



PATIENT

Joey Buckley

SPECIES

Feline

BREED

DSH

SEX

Male/Neutered

AGE

3

WEIGHT

21.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens AH

REFERRING VET

Dr. Sharkaway

INVOICE

16030

DATE

1/31/23

PRESENTING CLINICAL SIGNS

Vomiting multiple times History of eating plastic bags Overweight
Abnormal PE/Chem/CBC/UA Results: X-ray–fecal material in the colon, mild thick stomach wall, mild gas in the pylorus and small intestine

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 was 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 4.7 cm in length. The right kidney measured 4.7 cm in length.

Adrenal Glands

The left and right adrenal glands were not visualized.

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 exhibited borderline to possible mild enlargement with symmetrical contour and uniform mild increased hepatic parenchyma echogenicity. No masses or nodules were noted. 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 mildly thickened to hypoechoic gastric walls. The lumen of the stomach was primarily empty with minor retained fluid and luminal gas. No evidence of significant gastric distention with significant retained ingesta, fluid, or foreign material. The gastric wall width measured 0.75 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with mild luminal gas and no obstructive pattern or foreign material.

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



PATIENT

Pancreas

Joey Buckley

The left limb of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peri pancreatic to peri gastric mild hyperechoic omentum. No overt evidence of neoplasia.

SPECIES

Feline

BREED

DSH

SEX

Male/Neutered

AGE

3

WEIGHT

21.3

Free Abdomen

No overt lymphadenopathy was present. A small pocket of scant free fluid was noted in the left lateral to cranial abdomen within the area of the left pancreatic limb and gastric fundus.

ULTRASONOGRAPHIC FINDINGS

- Mild potentially acute gastritis pattern with minor gastric hypomotility
- Suspect left pancreatitis
- Regional perigastric /peri pancreatic mild hyperechoic omentum, concurrent scant peripancreatic free fluid
- Overtly normal small bowel - no evidence of small intestinal mechanical / metabolic ileus
- Borderline / mild hepatomegaly exhibiting subjective mild parenchyma hyperechogenicity

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, the appearance of the stomach is suggestive of acute gastritis and concurrent with suspected left pancreatitis. No obvious evidence of gastrointestinal obstructive criteria.

IMAGING PERFORMED BY

Dr. Sharkaway

Although nonspecific, the potential for concurrent inflammatory hepatopathy or emerging hepatic lipidosis cannot be definitively excluded. Correlation with a full CBC chemistry panel and urinalysis is recommended. Spec fPL is suggested for further assessment of the pancreas. Empirical therapy for acute gastritis and pancreatitis would be reasonable. Minor potential for occult infiltrative gastric neoplasia is considered less likely. Sonographic reassessment may be considered if evidence of persistent gastrointestinal signs / progressive pancreatitis despite supportive therapy.

HOSPITAL NAME

Kew Gardens AH

REFERRING VET

Dr. Sharkaway

INVOICE

16030

DATE

1/31/23





PATIENT

Joey Buckley

SPECIES

Feline

BREED

DSH

SEX

Male/Neutered

AGE

3

WEIGHT

21.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens AH

REFERRING VET

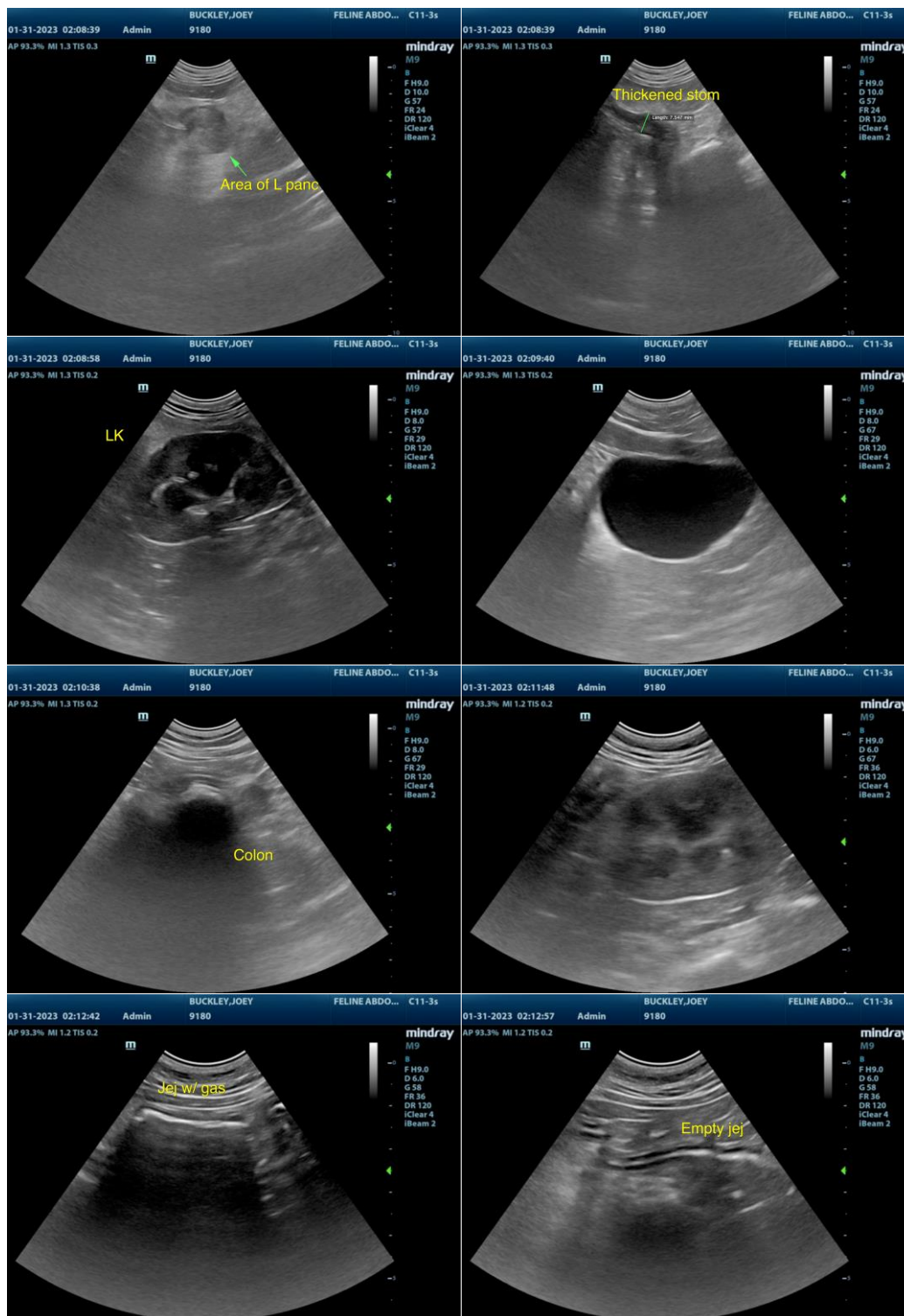
Dr. Sharkaway

INVOICE

16030

DATE

1/31/23





PATIENT

Joey Buckley

SPECIES

Feline

BREED

DSH

SEX

Male/Neutered

AGE

3

WEIGHT

21.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens AH

REFERRING VET

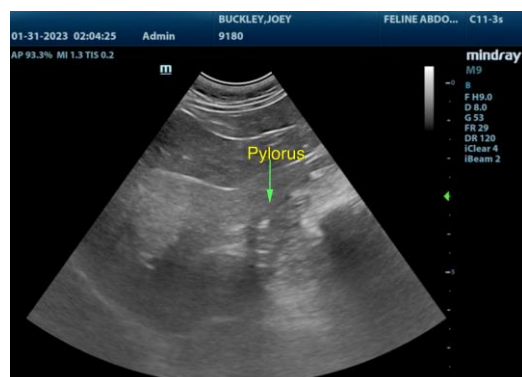
Dr. Sharkaway

INVOICE

16030

DATE

1/31/23



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