



PATIENT PRESENTING CLINICAL SIGNS

Hamilton McGough

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

History: Presented as emergency 1/18 for being unable to move and painful when owner picks him up. Has hx of eating clothes at home. Was seen in past for FLUTD and is on C/D diet. P is hypersalivating on presentation and seems to be painful on abdomen/back palpation. P has plantigrade stance, hunched, but is able to move limbs. BW was WNL. P febrile at 105.3 yesterday, persistent fever today ranging from 103.5 - 104.7

Abnormal PE/Chem/CBC/UA Results: UA: Protein 2+ Ketones 1+ Blood Trace Xray report 1/18- Small to moderate accumulations of gastrointestinal material that could represent normal ingesta, foreign material, or both. No definitive evidence of mechanical obstruction seen. Mild variation in small intestinal diameter is considered likely secondary to passage of normal ingesta or a functional ileus that is slightly variable in severity throughout the gastrointestinal tract, with an early or partial mechanical obstruction considered possible but less likely at this time. The possibility of a concurrent non-specific gastroenteritis is also not excluded. Small gas bubble within the urinary bladder vs. summated gastrointestinal tract. Repeat abdominal rads 1/19 - not sent to radiologist - Ingesta appears to have moved/moving into the colon

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

AGE

4 Years

WEIGHT

4.58 kg

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.

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 pyelectasia. The left kidney measured 4.4 cm in length. The right kidney measured 4.5 cm in length.

INTERPRETED BY

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

Adrenal Glands

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

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.36 cm.

IMAGING PERFORMED BY

Dallas Reynolds, LVT

HOSPITAL NAME

Lone Mtn. AH

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.

REFERRING VET

Dr. Munoz

Liver

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.

INVOICE

20649

DATE

1/19/23

The gallbladder was non-distended in size with anechoic content and mild echogenic luminal debris, likely secondary to anorexia/fasting. No evidence of posthepatic obstructive criteria. The cystic and common bile ducts were normal.



PATIENT

Gastrointestinal

Hamilton McGough

The stomach presented intact sonographically unremarkable wall layering. The lumen of the stomach was nondistended with a mild amount of retained echogenic fluid and luminal gas. The ventral gastric body wall measured 0.25 cm.

SPECIES

Feline

The small intestine presented intact wall layering with maintained 1:3 muscularis/mucosa ratio. Segmental mild intestinal ileus pattern with concurrent focal to segmental mild hyperechoic to shadowing ingesta/echoes. No evidence of pathology at the level of the ileocolic junction. Small intestinal wall width measured 0.21 cm. The ileocolic wall measured 0.25 cm.

BREED

DSH

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

SEX

Pancreas

Neutered Male

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.

AGE

4 Years

Free Abdomen

Focal to intermittent, mildly prominent to enlarged mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation or neoplastic criteria and maintaining a normal width: length ratio (<0.5). An example of lymph node size measured 1.7 cm x 0.35 cm.

WEIGHT

4.58 kg

No evidence of peritoneal effusion.

INTERPRETED BY

ULTRASONOGRAPHIC FINDINGS

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

- Sonographically normal urinary bladder and bilateral kidneys
- Minor retained gastric fluid
- Mild nonobstructive segmental intestinal ileus pattern with focal to segmental nonobstructive hairball type density.
- Intermittent minor benign/reactive mesenteric lymphadenopathy

IMAGING PERFORMED BY

Dallas Reynolds, LVT

HOSPITAL NAME

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Lone Mtn. AH

This patient is suspected to be passing small amounts of hairball density or similar without evidence of obstructive pattern. No indication for immediate surgical intervention given this presentation. A definitive cause of the patients fever was not obvious. Continued supportive care with monitoring of clinical response and potential recheck sonogram in 24-48 hours or sooner, if progressive gastrointestinal signs, would be reasonable. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Spec fPL may be considered to assess for low grade pancreatitis, which may present sonographically normal, as a contributing factor.

REFERRING VET

Dr. Munoz

INVOICE

20649

DATE

1/19/23



PATIENT

Hamilton McGough

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

4 Years

WEIGHT

4.58 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dallas Reynolds, LVT

HOSPITAL NAME

Lone Mtn. AH

REFERRING VET

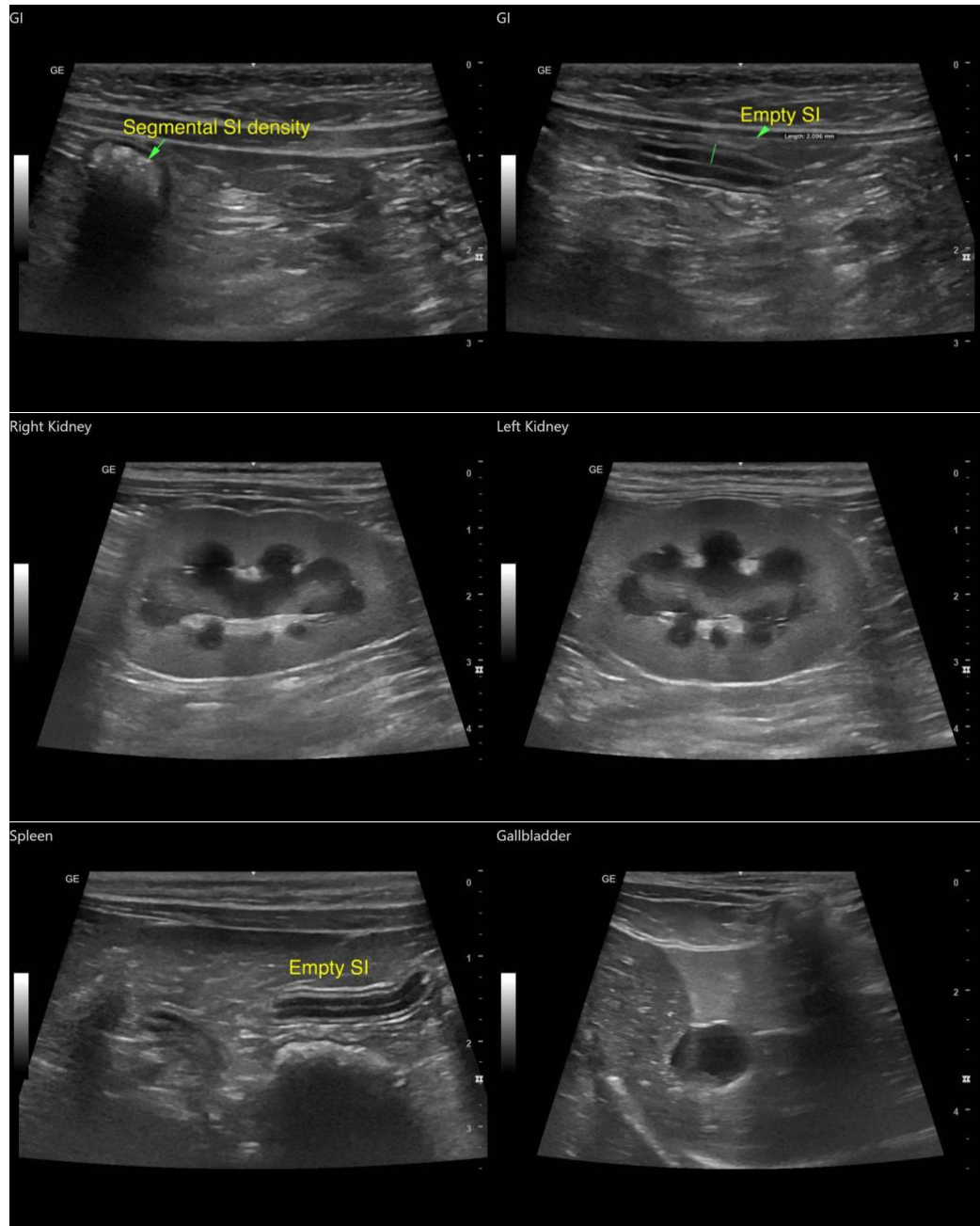
Dr. Munoz

INVOICE

20649

DATE

1/19/23





PATIENT

Hamilton McGough

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

4 Years

WEIGHT

4.58 kg

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dallas Reynolds, LVT

HOSPITAL NAME

Lone Mtn. AH

REFERRING VET

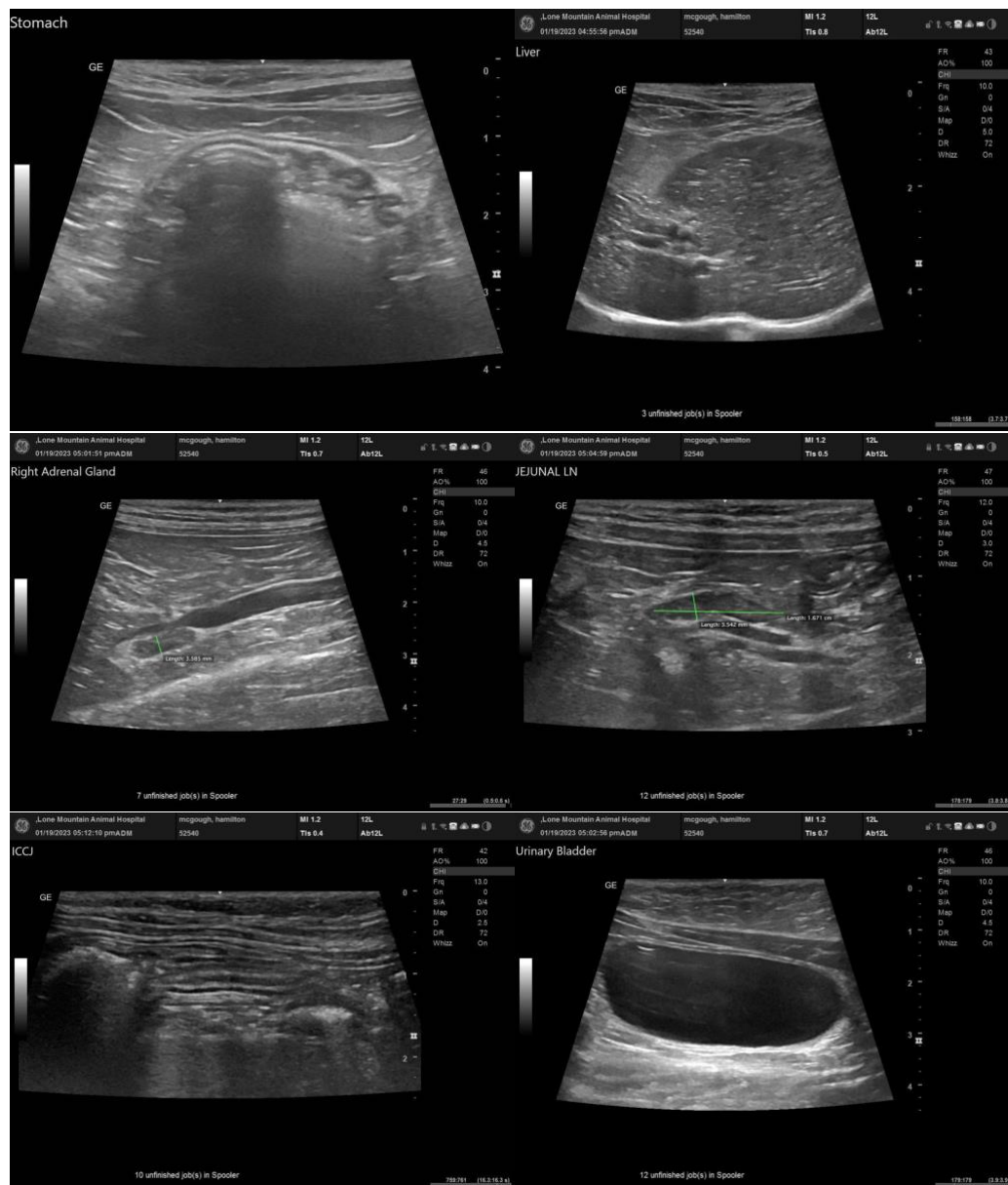
Dr. Munoz

INVOICE

20649

DATE

1/19/23



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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com