

**PATIENT**

Colson Narske

SPECIES

Feline

BREED

Oriental Shorthair

SEX

M

AGE

5mo

WEIGHT

6.6lb

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**IMAGING PERFORMED BY**

Sarah Pender CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Narske

INVOICE

11828ag

DATE

10/11/2022

PRESENTING CLINICAL SIGNS

Vomiting, Loss of appetite, Weight loss

Abnormal PE/Chem/CBC/UA Results: Elevated SDMA-24, UA- Protein, Blood and Bilirubin present

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 1 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.

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 3.4 cm in length. The right kidney measured 3.6 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively 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. The spleen measured 0.75 cm in width at the level of the hilus.

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 intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained anechoic pyloric fluid with no signs of ileus, obstruction or foreign material. The pylorus wall measured 0.25 cm in width.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material. The duodenum wall measured 0.23 cm in width, the jejunum wall measured 0.20 cm in width. The ileocolic wall measured 0.27 cm in width.

Normal visible colon wall layers were present with segmental semi formed to soft fecal matter.

Pancreas

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The pancreas was normal in size and contour with subtle hypoechoic parenchyma compared to the adjacent omental fat.

Free Abdomen**SPECIES**

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No omental masses or peritoneal effusion was present.

Focally enlarged jejunocolic lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 0.84 cm.

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ULTRASONOGRAPHIC FINDINGS**SEX**

M

- Overtly normal gastrointestinal tract with minor retained pyloric fluid and mild segmental non-obstructive jejunal ileus
- Intermittent subjectively benign jejunocolic lymphadenopathy-lymphoid hyperplasia, mild reactive lymphadenitis secondary to inflammatory bowel episode, immunologic immaturity

AGE

5mo

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary intolerance / food hypersensitivity, occult parasitism, acute/subacute gastroenteritis, infectious disease, IBD or low-grade pancreatitis are all potentials. No evidence of mechanical gastrointestinal obstructive pattern was observed. No indication for immediate surgical intervention. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Empirically pending GI panel results, a hydrolyzed diet trial with as needed GI support as well as broad spectrum deworming and assessment of clinical response would be reasonable. Recheck sonogram for further GI assessment could be considered if continued vomiting and weight loss.

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Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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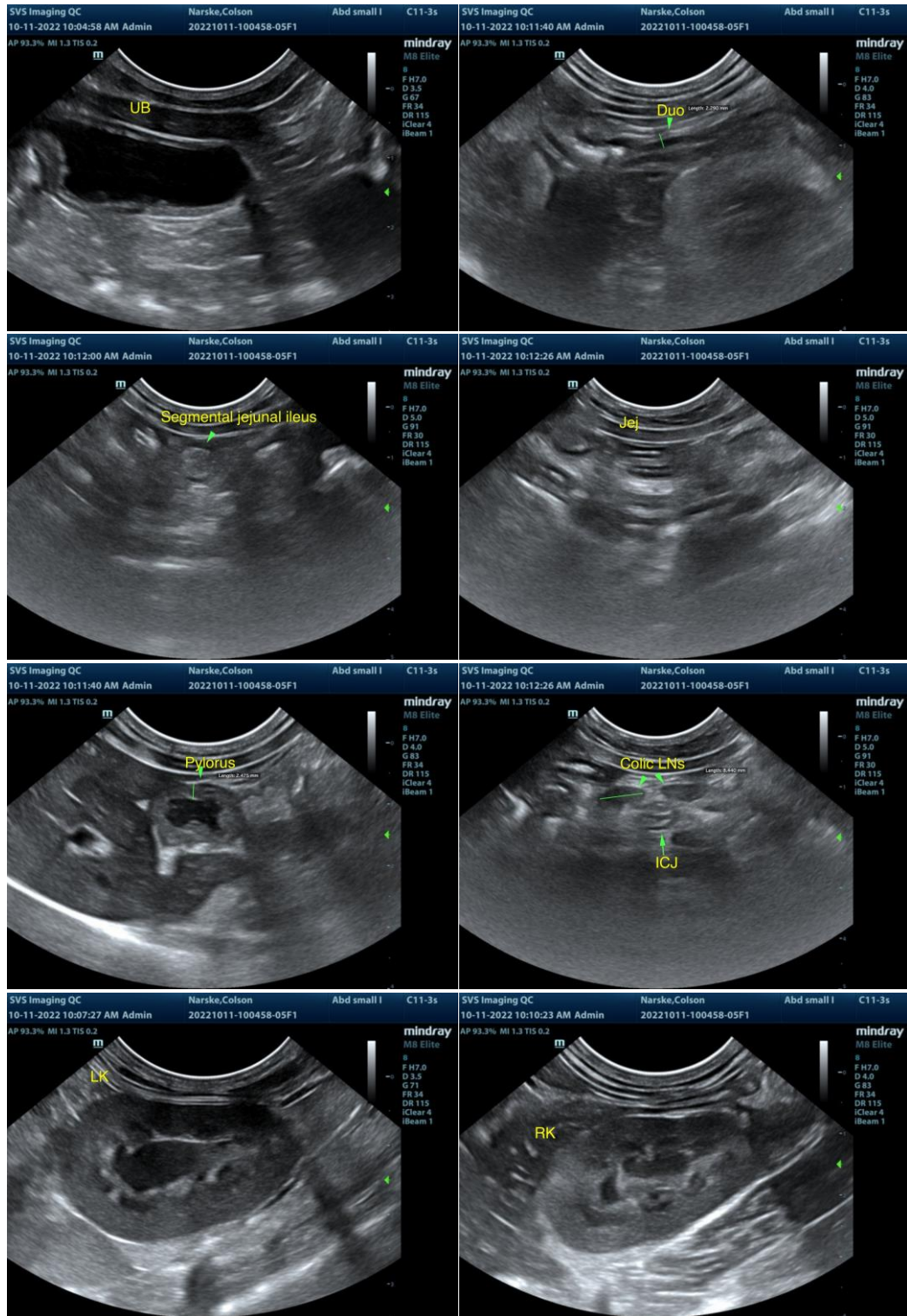
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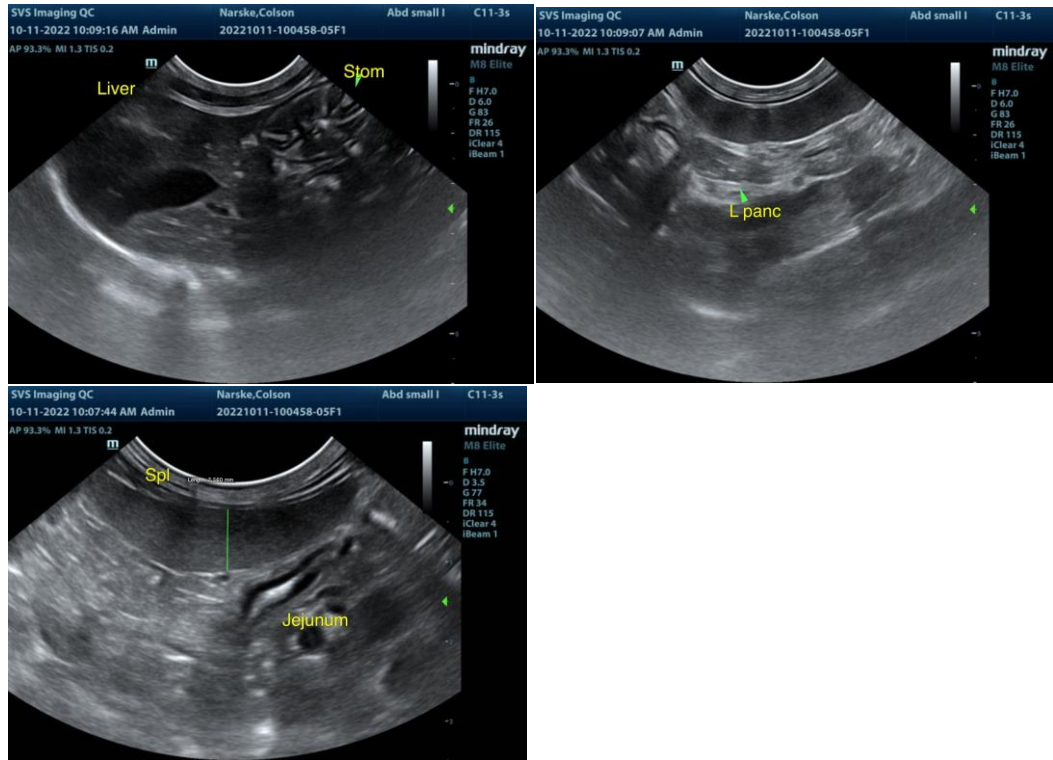
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

info@SonoPath.com