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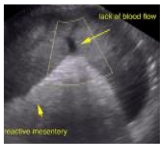
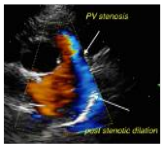
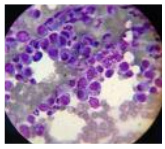
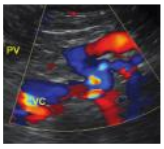

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1-800-838-4268 info@sonopath.com

PATIENT

Yankee Engle

SPECIES

Feline

BREED

DLH

SEX

NM

AGE

7 years

WEIGHT

18

INTERPRETED BY

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

IMAGING PERFORMED BY

Hope Brossman

HOSPITAL NAME

Animal Mansion VH

REFERRING VET

Shelley Parker DVM

INVOICE

15927

DATE

1/25/23

PRESENTING CLINICAL SIGNS

Unusual behavior, Clingy, moderate abdominal distention on PE, Gained 1 pound even though eating less. O states some regurge/ vomiting. Currently on transdermal fluoxetine

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. Both kidneys exhibited mild increased cortex echogenicity with mildly enhanced yet mild loss of corticomedullary border demarcation. No evidence of pelvic dilation was present. The left kidney measured 4.6 cm in length. The right kidney measured 4.8 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

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/ 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 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. The lumen of the stomach was primarily empty with mild luminal gas. Possible mild nonspecific retained gastric ingesta, yet without evidence of gastric distention with significant retained fluid, ingesta, or foreign material.

The small intestine presented generalized intact visualized wall layering exhibiting segmental 1:3 muscularis / mucosa ratio with concurrent segmental propensity for mild altered wall layering owing to mildly prominent muscularis layer. No evidence of intestinal masses or obstructive pattern. The small intestinal wall width measured up to 0.38 cm. No overt pathology was noted at the level of the ileocolic junction.

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

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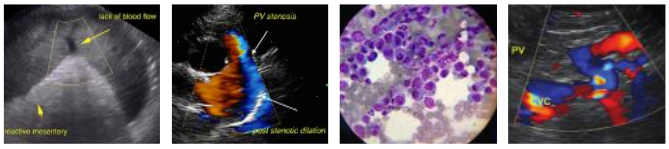

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Pancreas

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 were evident.

Free Abdomen

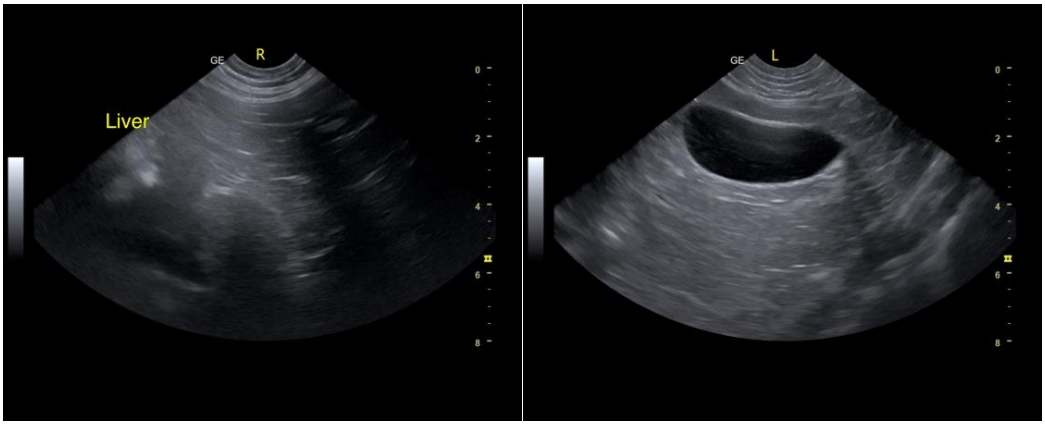
Focal, mildly prominent, hypoechoic to possibly cystic colic lymph node was noted measuring 0.75 cm in diameter. No omental masses, significant lymphadenopathy, or peritoneal effusion were present. Subjective increased amount of omental fat is noted.

ULTRASONOGRAPHIC FINDINGS

- Minor retained gastric ingesta, possible small nonobstructive hairball density
- Segmental intact yet prominent small bowel walls - possible inflammatory enteropathy / IBD
- Nonspecific early age-related renal changes
- Overall normal peritoneal cavity with subjective increased omental fat - no evidence of omental neoplastic criteria or peritoneal effusion

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestinal presentation is of unclear clinical significance given the reported weight gain. A GI panel to include PLI/TLI/Cobalamin/Folate to assess for occult intestinal disease may be considered if progressive gastrointestinal signs i.e., inappetence, diarrhea, etc., or evidence of weight loss going forward are noted. Hairball therapy is recommended if clinically indicated with as-needed gastrointestinal support. No evidence of intraabdominal or peritoneal cavity neoplastic criteria.



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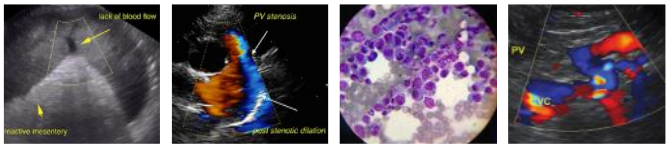

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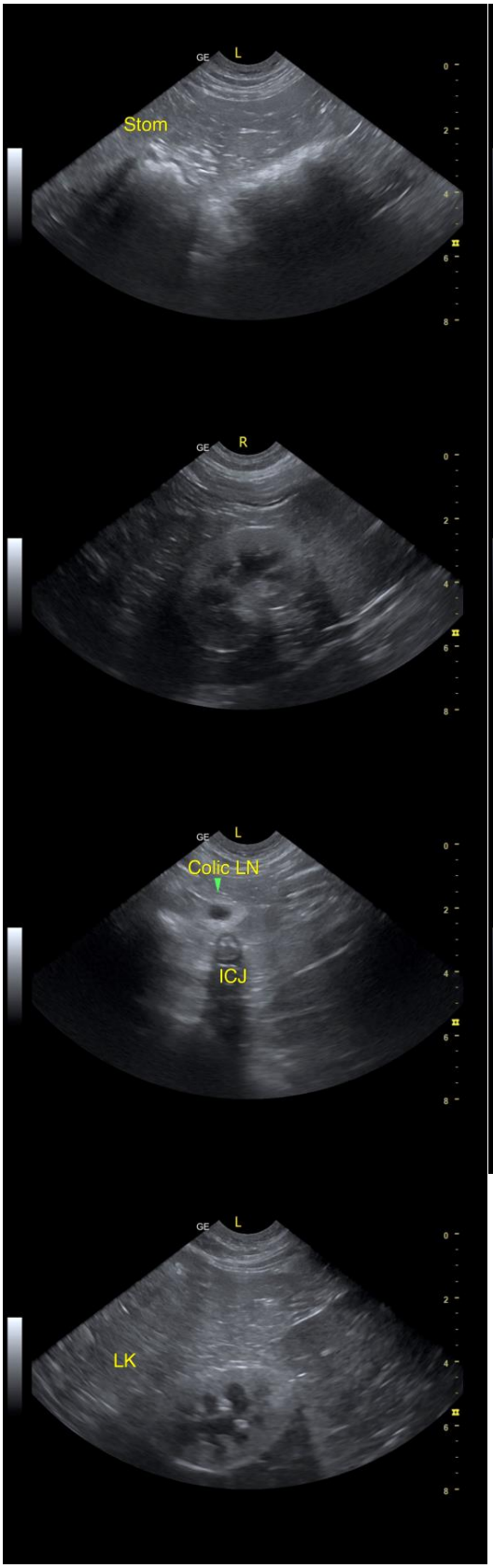

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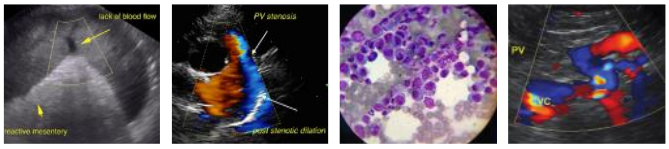

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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