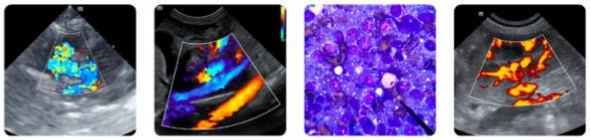


PATIENT

Jasmine Carara

SPECIES

Feline

BREED

Himalayan

SEX

Spayed Female

AGE

6 Years

WEIGHT

7.02 pounds

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Dr. Gabriella Iannuzzi

HOSPITAL NAME

Greater Staten Island Veterinary Services

REFERRING VET

Dr. Gabriella Iannuzzi

INVOICE

12912

DATE

01/02/26

PRESENTING CLINICAL SIGNS

Lethargic and anorexic since 12/31 - e/dr/u/def normally prior To pDVM on 12/31 where AXR showed constipation - enema, SQF and vitamin b12, and Convenia given but no improvement O gave 10 new vitamin treats on 12/30 instead of 1 as per label No known other indiscretion Sniffling and congested since yesterday.

Abnormal PE/Chem/CBC/UA Results: 12/31 pDVM diagnostics: CBC: Eos 0.04 (0.17-1.57) Chemistry: glu 206 (74-159), CRea 0.6 (0.8-2.4), BUN 10 (16-36), amylase 471 (500-1500), Na 148 (150-165), Cl 111 (112-129), TT4: 1.6 (0.8-4.7) UA (free catch): USG 1.068, pH 7.5 (5.5-7.0), protein 2+, Glu 2+, Blood 3+, >50 RBCs , struvite 4-10 AXR: feces throughout colon, fluid within intestines and stomach

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Nondependent particulate mild sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

Normal size and margination was 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 3.8 cm in length. The right kidney measured 3.9 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 0.40 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 cm width.

Spleen

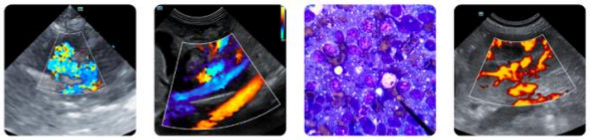
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

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.

The gallbladder was non distended in size with mild gravity dependent biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The stomach was empty with mild retained anechoic pyloric fluid. No evidence of mechanical obstruction to the pyloric outflow. The pylorus wall measured 0.23 cm wall width.

The small intestine presented intact wall layering with overall maintained wall layer ratio. Primarily empty lumen with mild segmental ileus. Possible nonobstructive hyperechoic duodenal lumen linear like echo was visualized with potential for duodenal mucus strand. Propensity for mildly prominent intestinal muscularis layer without evidence of thickened intestinal wall or loss of mural detail. The ileocolic junction measured 0.31 cm wall width. The duodenum wall measured 0.23 cm wall width. The jejunum wall measured 0.23 cm wall width.

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

Pancreas

The pancreas was normal to mildly prominent in size with mild capsule asymmetry and mild homogenous hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Hypomotile stomach with mild retained anechoic gastric fluid.
- Nonspecific enteropathy exhibiting nonthickened intestinal wall and possible nonobstructive duodenal hyperechoic lumen linear echo versus mucus.
- Suspect mild pancreatitis.
- Mild gallbladder debris.
- Urine sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Concern for nonobstructive duodenal linear foreign body is warranted although not definitive. No evidence of gastric foreign material extending into the duodenum or mechanical gastrointestinal obstructive pattern. Hospitalization with continued gastrointestinal support, documented 12-hour fast and sonographic reassessment of the gastrointestinal tract is recommended. Spec cPL or a full GI panel to include PLI, TLI, cobalamin and folate to correlate with pancreas and small intestine is suggested. Recheck sooner if progressive gastrointestinal signs. Oral and sublingual exam is recommended if not done. Urine culture and sensitivity on sterile urine sample is recommended if not done.

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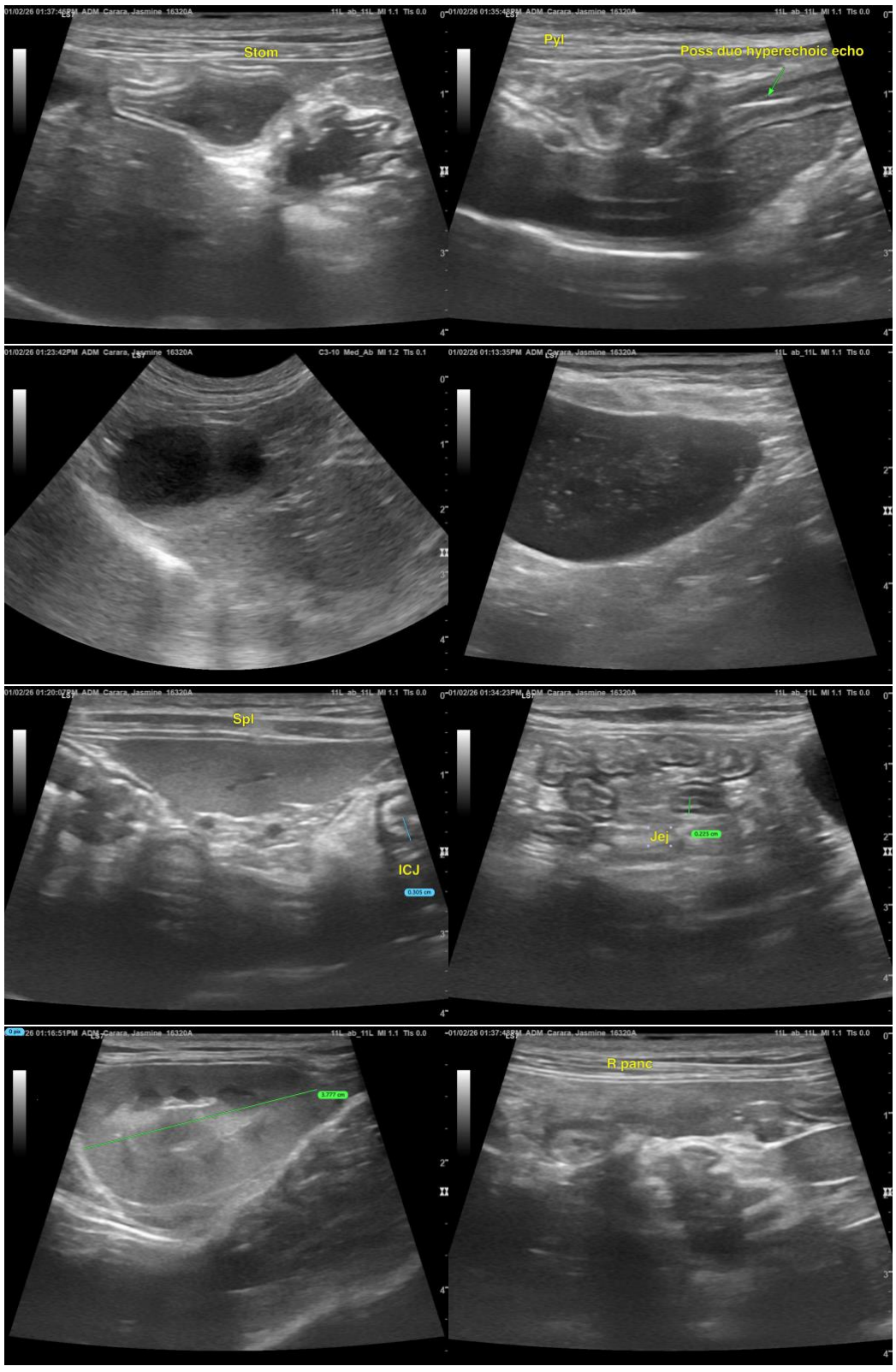

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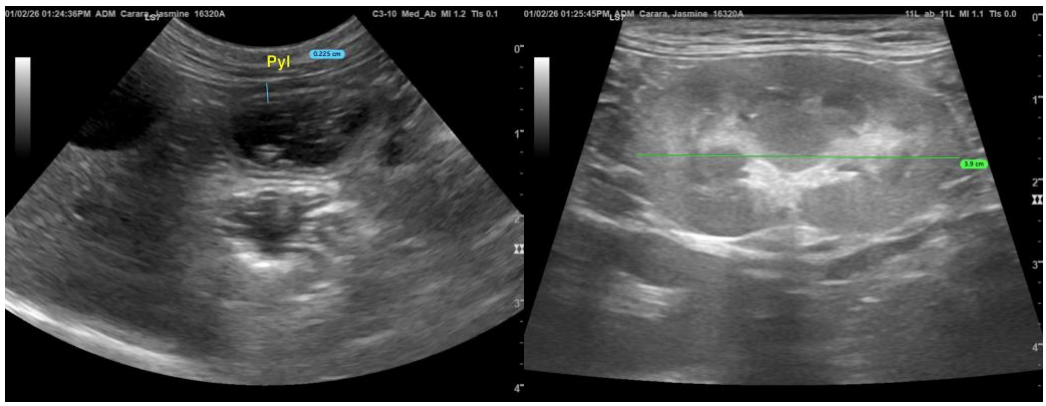

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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