



**PATIENT PRESENTING CLINICAL SIGNS**

Pocket Ramirez History: Suspect FB

**SPECIES** Abnormal PE/Chem/CBC/UA Results: No rads or lab work submitted

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

3 Years

**WEIGHT**

5.17 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Wilvet Salem

**REFERRING VET**

Wilvet

**INVOICE**

13495

**DATE**

1/20/22

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of - cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Moderate nondependent particulate sediment was present, likely consistent with cellular or crystalline debris with potential for mucus. Correlation with urinalysis +/- urine culture and sensitivity, if evidence of inflammatory cells. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted. Aortic trifurcation was normal.

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 3.7 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 0.28 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.56 cm.

**Spleen**

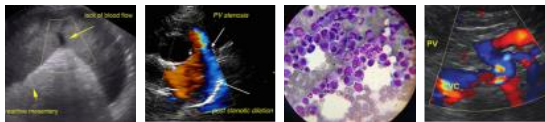
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**Gastrointestinal**

The stomach exhibited marked distention with retained fluid. The visualized gastric walls were sonographically unremarkable. No overt evidence of gastric foreign material or mechanical pyloric outflow obstruction was present.



**PATIENT**

Pocket Ramirez

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

3 Years

**WEIGHT**

5.17 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Wilvet Salem

**REFERRING VET**

Wilvet

**INVOICE**

13495

**DATE**

1/20/22

The small intestine presented intact wall layering with maintained 1:3 muscularis/mucosa ratio. Segmental marked small intestinal fluid dilation, involving the subjective duodenum and likely jejunum with both oral and aboral movement of fluid, as well as retained chyme were present. Suspect focal shadowing intestinal luminal echo, measuring approximately 0.8-1.0 cm in diameter was present in focal intestinal lumen. Concurrent segments of empty small intestine, exhibiting intact wall layering and maintained 1:3 muscularis to mucosa ratio were also present.

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

**Pancreas**

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**

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Moderate urinary bladder sediment
- Marked gastric fluid dilation
- Concurrent segmental marked intestinal fluid dilation with oral/aboral movement of retained fluid/chyme

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Considerations for the marked gastric fluid dilation and concurrent segmental marked intestinal fluid dilation may include metabolic versus mechanical ileus, however, segments of likely distal small intestine were empty without evidence of fluid dilation or ileus. The segmental dilation of the intestinal tract combined with marked gastric distention of fluid is strongly suggestive of mid to upper mechanical intestinal obstruction, which may correlate with suspected focal intestinal shadowing echo. Based on the sonographic findings, exploratory laparotomy with potential for enterotomy is recommended. Intestinal biopsies may be considered, despite exploratory findings.





**PATIENT**

Pocket Ramirez

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

3 Years

**WEIGHT**

5.17 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Wilvet Salem

**REFERRING VET**

Wilvet

**INVOICE**

13495

**DATE**

1/20/22





**PATIENT**

Pocket Ramirez

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

3 Years

**WEIGHT**

5.17 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Wilvet Salem

**REFERRING VET**

Wilvet

**INVOICE**

13495

**DATE**

1/20/22



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