



**PATIENT**

Buttercup Salters

**SPECIES**

Feline

**BREED**

DSM

**SEX**

Spayed Female

**AGE**

7 Years

**WEIGHT**

13.92

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Hannah Fearing

**HOSPITAL NAME**

Lanier AH

**REFERRING VET**

Dr. Macie Joncas

**INVOICE**

44591

**DATE**

1/28/23

**PRESENTING CLINICAL SIGNS**

Buttercup is here today for vomiting. Mom said the issue started a couple months ago and mom switched to wet food and she seemed fine until it started back last night. Mom said its way after she eats. She is eating Royal Canine Satiety Support weight management loaf. She still has the habit of not defecating in the litter box.

**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.

The area of the aortic trifurcation was free of pathology.

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 3.8 cm. The right kidney measured 3.9 cm.

**Adrenal Glands**

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm. The right adrenal gland measured 0.34 cm.

**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 regional variable wall thickening exhibiting decreased mural echogenicity and indistinct wall layer detail subjectively within the ventral aspect of the gastric fundus and body. Gastric body wall measured up to 1.4 cm. The stomach contained a moderate amount of retained anechoic fluid and echogenic chyme. No evidence of mechanical pyloric outflow obstruction. By comparison, pylorus wall measured 0.25 cm.

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. Duodenum wall measured 0.24 cm. Jejunum wall measured 0.23 cm.

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



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**Pancreas**

The left pancreatic limb was normal in size and contour with mild hypoechoic parenchyma compared to adjacent non-reactive or inflamed peripancreatic omentum.

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**Free Abdomen**

Intermittent, mildly prominent to enlarged gastric and jejunal nodes were present, example measured 0.40 cm diameter. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

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No omental masses or peritoneal effusion.

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**ULTRASONOGRAPHIC FINDINGS**

- Hypomotile stomach with regional variably thickened gastric walls
- Sonographically unremarkable small bowel – no evidence of small bowel mechanical/metabolic ileus
- Suspect low-grade left pancreatitis
- Intermittent mild mesenteric lymphadenopathy

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The regionally thickened gastric wall may indicate regional gastritis with secondary metabolic gastric stasis. Potential for early infiltrative gastric mural neoplasia may also present in this manner and cannot be excluded. Gastric biopsies warranted for definitive diagnosis. Spec fPL suggested or full GI panel to include PLI, TLI, cobalamin and folate suggested for further clarification of the pancreatic appearance, as well as assessment for concurrent structurally insignificant intestinal disease.

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Empirically, therapy for gastritis +/- helicobacter with potential for promotility medication if evidence of persistent gastric stasis, assessment of clinical response, and sonographic reassessment of the stomach in 3-4 weeks, sooner if evidence of persistent/progressive vomiting despite empirical therapy. In conjunction with empirical gastritis protocol, canned hydrolyzed diet with smaller more frequent feedings and avoidance of dry food is recommended.

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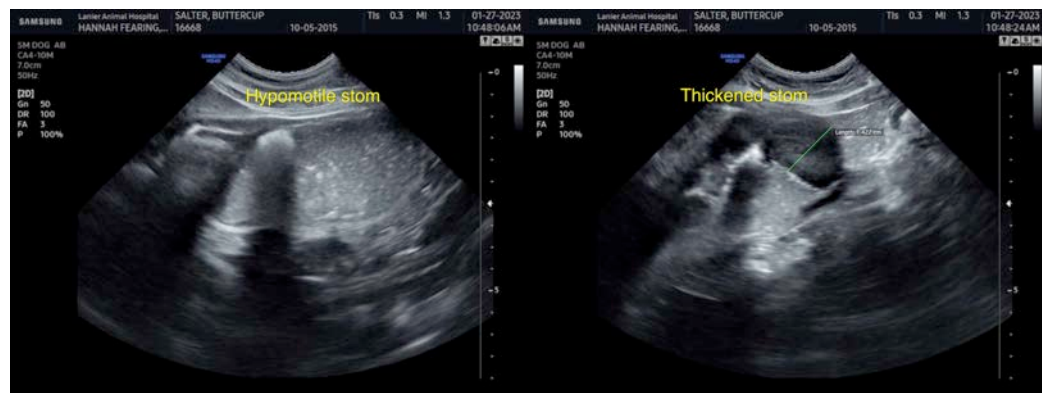
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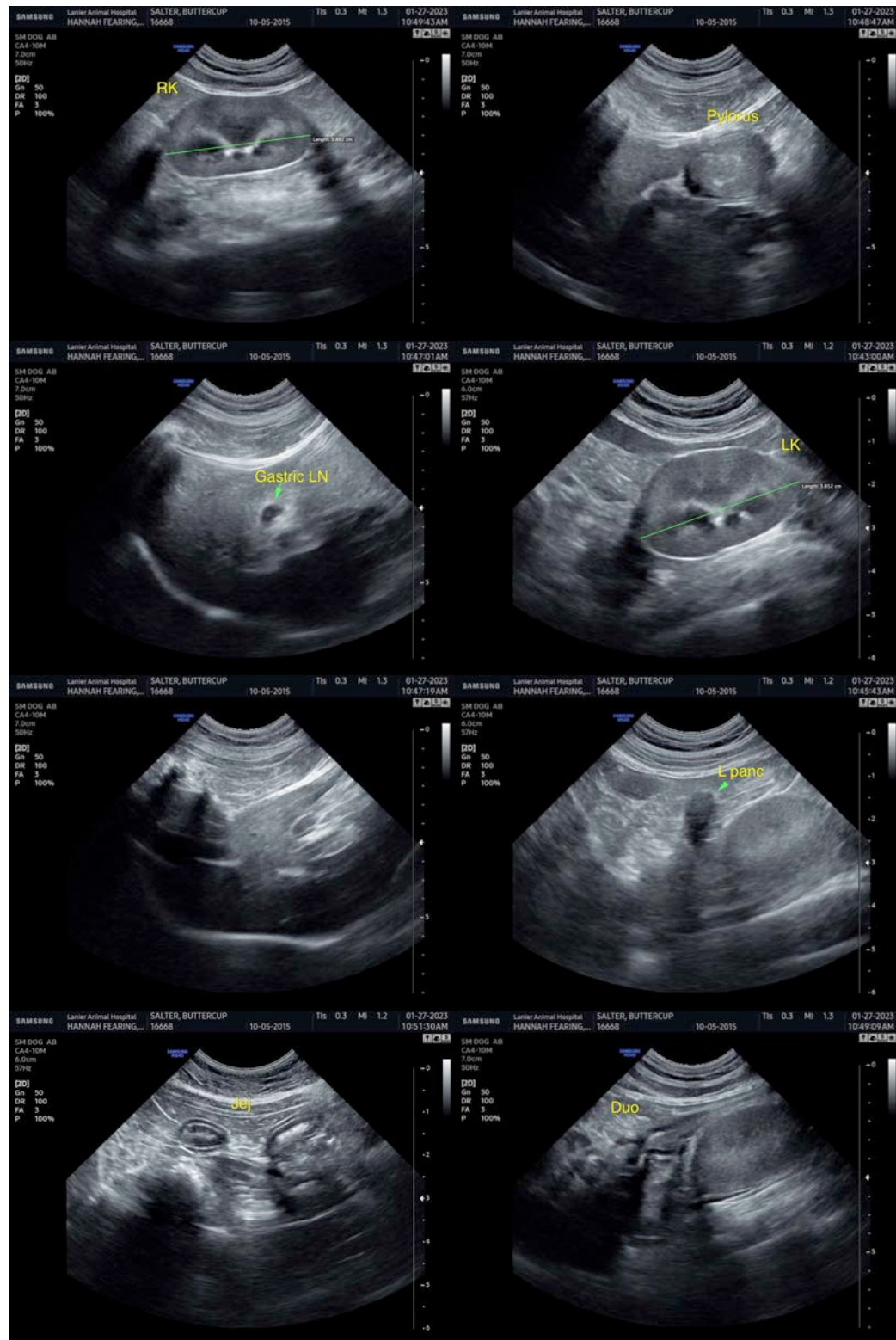
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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