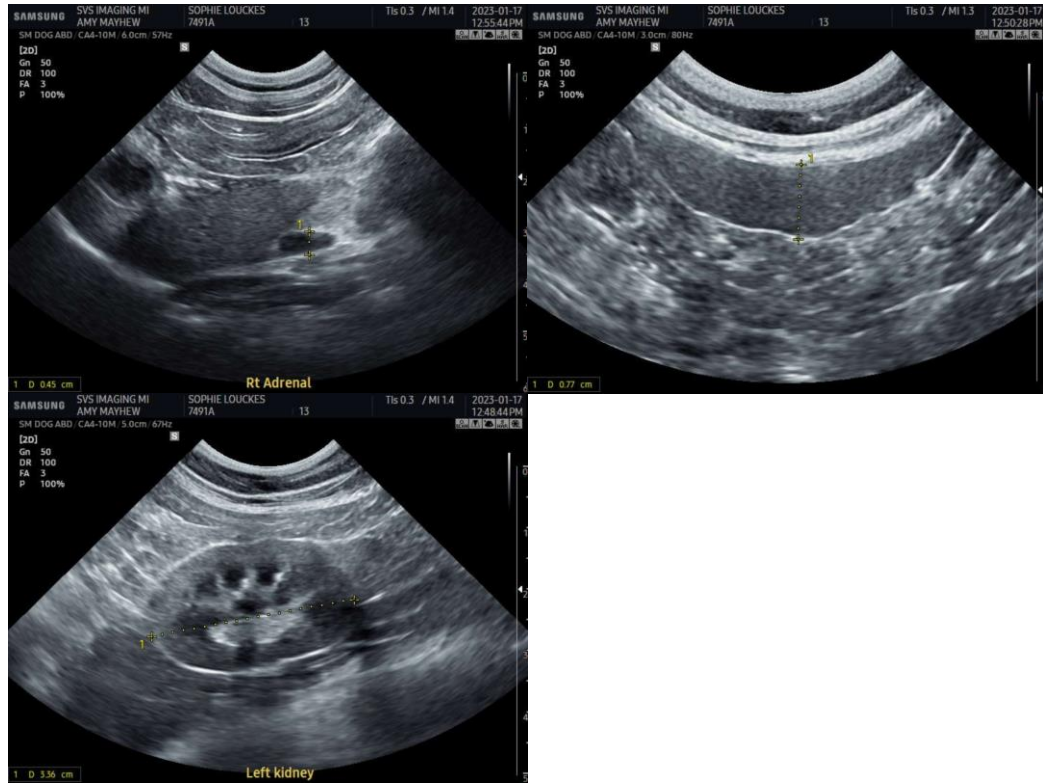
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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