



PATIENT PRESENTING CLINICAL SIGNS

Moo Serfass
History: Anorexia, vomiting bile and food, proteinuria, difficulty swallowing, history of fever.
Medication: Convenia, Cerenia, Pepcid, SQF Labs: Unremarkable CBC and chemistry panel. FELV/FIV neg, fPL neg, USG 1.040

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DLH

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.

SEX

Neutered Male

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 3.5 cm in length. The right kidney measured 4.5 cm in length.

AGE

2022

Adrenal Glands

WEIGHT

9.8

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.31 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.32 cm.

INTERPRETED BY

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

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. The spleen measured 0.83 cm in width at the level of the hilus.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

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.

HOSPITAL NAME

Brodheads ville VC

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Goldstein

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate mildly hyperechoic ingesta, exhibiting mild progressive distal acoustic shadowing. Nonshadowing ingesta was present in the area of the pylorus. No evidence of mechanical pyloric outflow obstruction. The gastric body wall measured 0.24 cm.

INVOICE

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DATE

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PATIENT

Moo Serfass

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 0.23 cm. The jejunum wall measured 0.23 cm. No overt pathology at the level of the ileocolic junction.

SPECIES

Feline

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

Pancreas

BREED

DLH

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

SEX

Neutered Male

A solitary mid abdominal lymph mesenteric node was present. This lymph node was homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. The lymph node measured 1.3 cm in diameter. No evidence of peritoneal effusion or omental masses.

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ULTRASONOGRAPHIC FINDINGS

- Probable focal mid abdominal mesenteric lymphadenitis
- Sonographically unremarkable small bowel- potential inflammatory bowel episode
- Gastric ingesta- postprandial presentation vs possible nonobstructive gastric stasis if documented NPO, possible nonobstructive gastric hairball density
- Normal bilateral kidneys

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Recommend possible hospitalization with supportive care and therapy for suspect lymphadenitis, including antibiotic therapy, such as Zithromax or similar given the reported fever. Overall, no evidence of significant visceral pathology with possible inflammatory bowel episode. Spec cPL could be considered to assess for low grade or chronic pancreatitis, which may present as sonographically normal. Likewise, full GI panel to include PLI/TLI/Cobalamin/Folate is suggested if evidence of weight loss. If documented NPO, monitoring for evidence of gastric emptying is advised +/- hairball therapy if clinical history of hairballs. No evidence of gastrointestinal obstructive criteria or intraabdominal neoplasia.

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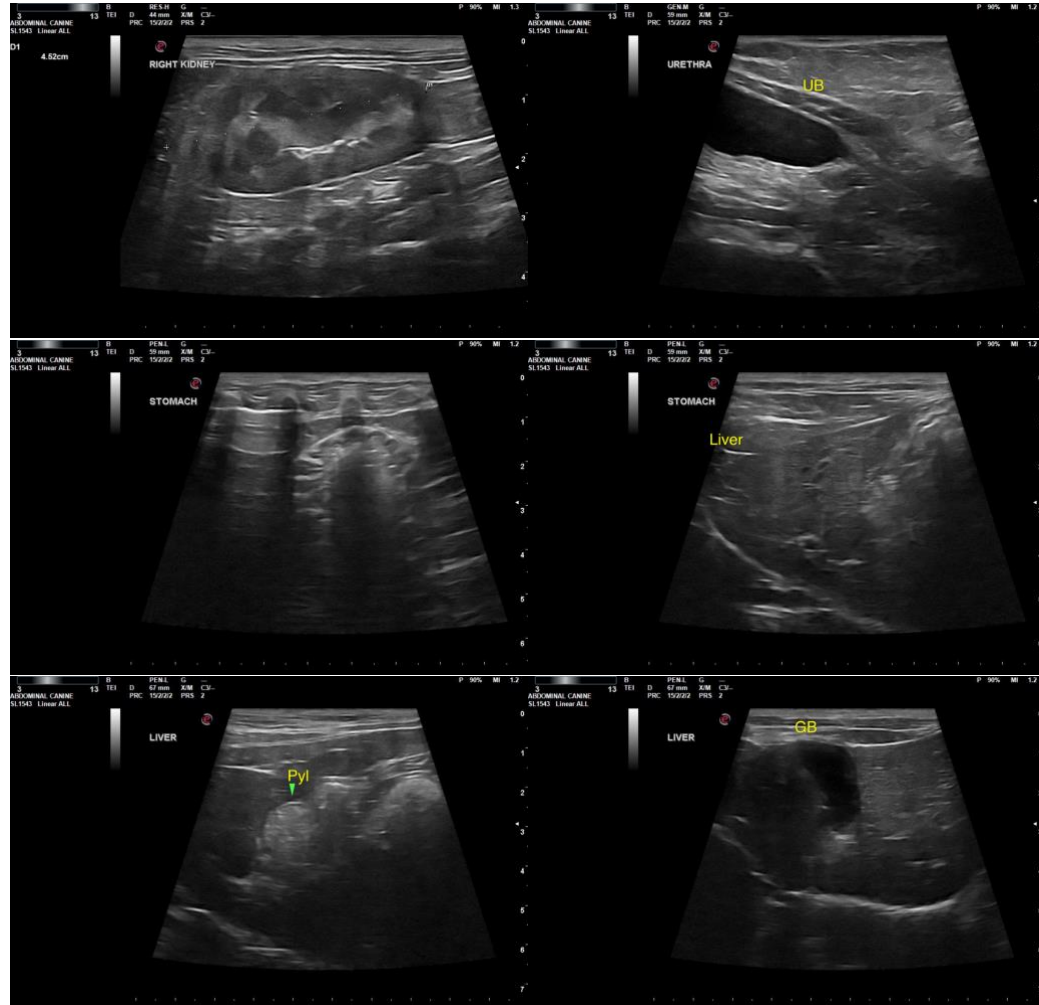
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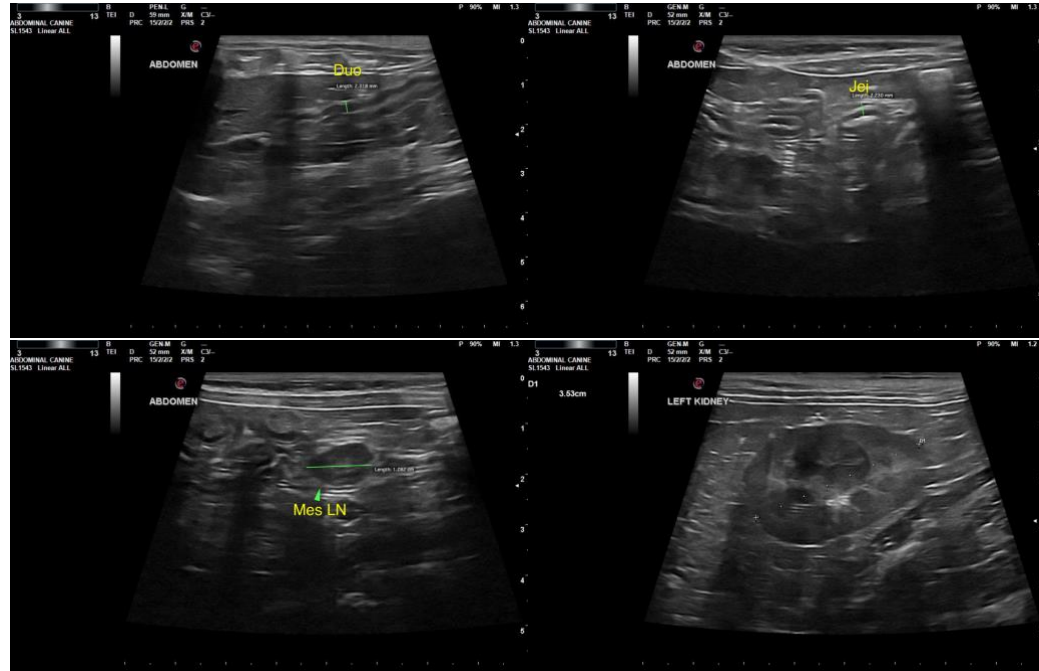
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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