**PATIENT**

Lenny Comer

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

8 Months

WEIGHT

8 Lbs.

INTERPRETED BYR. McKenzie Daniel, DVM,
DABVP (Canine and Feline)**IMAGING
PERFORMED BY**

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Molly Bies

INVOICE

13640

DATE

1/26/22

PRESENTING CLINICAL SIGNS

History: Vomiting, inappetence

Abnormal PE/Chem/CBC/UA Results: Bloodwork WNL minus elevated SDMA. Rads show concern of FB

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 were noted.

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 3.6 cm in length. The right kidney measured 3.7 cm in length.

Adrenal Glands

No overt pathology in the area of the left or right adrenal gland.

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.

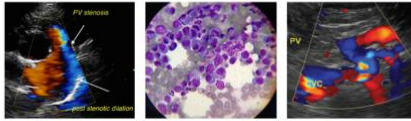
Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no evidence of retained ingesta, fluid or foreign material. The gastric body wall measured 0.24 cm.

The small intestine exhibited generalized intact wall layering and primarily maintained 1:3 muscularis/mucosa ratio with segmental to generalized propensity for mildly prominent muscularis layer. No overt evidence of intestinal mural hypertrophy or loss of intestinal wall layering. The duodenum wall measured 0.25 cm. The jejunum wall measured 0.25 cm. The ileocolic wall measured 0.28 cm.

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

Pancreas

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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.

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Free Abdomen

Intermittent, mildly prominent to enlarged jejunal 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). An example of lymph node size measured 0.47 cm diameter. No peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Subjective mild generalized inflammatory enteropathy pattern
- Associated intermittent subjectively benign/reactive jejunal lymph nodes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**AGE**

8 Months

The small intestine exhibited mild mural changes which are suggestive of inflammatory enteropathy process. This may indicate gastroenteritis, inflammation owing to dietary intolerance/food hypersensitivity, occult parasitism (if the patient is indoor/outdoor). Potential for emerging more chronic inflammatory intestinal process may be considered if going forward, persistent or recurring gastrointestinal signs are noted. No evidence of mechanical or metabolic gastrointestinal ileus obstruction or overt foreign material.

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Baseline GI panel, to include TLI, PLI, cobalamin and folate may be considered. Gastrointestinal support, including limited protein or hydrolyzed diet trial and broad-spectrum deworming (if clinically indicated) with assessment of clinical response suggested. Recheck sonogram may be considered to assess for progressive small intestinal mural changes, if gastrointestinal signs continue.

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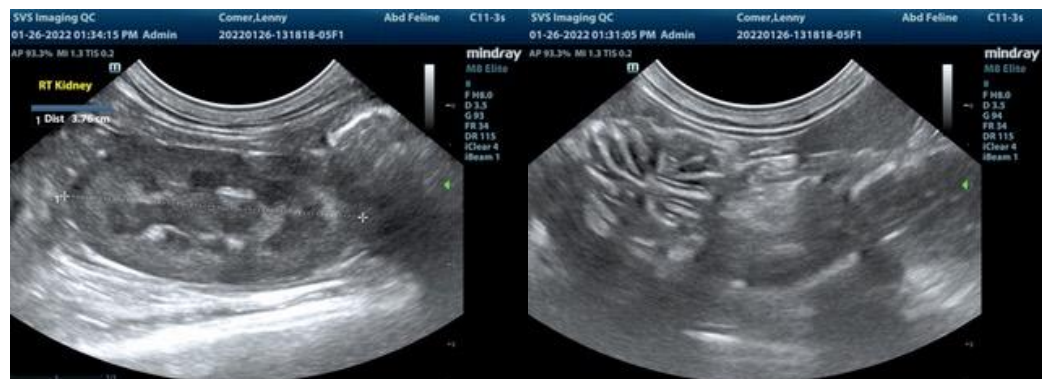
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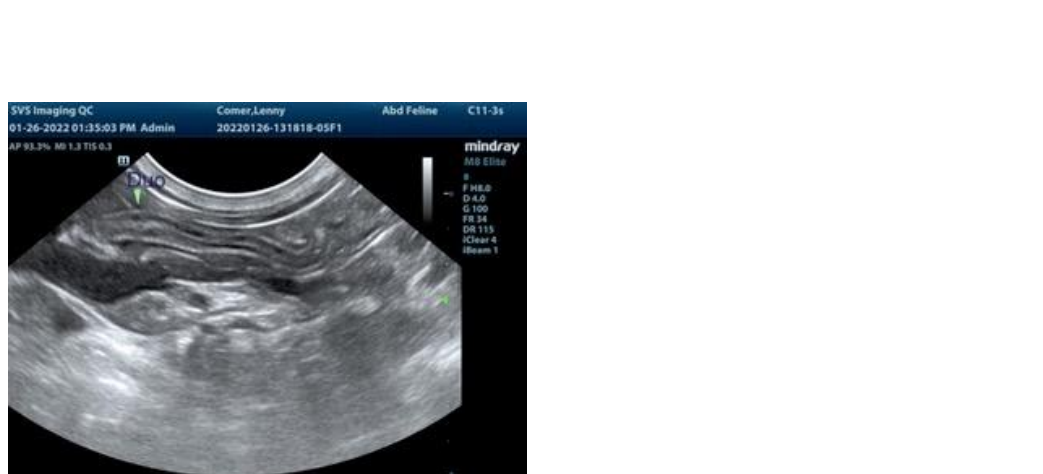
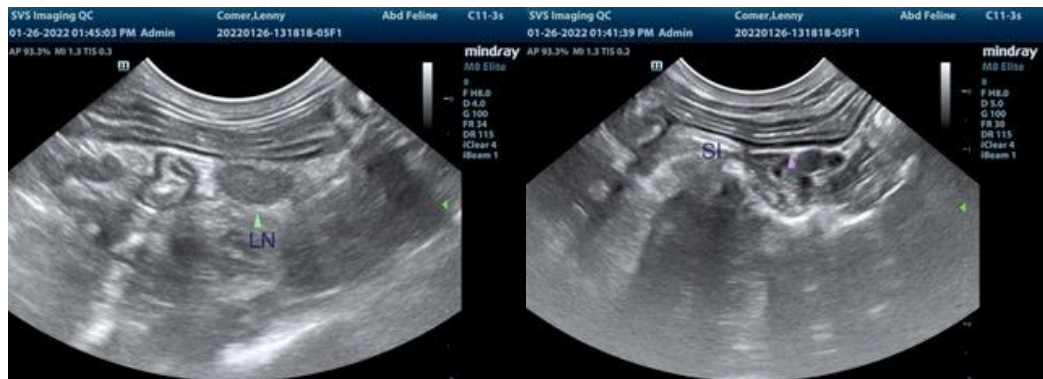
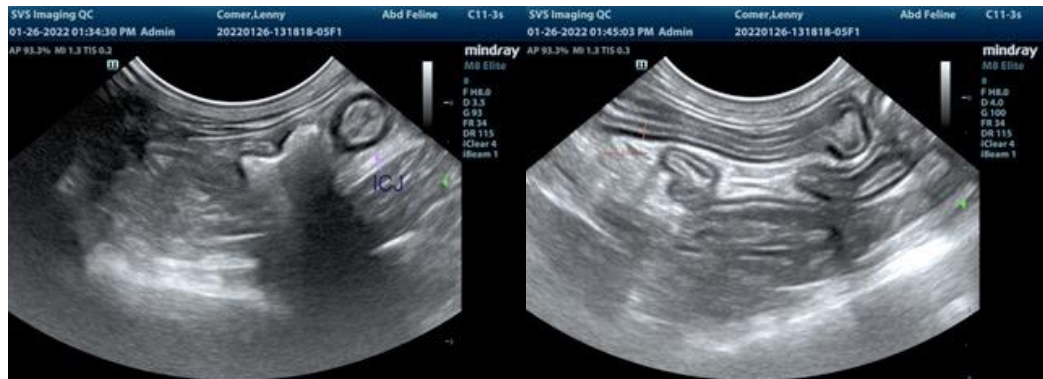
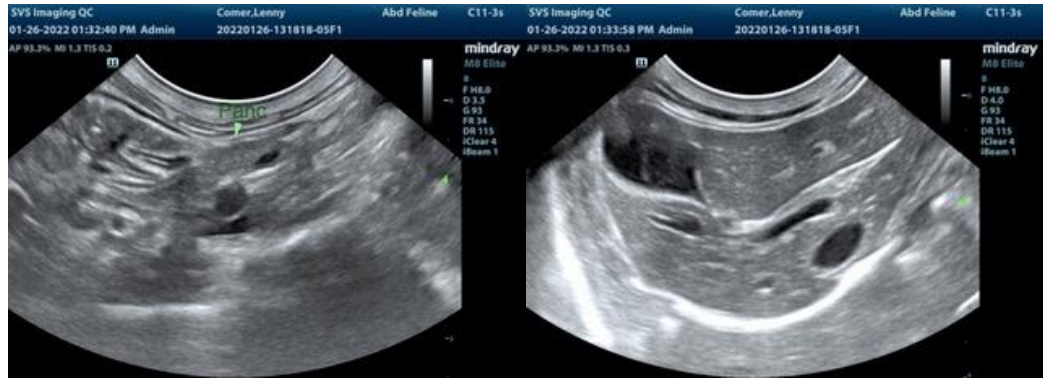
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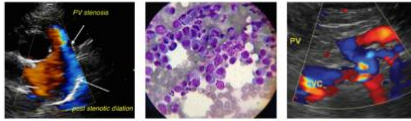
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Clinical Sonography & Telecytology

EDUCATIONAL TELECONSULTATION SERVICES™

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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.

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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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