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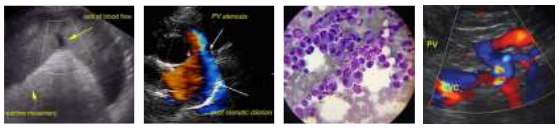


ANIMAL SOUNDS NW
MOBILE VETERINARY ULTRASOUND
IMAGING PERFORMED BY
AnimalSoundsNW.com 541-357-9423

**PATIENT**

Handsome Ferris

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

12 years

**WEIGHT**

11.7 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

H & H Veterinary Care

**REFERRING VET**

Dr. Henery

**INVOICE**

13201

**DATE**

1/28/22

## PRESENTING CLINICAL SIGNS

Intermittent vomiting shortly after eating.
Abnormal PE/Chem/CBC/UA Results: 12-08-2021 AMY value at 1586

## 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. Primarily anechoic urine was present in the lumen. Mild, nondependent, particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. Both kidneys exhibited subtle cortical hypertrophy with mild uniform increased cortex echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.1 cm in length. The right kidney measured 4.0 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 0.31 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 cm width.

### *Spleen*

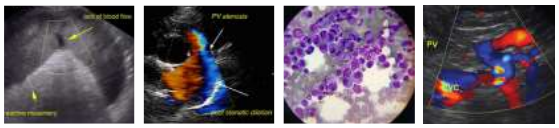
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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 empty with no signs of ileus, obstruction or foreign material. The gastric body wall width measured 0.25 cm.





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The small intestine presented intact wall layering and primarily maintained a 1:3 muscularis / ratio with subjective propensity for mildly prominent segmental to generalized small intestinal muscularis layer, yet without evidence of mural hypertrophy, loss of intestinal wall layering or intestinal masses. The duodenum wall width measured 0.23 cm. The jejunum wall width measured 0.20 cm. The ileocolic wall width measured 0.26 cm.

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 were evident.

### *Free Abdomen*

No omental masses, lymphadenopathy or peritoneal effusion were present.

## ULTRASONOGRAPHIC FINDINGS

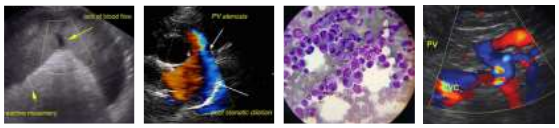
### *Primary Findings*

- Mild urinary bladder sediment
- Bilateral mild chronic renal changes
- Overtly normal gastrointestinal tract, potential for low-grade chronic inflammatory enteropathy

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Although not definitive, given the lack of reported weight loss or other gastrointestinal signs, the small intestine exhibited potential for subtle mural changes which may suggest underlying chronic low-grade inflammatory enteropathy. However, this is a subjective assessment and not definitive. Dietary indiscretion / food intolerance may also be playing a role in this patient. No evidence of gastrointestinal ileus or stasis was noted. The potential for low-grade pancreatitis may be present yet sonographically normal.

Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. Empirically, canned hydrolyzed diet trial with potential for smaller more frequent feedings and as-needed gastrointestinal support may prove beneficial. Three view chest radiographs, if not done, to rule out occult thoracic or esophageal pathology may be considered.





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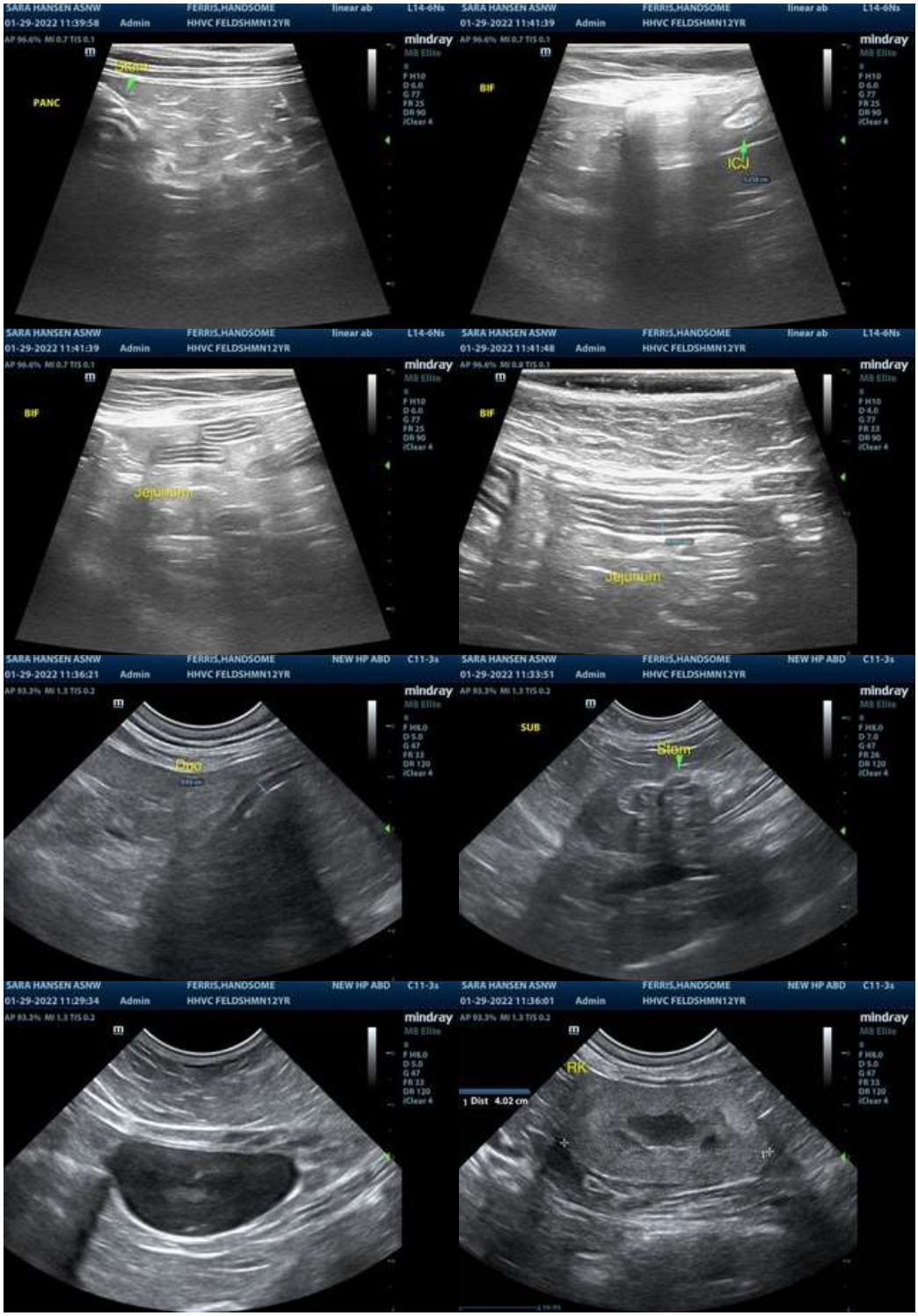

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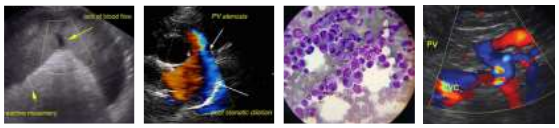

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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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**