



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Sparky Bell
SPECIES Feline
BREED DSH
SEX MN
AGE 10 years

BW unremarkable. Sparkey: 10y MN DSH Few day hx howling when going to the bathroom. Soft stool. Appetite wnl. CBC CHEM unremarkable. Rad report segmental pattern SI r/o enteropathy, obstruction. Abnormal PE/Chem/CBC/UA Results: RADS attached Report #1 Assessment: 1. Segmental small bowel enteropathy with gastric contents present Comments: The segmental distention of the small intestine is concerning for a possible obstructive process however a definitive obstructing foreign object or lesion is not identified. The intestinal distention could also be secondary to enteritis however whenever a segmental pattern is present, the concern is more for an obstructive process. The gastric contents may represent secondary delayed gastric emptying. Consider ultrasonography to assess the intestinal tract in greater detail and further rule out an obstructive foreign object or lesion. Recheck radiographs following a sufficient period of fasting are recommended to confirm normal, complete gastric emptying REPORT#2 taken at time of ultrasoun Assessment: 1. The stomach is now small/nondistended. In the absence of any further vomiting in the recheck interim, this suggests gastric emptying. 2. The mildly atypical fluid and gas pattern within the intestine could suggest enteritis or another functional etiology. In the absence of any further vomiting suggesting gastric emptying, a partial or early mechanical ileus in the small intestine is considered unlikely. 3. Otherwise, unremarkable abdomen

WEIGHT ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

15 lbs

Urinary System

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

The urinary bladder, trigone, and cystourethral junction 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.

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The area of the aortic trifurcation was free of pathology.

Loetitia Saint-Jacques, RVT

Normal renal size with asymmetrical margination were present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.4 cm in length. The right kidney measured 4.2 cm in length.

HOSPITAL NAME

Dr. India Vannini

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Dr. India Vannini

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.4 cm width. The right adrenal gland was not definitively visualized.

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Spleen

The spleen was normal in size and exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild asymmetrical medial capsule contour was present. The splenic vasculature at the hilus was normal in volume with no evidence of congestion



PATIENT

or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.63 cm in width at the level of the hilus.

Sparky Bell

Liver/Gallbladder

SPECIES

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.

Feline

BREED

Gastrointestinal

DSH

The stomach presented intact wall layering with a normal wall layer ratio. Mild retained nonshadowing ingesta/chyme was present. No overt evidence of mechanical pyloric outflow obstruction or foreign material was noted. The pylorus wall width measured 0.25 cm.

SEX

MN

The small intestine presented intact wall layering and primarily maintained a 1:3 muscularis/mucosa ratio with segmental propensity for subtly prominent muscularis layer. No evidence of intestinal mural hypertrophy, loss of intestinal wall layering, intestinal masses, or mechanical obstruction with foreign material was noted. Segmental, nonshadowing duodenojejunal chyme was present without evidence of intestinal distention. The duodenum wall width measured 0.24 cm. The jejunum wall width measured 0.27 cm. The ileocolic wall width measured 0.27 cm.

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Normal visible colon wall layers were present with subjective semi-formed to soft feces in the lumen.

Pancreas

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The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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DABVP (Canine and Feline)

Free Abdomen

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Solitary, colic lymph node was present adjacent to the ileocolic junction. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The colic lymph node measured 1.0 cm x 0.46 cm. Intermittent, mesenteric lymph nodes were also noted. No effusion was noted.

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ULTRASONOGRAPHIC FINDINGS

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Primary Findings

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- Overtly normal gastrointestinal tract with mild gastric and segmental small bowel ingesta / chyme
- Normal colon containing subjective semi-formed to soft feces
- Intermittent benign / reactive jejunoileocolic lymph nodes

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Secondary Findings

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- Mild nonspecific chronic renal changes
- Mild urinary bladder sediment

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

Sparky Bell The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

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The presence of gastric and segmental small bowel ingesta to chyme is nonspecific without evidence of mechanical obstruction or foreign material. This may correlate with recent meal ingestion. However, if documented NPO, some degree of possible gastric or gastrointestinal hypomotility or inefficient peristalsis may be possible.

BREED

DSH

Although no evidence of gastrointestinal mural pathology was noted, the small intestine exhibited potential for subtle wall changes which may suggest underlying inflammatory enteropathy. However, given the lack of reported additional gastrointestinal signs or weight loss, this finding is nonspecific.

SEX

MN

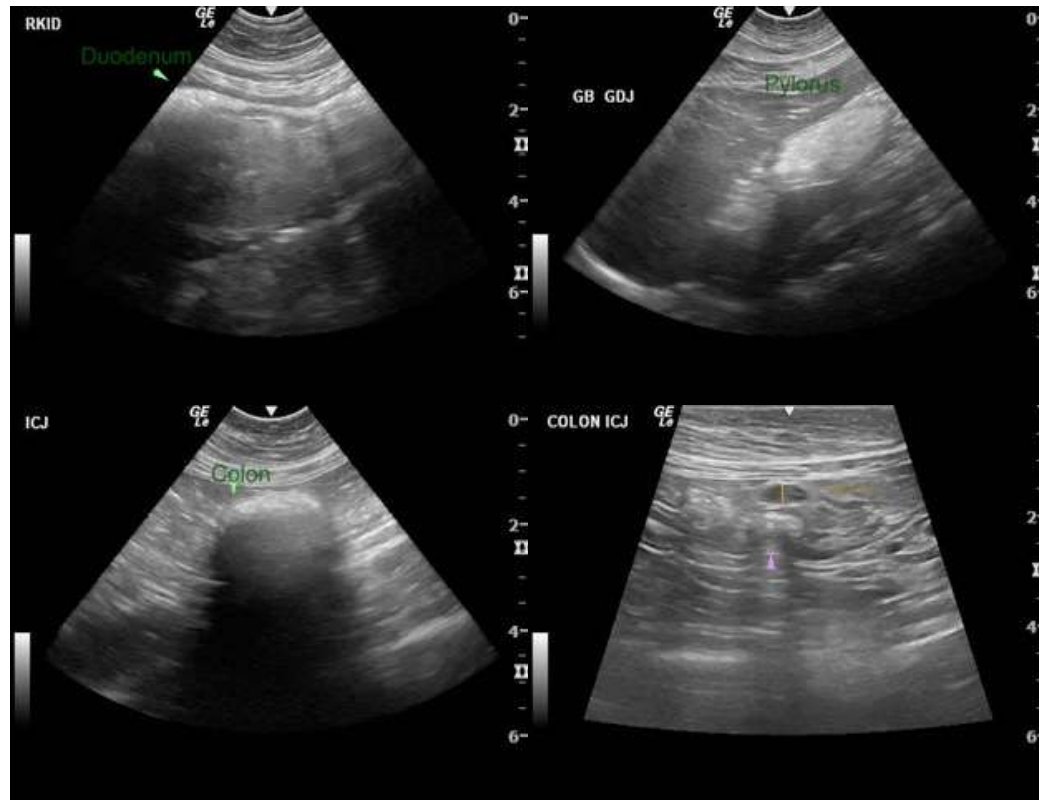
Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate, given the soft stool. Empirically, continued as-needed gastrointestinal support with monitoring for additional gastrointestinal signs or evidence of weight loss are recommended.

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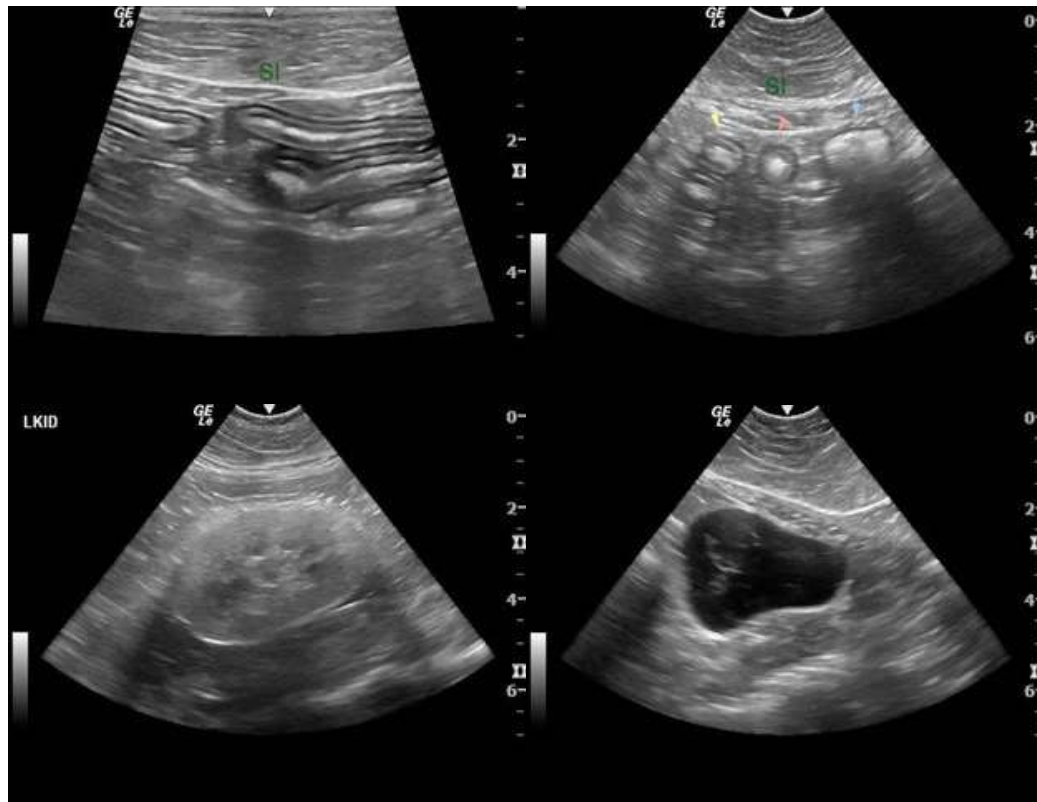
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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