



PATIENT

Awesomer Mittens
Barclay

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14.5 Years

WEIGHT

7.5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Robyn Lantz

HOSPITAL NAME

Eastgate Vet Clinic

REFERRING VET

Dr. Josiah Moses

INVOICE

35215

DATE

1/31/22

PRESENTING CLINICAL SIGNS

Last week P had 2 days of vomiting without an appetite. Then it cleared up and now Friday she is vomiting again. The vomit is foamy. P doesn't have an appetite again on Friday. P might have gotten into philodendron.

Abnormal PE/Chem/CBC/UA Results: ALT slightly elevated, mild neutrophilia, hypermagnesemia, proteinuria, rest of labwork wnl

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.

The left kidney was subnormal in size compared to normal for this species and compared to the right kidney. The left kidney measured 2.5 cm. The right kidney measured 3.4 cm. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present.

Adrenal Glands

No overt pathology in the area of the left and right adrenal glands.

Spleen

The spleen measured 0.75 cm in width and 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 wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The stomach contained a mild to moderate amount of retained anechoic fluid. No evidence of retained ingesta or foreign material as well as no evidence of mechanical pyloric outflow obstruction. Gastric body wall measured 0.32 cm. Pylorus wall measured 0.33 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 0.23 cm. Jejunum wall measured 0.28 cm.

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



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Pancreas

The left limb of the pancreas exhibited subtle prominent size and symmetrical contour with heterogeneous to mildly hypoechoic parenchyma compared to adjacent omentum.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

BREED

DSH

ULTRASONOGRAPHIC FINDINGS

- Gastritis with associated metabolic hypomotility
- Potential low-grade pancreatitis
- Low-grade hepatopathy - low-grade inflammatory reactive hepatopathy potentially owing to gastritis suspected.
- Overtly normal small bowel
- Mild chronic renal changes with mild subnormal left kidney size

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Spayed Female

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

14.5 Years

The cause of the patient's clinical signs is suspected to be primarily owing to gastritis and non-obstructive gastric hypomotility. This may potentially be secondary to dietary indiscretion. Potential for other more chronic inflammatory gastric mural disease cannot be definitively excluded. No overt evidence of gastric neoplastic criteria, which is considered unlikely. Some contribution to the clinical signs may potentially be owing to low-grade pancreatitis, although not definitive.

WEIGHT

7.5 Pounds

Correlation with spec fPL may be considered. Continued medical therapy for gastritis and as-needed gastrointestinal support should prove beneficial. If persistent or recurrent signs of vomiting. Recheck sonogram, primarily to reassess the stomach and gastrointestinal tract for evidence of progressive inflammatory mural changes, is recommended. No evidence of mechanical gastrointestinal obstruction or indication for surgical intervention.

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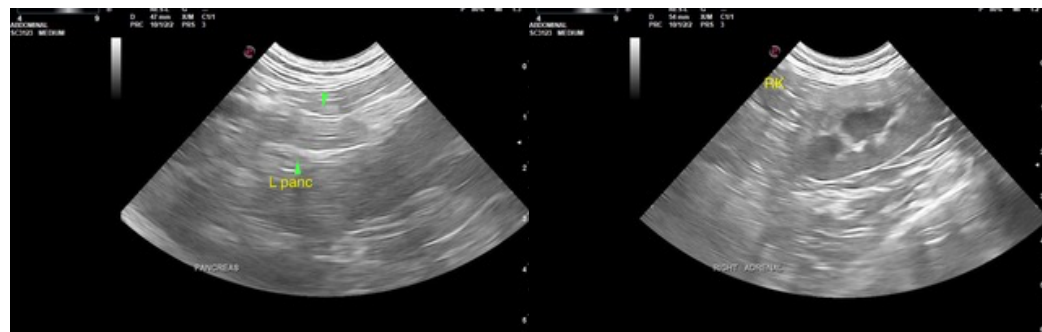
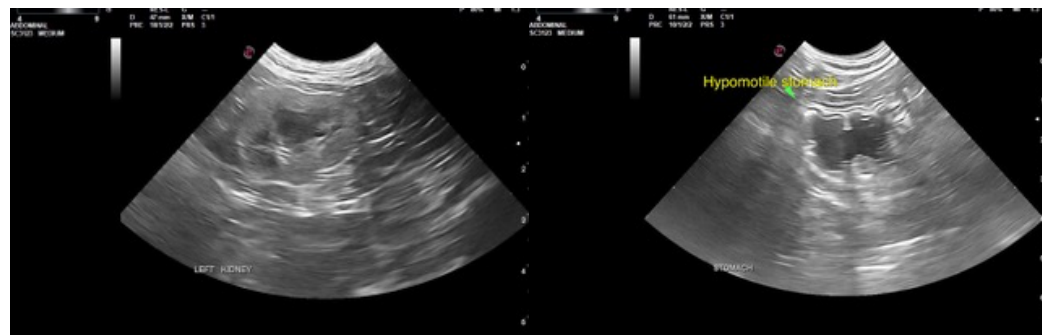
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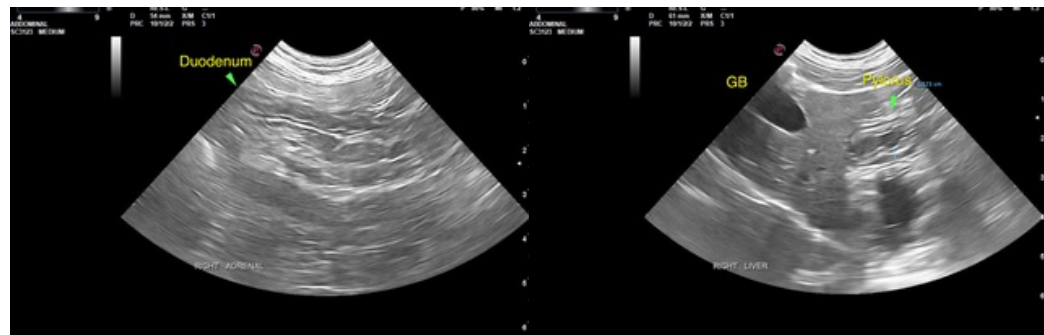
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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