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Clinical Sonography & Telecytology
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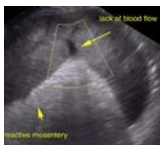
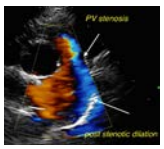
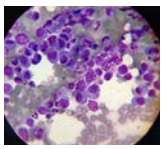
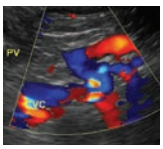

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1-800-838-4268 info@sonopath.com

PATIENT
Apollo Harkins

SPECIES
Feline

BREED
DSH

SEX
Male

AGE
13 Years

WEIGHT
4.4 kg

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

IMAGING PERFORMED BY
Dr. Van Nieuwal

HOSPITAL NAME
Animal Emergency Hospital Volusia

REFERRING VET
Dr. Van Nieuwal

INVOICE
34370

DATE
1/20/22

PRESENTING CLINICAL SIGNS

PP for eval for a 1 wk hx of anorexia and vomiting after getting into the trash.
Abnormal PE/Chem/CBC/UA Results: PE: bilateral yellow mucoid nasal discharge

The submitted study contained 20 still images for review.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder revealed mild distention, yet subjective normal tone without evidence of inflammatory or neoplastic criteria. Anechoic urine present. The urethra was normal to a depth of 1.0 cm.

The area of the aortic trifurcation was free of pathology.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.9 cm. The right kidney measured 3.7 cm.

Adrenal Glands

The adrenal glands were not definitively visualized.

Spleen

The spleen was not definitively visualized.

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 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. Minor retained non-shadowing pyloric chyme present. Gastric body wall measured 0.30 cm.

The small intestine presented intact wall layering with primarily maintained 1:3 muscularis/mucosa ratio. Subjective mild upper duodenal and potential segmental jejunal ileus was present. Empty segments of small intestine were noted without overt evidence of generalized small intestinal obstructive pattern. Duodenum wall measured 0.24 cm. Jejunum wall measured 0.25 cm.

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. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

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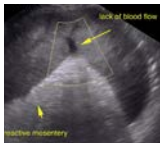
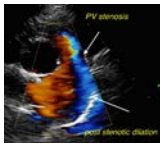
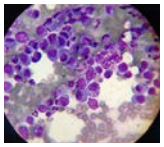
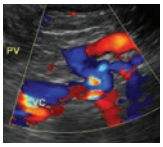

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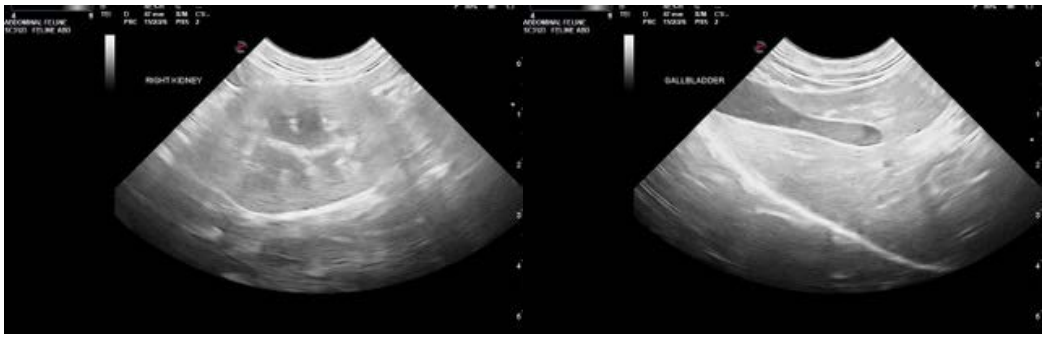
ULTRASONOGRAPHIC FINDINGS

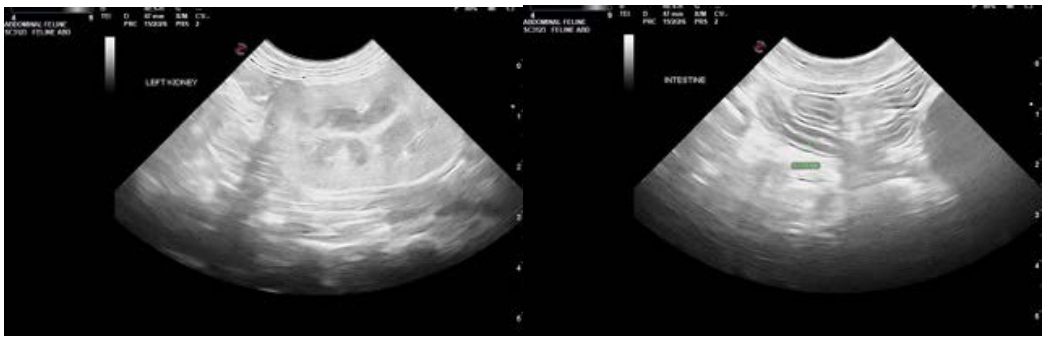
- Mild chronic renal changes
- Subjective acute to subacute gastroenteritis pattern exhibiting segmental duodenojejunal ileus and minor retained pyloric chyme

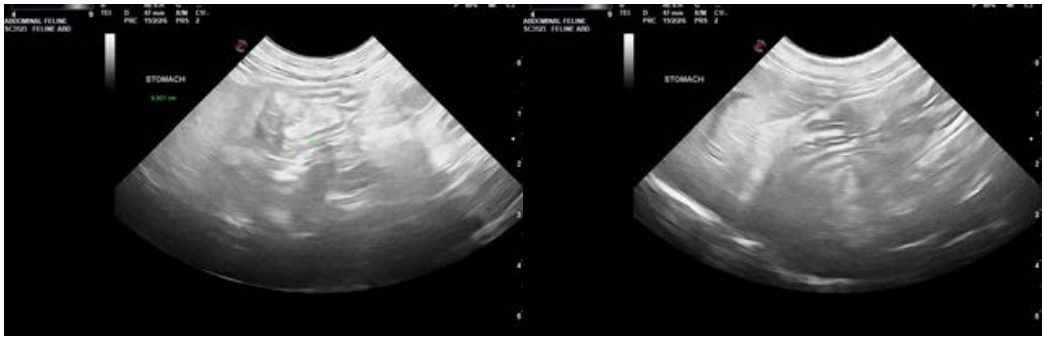
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Generalized gastroenteritis owing to acute inflammatory bowel episode potentially secondary to dietary indiscretion (given the patient's history) is suspected. However, given the limited study, the possibility of non-visualized, non-obstructive or partially obstructive gastrointestinal foreign material or pancreatitis (which may present sonographically normal) cannot be definitively excluded. Likewise, if history of gastrointestinal signs or recurrent gastrointestinal signs, potential for more chronic gastroenteropathy such as IBD or other may be possible.

Further assessment may include GI panel to include PLI, TLI, cobalamin and folate, as well as correlation with full lab work if not done. Hospitalization with aggressive therapy for gastroenteritis/pancreatitis would be appropriate. Resubmission of full abdominal study including primarily videos recommended if possible.







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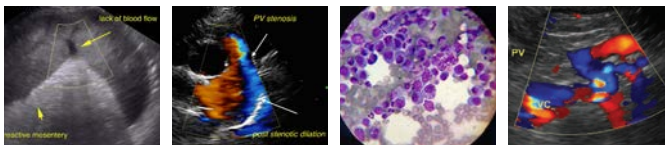

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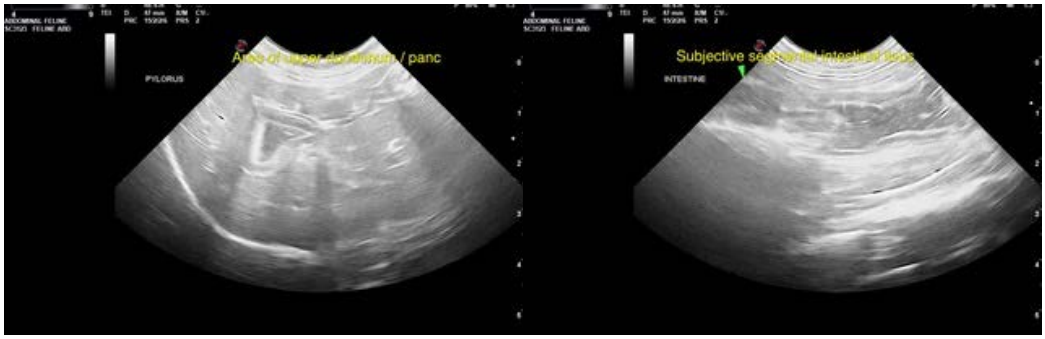

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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