



PATIENT

Christopher Breitenstein

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

NA

WEIGHT

10.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Carly Pate

HOSPITAL NAME

VCA McKenzie
Animal Hospital

REFERRING VET

Dr. Arpaia

INVOICE

11852ag

DATE

10/14/2022

PRESENTING CLINICAL SIGNS

C has reported starting 10/9/22 P is intermittently vomiting undigested food about 15 minutes after eating his normal-sized meals. C reports P is still interested in food, not showing obvious signs of nausea, acting otherwise OK. During one vomitus episode there was a small hairball present. Since C has been giving some smaller meals and P has been keeping food down. Vit D 1 drop/day

Abnormal PE/Chem/CBC/UA Results: Labwork pending Oct 2021 labwork showed CBC - Wnl except lymphopenia 846 (1200-8000); Chemistry profile - Superchem: wnl except - glucose 174 (64-170) - cholesterol 301 (75-220); FeLV/FIV - Neg/neg; Thyroid hormones - TT4- 2.4 (0.8-3.5); Urinalysis - USG 1.011 pH 6 urine chems: wnl urine sedi: nsf MA: 0.2 (<2.5) renal tech - POSITIVE History of low Vit D levels

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 mild non-dependent hyperechoic sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

Normal renal size with asymmetrical margination was 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. Pinpoint to minor medullary mineral was present. The renal medullary volume was subjectively reduced. The left kidney measured 3.5 cm in length. The right kidney measured 3.7 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.28 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.

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. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.



PATIENT

Gastrointestinal

Christopher Breitenstein

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate non-shadowing potentially retained ingesta/chyme with no signs of ileus, obstruction or foreign material.

SPECIES

Feline

The pylorus wall measured 0.22 cm in width.

BREED

DLH

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 jejunum wall measured 0.24 cm in width. The duodenum wall measured 0.21 cm in width. The ileocolic junction wall measured 0.43 cm in width.

SEX

MN

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

AGE

NA

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 was evident.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

WEIGHT

10.5

ULTRASONOGRAPHIC FINDINGS

- Mild urinary bladder sediment
- Mild chronic interstitial nephrosis renal pattern
- Sonographically unremarkable GI tract with moderate potentially retained non-shadowing gastric ingesta

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of structural GI pathology or mechanical obstruction was observed. The gastric ingesta/chyme may indicate post prandial presentation however given reported documented NPO some degree of metabolic gastric stasis or non-obstructive delayed gastric emptying may be present.

IMAGING PERFORMED BY

Carly Pate

Dietary intolerance / food hypersensitivity, occult parasitism if the patient is indoor/outdoor, structurally insignificant inflammatory bowel process or low grade to chronic pancreatitis are all potentials.

HOSPITAL NAME

VCA McKenzie
Animal Hospital

REFERRING VET

Dr. Arpaia

Continued smaller more frequent feedings with hydrolyzed diet, as needed GI support +/- empirical prokinetic medication trial if continued suspicion of metabolic gastric stasis and assessment of clinical response would be reasonable. Continued as needed hairball therapy is recommended if clinically indicated.

INVOICE

11852ag

DATE

10/14/2022



PATIENT

Christopher Breitenstein

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

NA

WEIGHT

10.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Carly Pate

HOSPITAL NAME

VCA McKenzie
Animal Hospital

REFERRING VET

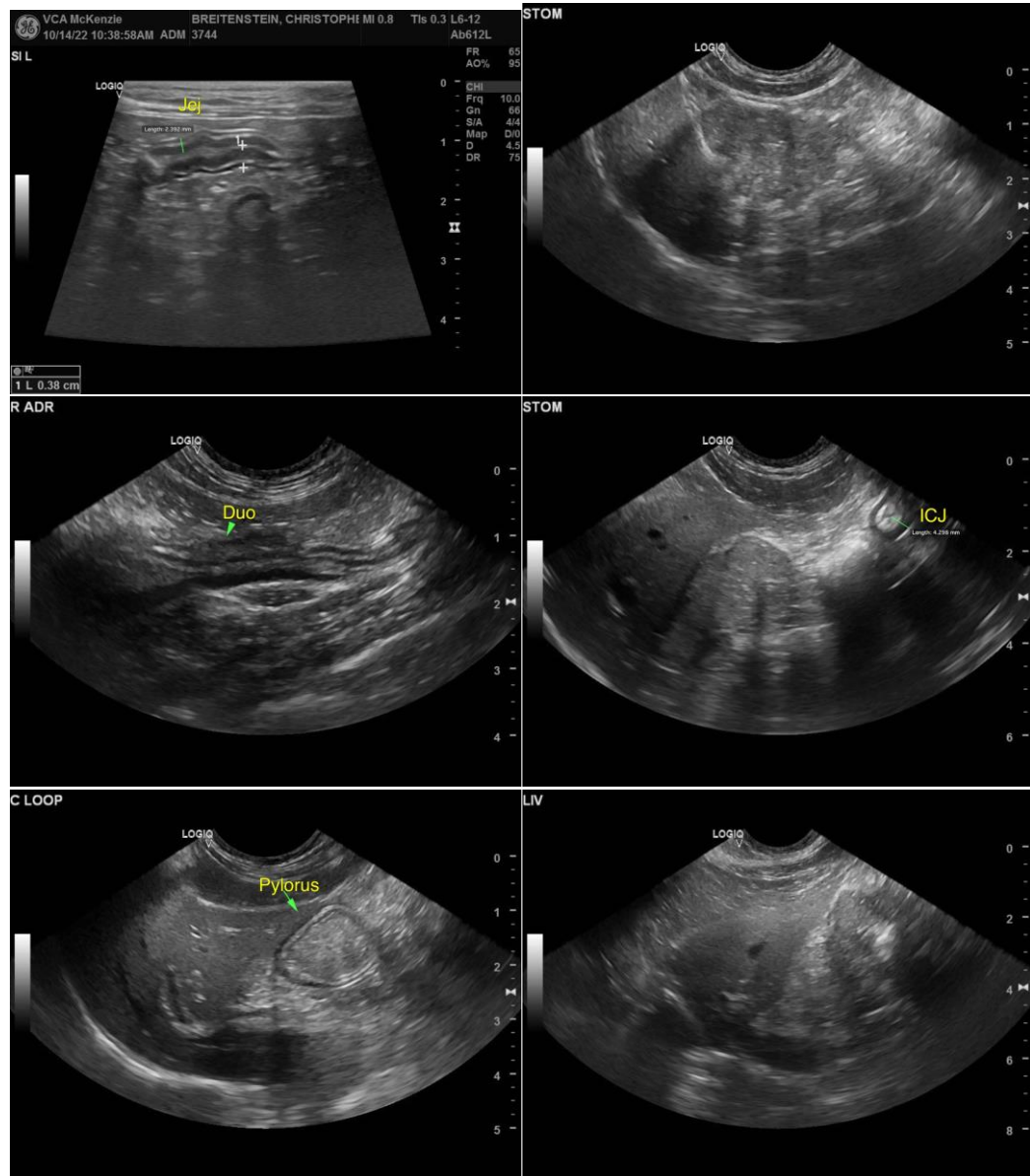
Dr. Arpaia

INVOICE

11852ag

DATE

10/14/2022





PATIENT

Christopher Breitenstein

SPECIES

Feline

BREED

DLH

SEX

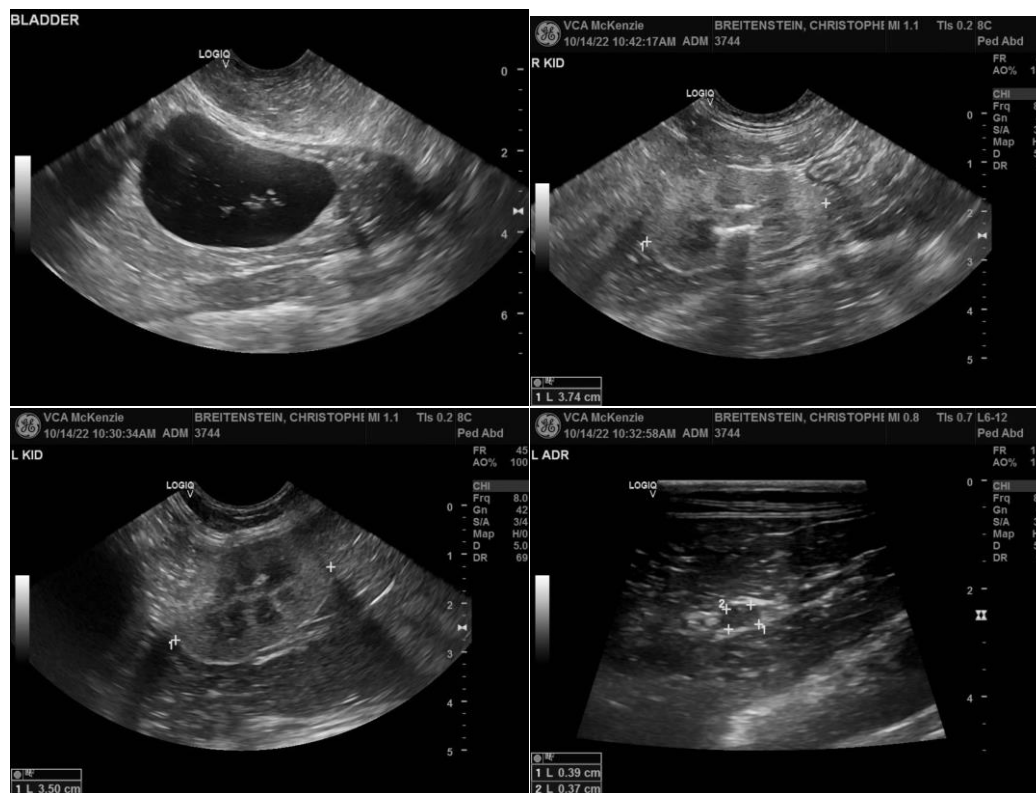
MN

AGE

NA

WEIGHT

10.5



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.

INTERPRETED BY

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

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)

IMAGING PERFORMED BY

Carly Pate

info@SonoPath.com

HOSPITAL NAME

VCA McKenzie
Animal Hospital

REFERRING VET

Dr. Arpaia

INVOICE

11852ag

DATE

10/14/2022