



PATIENT

Derek Ferguson

PRESENTING CLINICAL SIGNS

Has been seen at emerg a few times for constipation/pain. Client reports that Derek's abdomen frequently becomes distended.

SPECIES

Feline

Derek has been on 2.5 mg prednisolone SID long term(exact time frame not provided) for possible lymphoma (client reports she was told this by a specialist). Derek also takes 2.5 mg gabapentin PO SID-BID for pain, 1/4 teaspoon of Restoralax (same as Miralax) PO SID to BID for constipation, and 2 mg mirtazapine PO prn for decreased appetite.

BREED

DMH

Derek has had a recent history of frequently impacted anal sacs. Recent PE was unremarkable. Diet is commercial kibble (brand unknown). A CBC/Chem panel on November 1, 2022 was normal.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX

Urinary System

MN

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.

AGE

14yr

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 pelvic dilation. The left kidney measured 4.3 cm in length. The right kidney measured 4.2 cm in length.

WEIGHT

5.75kg

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.4 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 cm width.

IMAGING PERFORMED BY

Donna Markland
DVM

Spleen

The spleen exhibited borderline to mild enlargement with mild medial folding of the caudal spleen. Symmetrical capsule contour was maintained with a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The spleen measured 1.2 cm in width at the level of the hilus.

HOSPITAL NAME

Island Mobile Paws
Veterinary Services

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 appeared to be divided into two separate compartments consistent with bilobed gallbladder which is a normal variant in a cat. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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Veterinary EH

INVOICE

12750ag

Gastrointestinal

DATE

01/23/2023



PATIENT

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.24 cm in width.

SPECIES

Feline

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.21 cm width. The jejunum wall measured 0.20 cm width. The ileocolic wall measured 0.28 cm width.

BREED

DMH

The visualized colon exhibited sonographically normal intact wall layering. No obvious evidence of significant colonic distention with formed fecal matter present in the descending and transverse to ascending colon. The descending colon wall measured 0.15 cm in width.

SEX

MN

Pancreas

The pancreas was normal in size and contour with uniform hypochoic parenchyma. No pancreatic duct dilation was present.

AGE

14yr

Free Abdomen

No omental masses or peritoneal effusion was present.

WEIGHT

5.75kg

Intermittent discrete mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). This finding is considered incidental and is not consistent with inflammatory or neoplastic criteria.

ULTRASONOGRAPHIC FINDINGS

INTERPRETED BY

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

- Sonographically unremarkable GI tract
- Normal intact visualized colon walls containing formed fecal matter, no overt evidence of colonic distention
- Possible low-grade pancreatitis
- Mild non-specific splenomegaly with mild caudal medial folding-non-specific, normal patient variant or secondary to sedation if applicable. Incidental hyperplasia, hematopoiesis, focal splenitis, or similar suspected, potential for emerging neoplastic criteria thought less likely yet cannot be definitively excluded

IMAGING PERFORMED BY

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DVM

Secondary

- Partial bilobed gallbladder-normal variant in a cat

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assuming normal clotting status and using a 25g needle, a splenic FNA for screening could be considered if no sedation was used for the ultrasound primarily to ensure only benign changes are present. No evidence of gastroenterocolic mural pathology or neoplastic criteria was present. Potentially the chronic use of prednisolone may be masking gastroenterocolic mural changes.

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If clinically indicated as needed continued empirical therapy for constipation which may include dietary therapy +/- fiber supplementation, prokinetic drugs, as needed laxatives etc. may be considered.

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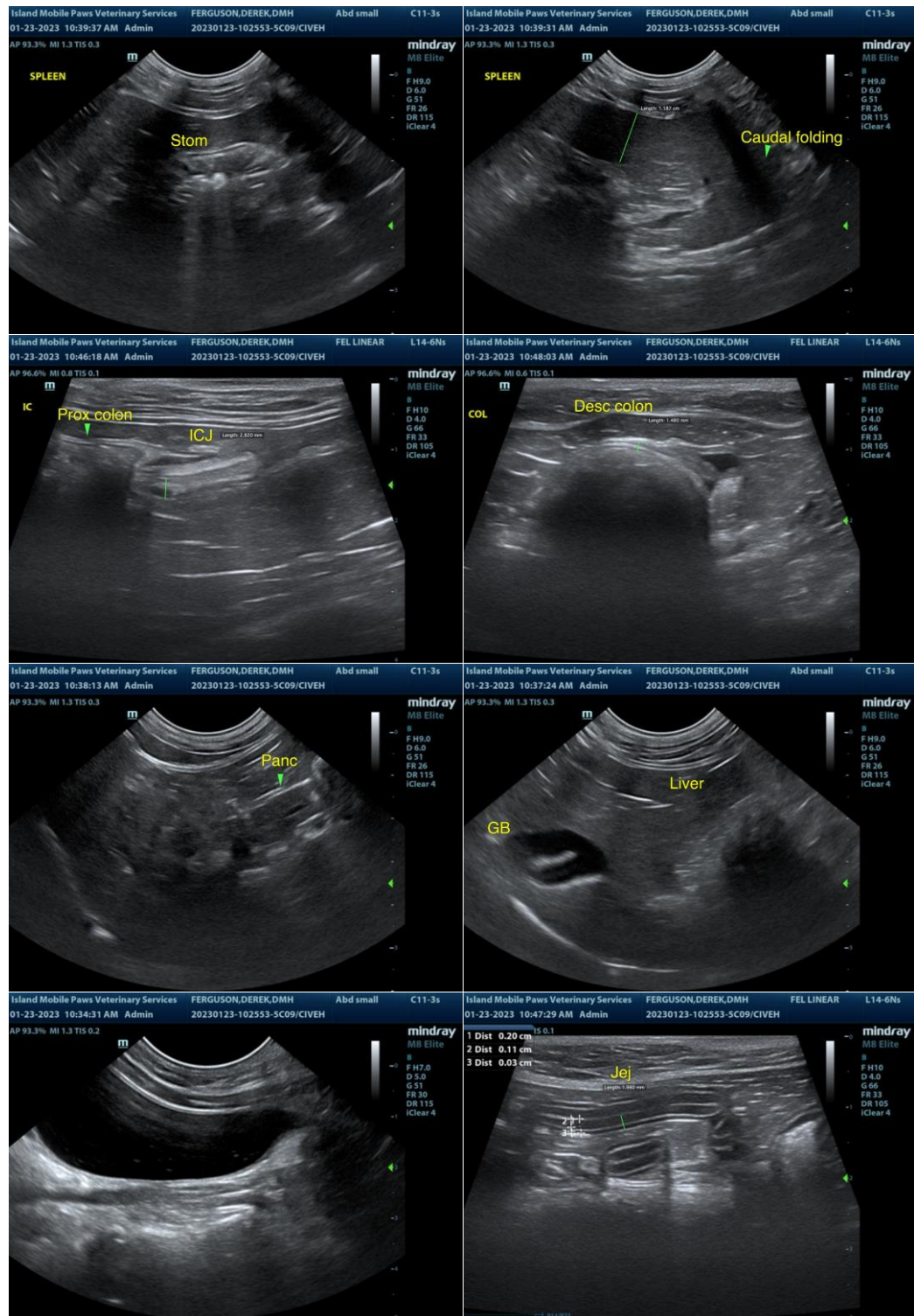
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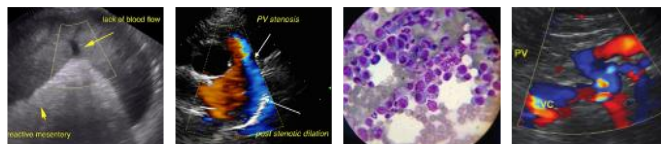
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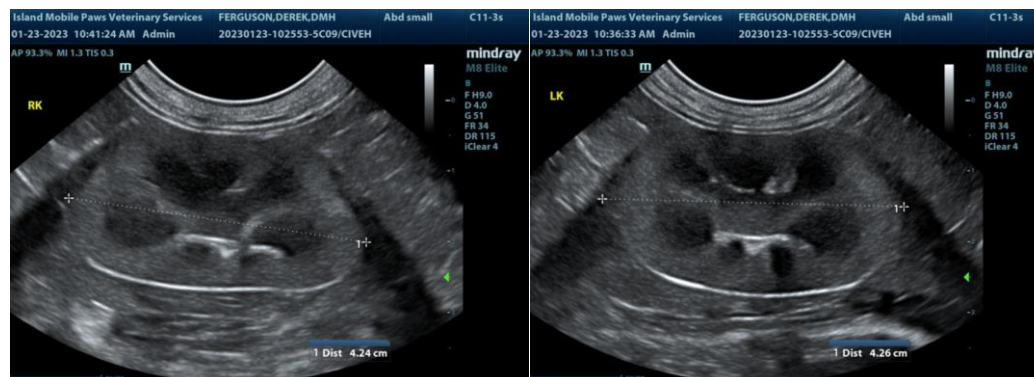
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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