



PATIENT PRESENTING CLINICAL SIGNS

Ellie McIntyre History: Vomiting undigested food for several weeks

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SPECIES *Urinary System*

Feline The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 were noted.

BREED

Domestic Shorthair

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Subtle non-uniform cortex echogenicity present in both kidneys and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Emerging to minor medullary mineral present. The left kidney measured 3.8 cm.

SEX

FS

The area of the aortic trifurcation was free of pathology.

AGE

12 years

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.4 cm in width.

WEIGHT

14.1 Pounds

Spleen

The spleen exhibited primarily finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A small, non-expansive, well-defined, symmetrical, echogenic nodule was present. 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 or neoplastic changes were not noted. Echogenic nodules tend to trend benign and are most consistent with benign hyperplasia or myelolipomas. The spleen measured 1.0 cm in width.

INTERPRETED BY

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

Liver

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

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 proximal common bile duct was dilated and tortuous without overt post hepatic obstruction. This did not overtly extend to the level of the duodenal papilla. Common bile duct dilation 0.25 cm. This finding may suggest age related changes or secondary to underlying cholangitis / cholangiohepatitis especially if previous or current liver enzymes elevations have been noted.

HOSPITAL NAME

Pocono Peak VC

Gastrointestinal

REFERRING VET

Dr.

The gastric walls were sonographically unremarkable with intact wall layering and without evidence of mural hypertrophy. Moderate retained echogenic to anechoic fluid was present in the stomach, extending into the area of the pylorus. Overt evidence of shadowing opacity or mechanical outflow obstruction was not definitively evident. Pylorus wall measured 0.31 cm.

INVOICE

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The small intestine presented intact wall layering with generalized propensity for mildly prominent muscularis layer. Duodenum wall measured 0.31 cm. Jejunum wall measured 0.31 cm. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

DATE

10.15.2021



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

Ellie McIntyre **Pancreas**

SPECIES

Feline

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

BREED

No overt lymphadenopathy or peritoneal effusion was present.

Domestic Shorthair

ULTRASONOGRAPHIC FINDINGS

SEX

FS

- Hypomotile stomach without overt pyloric outflow obstruction
- Probable IBD
- Mild chronic renal changes with subtle to emerging medullary mineral
- Focal benign splenic nodule – likely benign myelolipoma
- Mild non-obstructive proximal common bile duct dilation

AGE

12 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

14.1 Pounds

Overt evidence of pyloric foreign material or mechanical gastrointestinal obstruction was not definitively evident. The small intestine exhibited subtle mural changes, which are suggestive for inflammatory enteropathy/IBD. Minor potential for early to emerging neoplastic infiltrative enteropathy with round cells such as lymphoma, which may present in similar sonographic manner. Likewise, the possibility of low-grade to chronic pancreatitis may be present, yet ultrasonographically normal.

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Hospitalization with 24-48 hour IV fluid, gastrointestinal support for rehydration along with radiographic monitoring of the opacities within the area of the pylorus would be reasonable. If the opacities are persistent, laparotomy with gross inspection of the pylorus as well as full thickness gastrointestinal biopsies (which would be considered essential) may be indicated.

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ARDMS/RVT

HOSPITAL NAME

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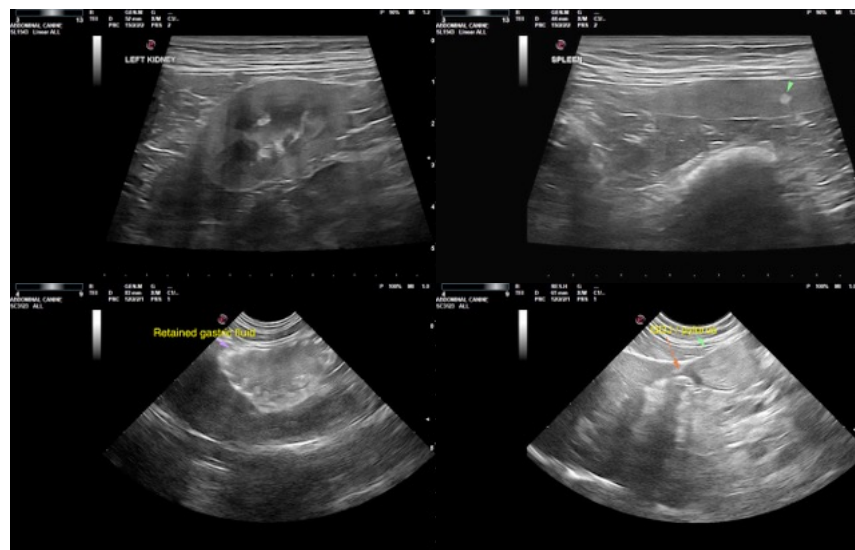
Dr.

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PATIENT

Ellie McIntyre

SPECIES

Feline

BREED

Domestic Shorthair

SEX

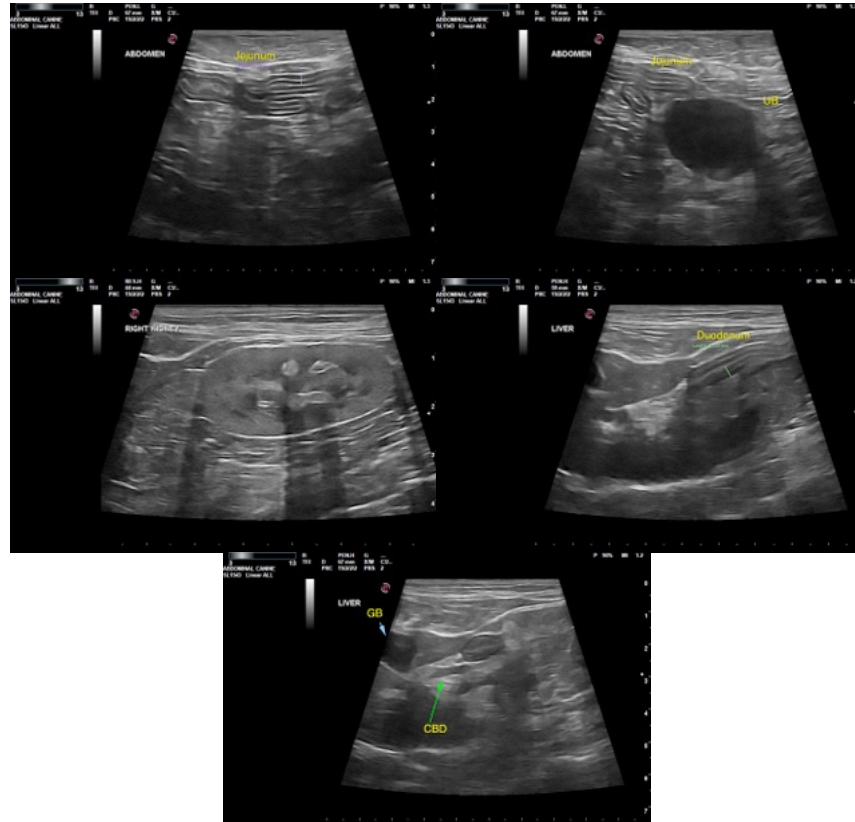
FS

AGE

12 years

WEIGHT

14.1 Pounds



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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

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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