



PATIENT PRESENTING CLINICAL SIGNS

Sweetie Morin Presenting for chronic vomiting (typically undigested food and hairballs). Otherwise completely normal. Normal bowel movements and energy. Normal appetite. Bloodwork all normal. Radiographs: Abdominal radiographs - normal.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DSH

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

SEX

FS

Normal size and margination were present in the kidneys. 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. Minor bilateral pyelectasia with subtle pinpoint pelvic mineral was present. No evidence of pelvic dilation was present. The left kidney measured 3.4 cm in length. The right kidney measured 3.8 cm in length

AGE

16yr

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

WEIGHT

8.4lb

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.30 cm width.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

Liver/Gallbladder

HOSPITAL NAME

Wood River Animal Hospital

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content and very minor non-dependent echogenic luminal debris. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Schuelke

Gastrointestinal

INVOICE

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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 measured 0.25 cm in width.

DATE

01/06/2023

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. The duodenum wall measured 0.24 cm width. The jejunum wall measured 0.20 cm width. The ileocolic wall measured 0.32 cm width.



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

Sweetie Morin

Pancreas

SPECIES

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

Feline

Free Abdomen

No omental masses or peritoneal effusion was present.

BREED

DSH

Solitary to intermittent focally enlarged mid abdominal mesenteric and potentially colic lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 0.39 cm width.

SEX

FS

ULTRASONOGRAPHIC FINDINGS

- Overtly normal GI tract
- Chronic renal changes with minor bilateral pyelectasia
- Subtle heterogenous pancreas
- Focal to possible intermittent benign/reactive mesenteric lymph nodes

AGE

16yr

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

8.4lb

Largely a geriatric abdomen without evidence of significant visceral pathology. The bilateral pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

INTERPRETED BY

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

Dietary intolerance / food hypersensitivity, hairballs, structurally insignificant inflammatory bowel with associated minor intermittent mesenteric lymphatic hyperplasia or minor reactive lymphadenitis or low grade to chronic pancreatitis both of which may appear sonographically normal are all potentials. The pancreas was non-specific and may indicate patient/ age variant, remodeling owing to previous inflammatory episode or mild to chronic pancreatitis possible. This potential may be considered if evidence of cranial abdominal or subxiphoid discomfort on palpation. Given the lack of additional GI signs i.e. weight loss/diarrhea, inflammatory bowel may be considered less likely, however a GI panel to include PLI/TLI/Cobalamin/Folate is recommended to assess for occult intestinal disease and further clarification of the pancreas.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

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Empirically, a canned hydrolyzed diet trial, as needed gastric protectants and hairball therapy with assessment of clinical response would be reasonable.

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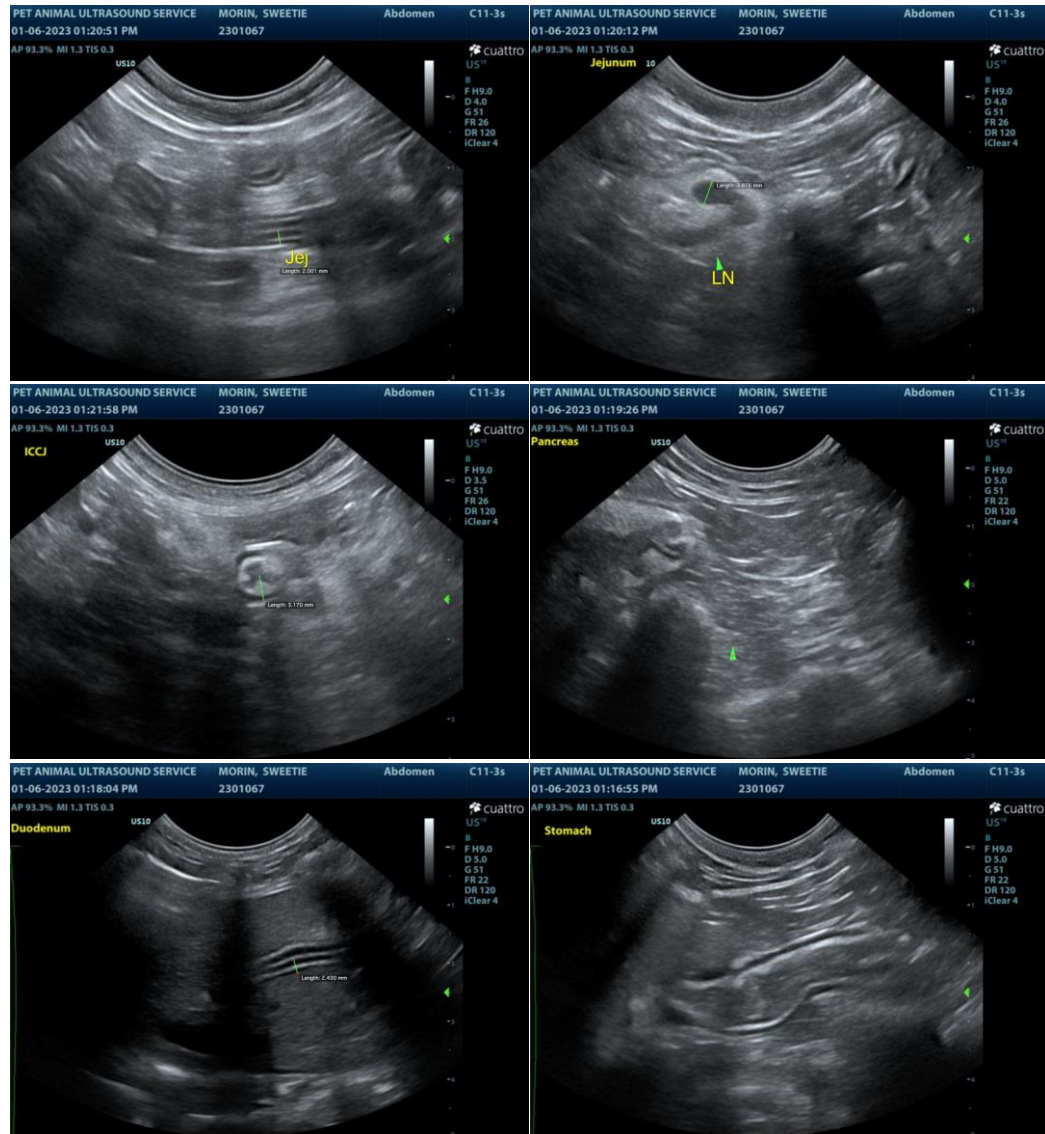
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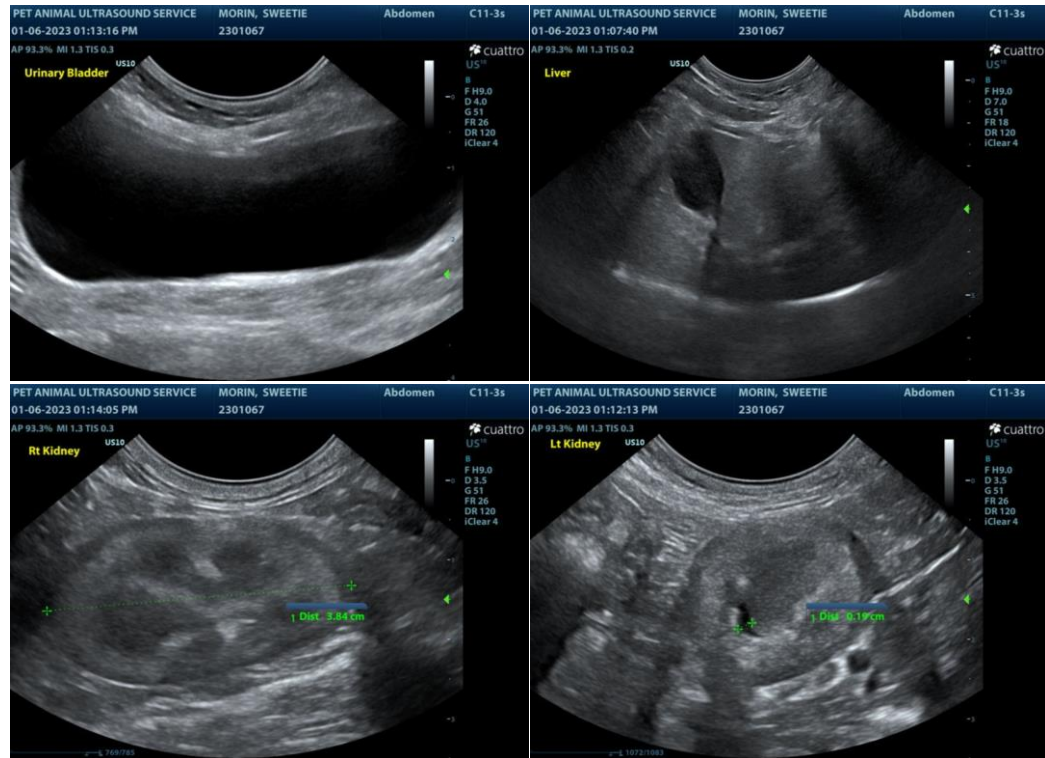
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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