



**PATIENT**

Carl Brady

**SPECIES**

Feline

**BREED**

DMH

**SEX**

MN

**AGE**

6

**WEIGHT**

6.3 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Belan

**HOSPITAL NAME**

Signal Hill AH

**REFERRING VET**

Dr. Leboldus

**INVOICE**

15239

**DATE**

10/13/22

**PRESENTING CLINICAL SIGNS**

Lethargic vomiting mild dehydration. AQR constipated. Has had 2 previous exploratories for Ab FBs  
Abnormal PE/Chem/CBC/JA Results: Increase WBC 8 days ago infection of unknown origin

**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. Primarily anechoic urine was present in the lumen. Mild nondependent particulate sediment, which may indicate cellular debris / protein, crystalline debris, or mucus, 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.

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 4.0 cm in length. The right kidney measured 4.2 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.41 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 cm width.

**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 0.79 cm width at the level of the hilus.

**Liver/ Gallbladder**

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 exhibited intact and overtly normal wall layering with moderate gastric distention with retained, mildly echogenic fluid.



**PATIENT**

Carl Brady

**SPECIES**

Feline

**BREED**

DMH

**SEX**

MN

**AGE**

6

**WEIGHT**

6.3 kg

Concurrent mild duodenal distention with retained fluid exhibiting subjective oral / aboral movement and fluid turbulence were present. A strongly shadowing echo suspected to be within the distal duodenum or proximal jejunum measuring approximately 1.5-1.6 cm in diameter was present. Concurrent empty small intestine without overt evidence of additional segmental or diffuse mechanical / metabolic ileus to the level of the colon.

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

**Pancreas**

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Strongly shadowing subjective distal duodenal or upper jejunal luminal echo with obstructive gastroduodenal pattern proximal, empty small intestine distal

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Exploratory laparotomy with expectation towards enterotomy is recommended. Given the patient's recurrent history of possible Pica, and recurrent foreign bodies, intestinal biopsies at the time of surgery are suggested despite exploratory findings.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Belan

**HOSPITAL NAME**

Signal Hill AH

**REFERRING VET**

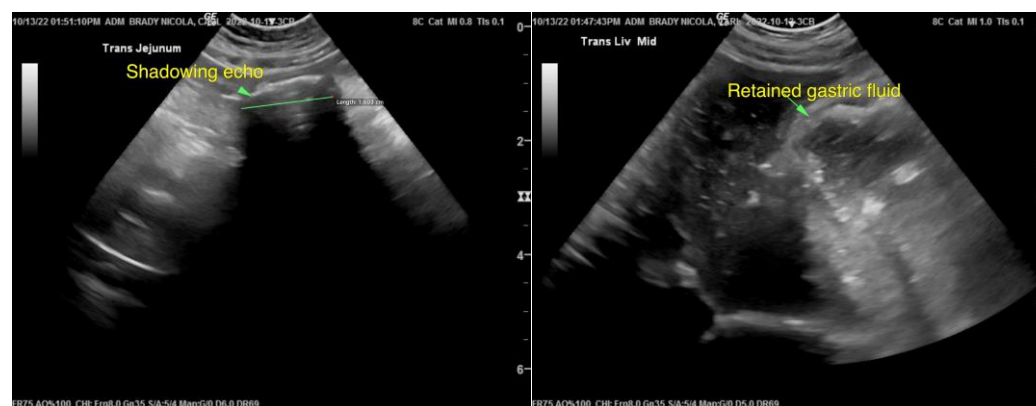
Dr. Lebouldus

**INVOICE**

15239

**DATE**

10/13/22





**PATIENT**

Carl Brady

**SPECIES**

Feline

**BREED**

DMH

**SEX**

MN

**AGE**

6

**WEIGHT**

6.3 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Belan

**HOSPITAL NAME**

Signal Hill AH

**REFERRING VET**

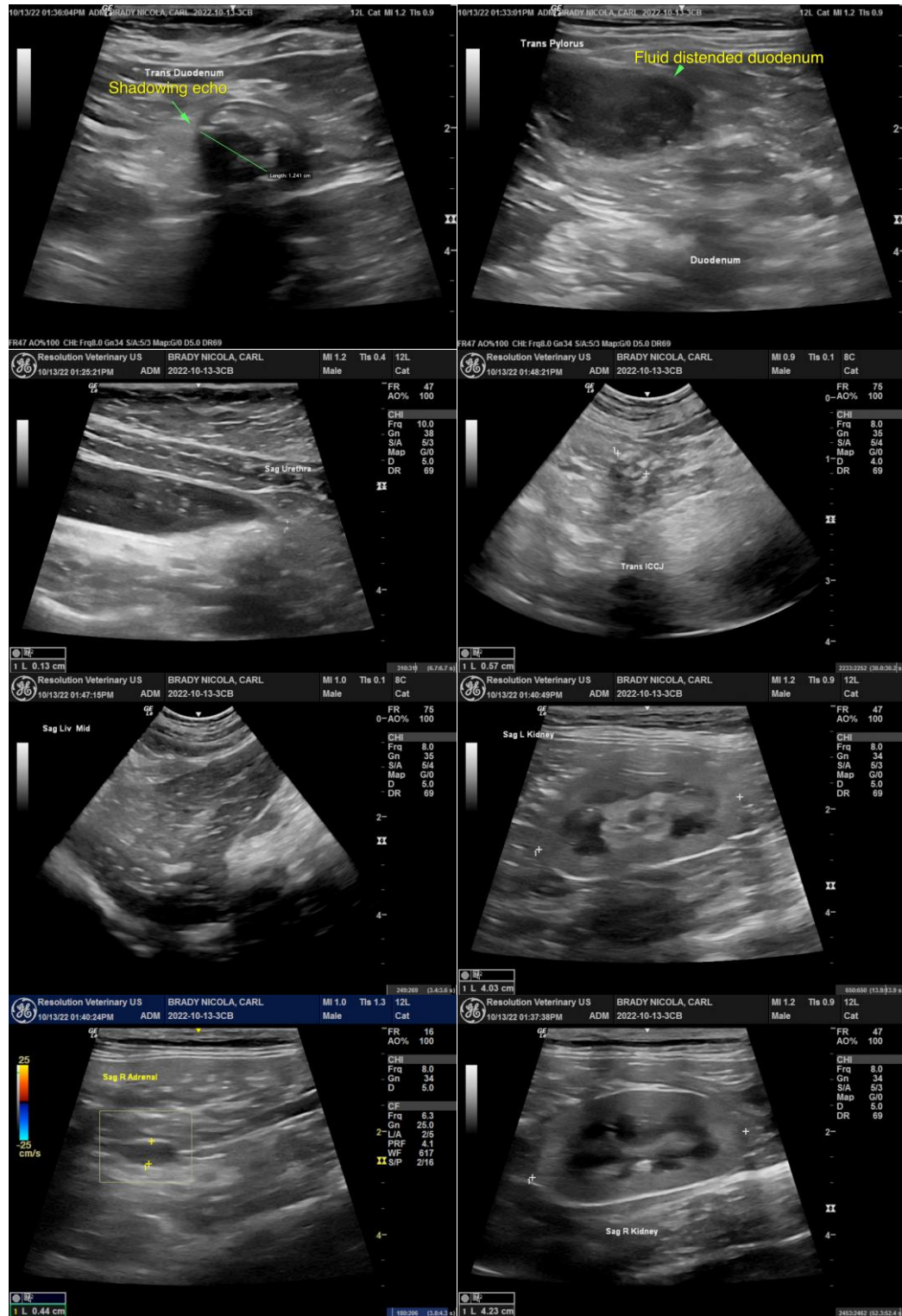
Dr. Leboldus

**INVOICE**

15239

**DATE**

10/13/22



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.



**PATIENT**

Carl Brady

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.

**SPECIES**

Feline

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
info@SonoPath.com

**BREED**

DMH

**SEX**

MN

**AGE**

6

**WEIGHT**

6.3 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Belan

**HOSPITAL NAME**

Signal Hill AH

**REFERRING VET**

Dr. Lebouldus

**INVOICE**

15239

**DATE**

10/13/22