



PATIENT

Carrie Bradshaw

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 years

WEIGHT

18 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Meghan Myers VMD

HOSPITAL NAME

Hershire AH

REFERRING VET

Meghan Myers VMD

INVOICE

12379

DATE

10/18/21

PRESENTING CLINICAL SIGNS

-Week long history of decreased appetite, lethargy, painful abdomen. Was vomiting originally but that has stopped. Is eating better than initially but still not normal amount. No current vomit/diarrhea. Pet has been treated with supportive care to this point- sq fluids, cerenia, famotidine. When no improvement, added buprenex, convenia and mirtazipine

Abnormal PE/Chem/CBC/UA Results: alt just 1 point above normal calcium was slightly elevated creatinine slightly increased (2.1) - upper normal 1.8 xrays at emergency clinic: " stomach distended with gas and soft tissue opaque content (concern with patient vomiting that there is an opacity present) - left pancreas appeared mildly thickened" fpl- normal.

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. 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 was 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 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. Pinpoint medullary mineral was present in the left kidney. No evidence of pelvic dilation was present. The left kidney measured 3.5 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

No overt pathology was noted In the area of the left or right adrenal glands.

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 1.0 cm width at the level of the hilus.

Liver/ Gallbladder

The liver exhibited potential for mild generalized enlargement with normal 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.



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Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. Minor retained anechoic was present in the gastric antrum and pylorus with a focal, minor, nonspecific, hyperechoic, pyloric echo. This hyperechoic echo, although nonspecific, did not appear to be obstructive, yet may indicate minor retained hair density or similar if history of hairballs. The echo did not appear to be obstructive. Some degree of minor gastric hypomotility or stasis potentially owing to gastric inflammation is suspected. The pylorus wall width measured 0.28 cm.

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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 width measured 0.20 cm.

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

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Pancreas

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The left pancreatic limb was normal in size and overall contour with subtle hypoechoic parenchyma compared to adjacent nonreactive or inflamed peripancreatic omentum.

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Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild retained anechoic pyloric fluid with focal, nonspecific, nonobstructive, hyperechoic pyloric echo - nonspecific, potential for minor focal hair or similar material is possible yet nonobstructive
- Sonographically unremarkable small bowel
- Subtle hypoechoic pancreas - patient variant, potential for low-grade to chronic inflammation, which may present as essentially sonographically normal, possible
- Potential minor hepatomegaly - subjectively benign, low-grade inflammatory or potential reactive hepatomegaly, given the ALT elevation, suspected

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INVOICE

Potential for low-grade pancreatic inflammation, even in the face of normal fPL, may be considered if evidence of cranial abdominal or subxiphoid discomfort on palpation.

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Potential for structurally insignificant inflammatory bowel episode or IBD may be possible. Continued as-needed supportive care would be appropriate. Recheck sonogram may be considered to assess for progressive inflammatory pancreatic gastrointestinal or hepatic changes, pending clinical response to therapy.

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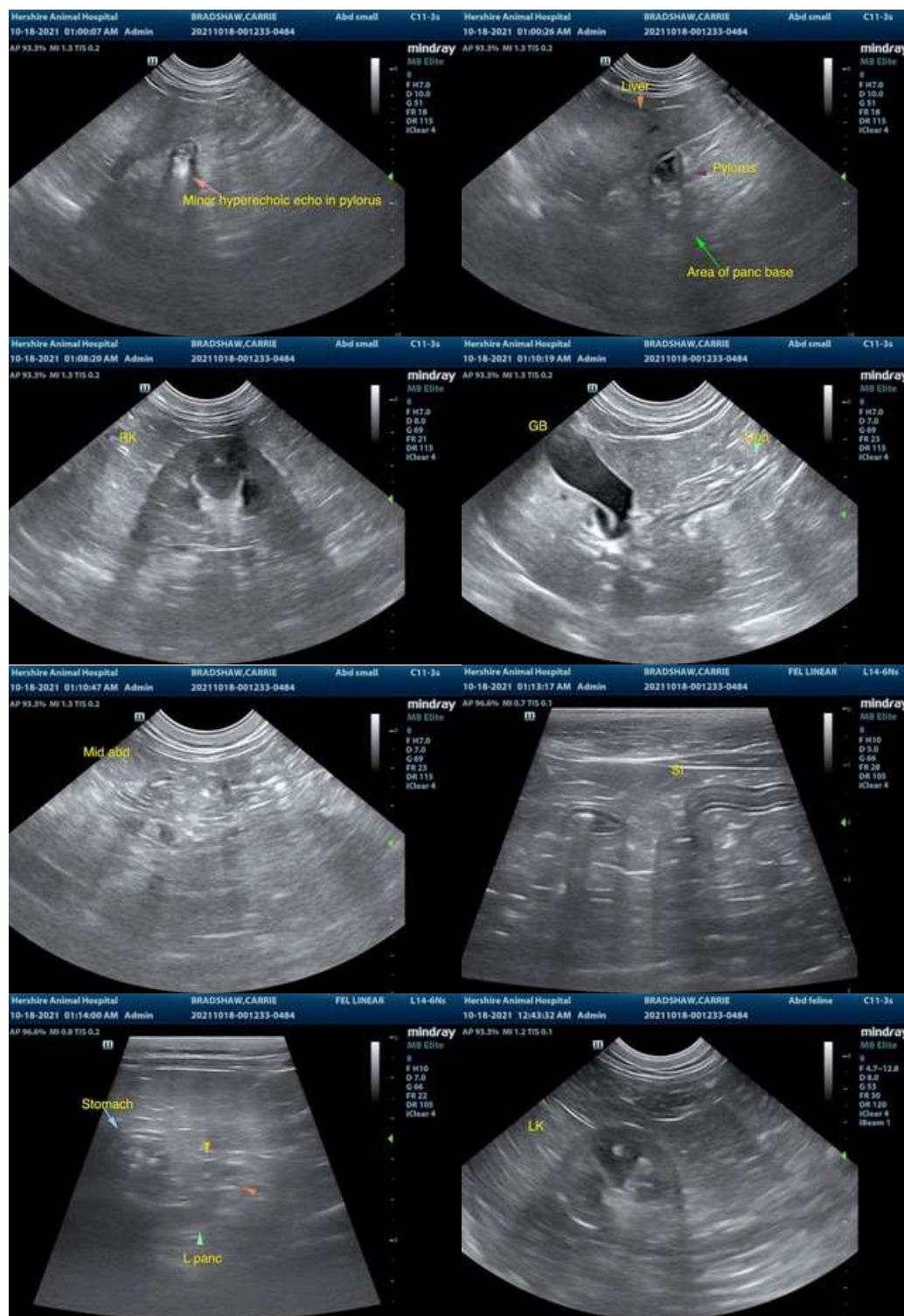
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not



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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