**PATIENT**

Harley McBride

PRESENTING CLINICAL SIGNS

Vomiting, unsure about eating pattern changes

Abnormal PE/Chem/CBC/UA Results: Rad Report probable FB

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System****BREED**

DLH

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 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.

SEX

FS

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 3.1 cm in length. The right kidney measured 3.3 cm in length.

AGE

2yr

The area of the aortic trifurcation was free of pathology.

Adrenal Glands**WEIGHT**

6lb

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.29 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.26 cm width.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Sarah Pender CVT

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.

HOSPITAL NAME

SVS Imaging QC

Gastrointestinal**REFERRING VET**

Dr. Narske

The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild gastric distension with mild retained anechoic gastric fluid without evidence of overt foreign material or pyloric outflow obstruction.

INVOICE

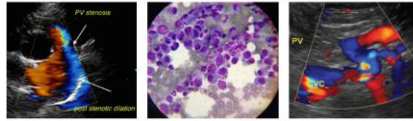
11917ag

Strongly shadowing focal to segmental intestinal luminal echo measuring ~ 1.6 cm in diameter was present suspected jejunal location. The small intestine presented intact variably prominent wall layering with partial obstructive pattern indicated by mild variable retained ingesta/chyme and fluid likely proximal. Normal appearing intestinal tract exhibiting intact wall layering and a 1:3 muscularis/mucosa ratio without evidence of ileus also noted distal to the shadowing echo.

DATE

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



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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 overt lymphadenopathy or peritoneal effusion was present.

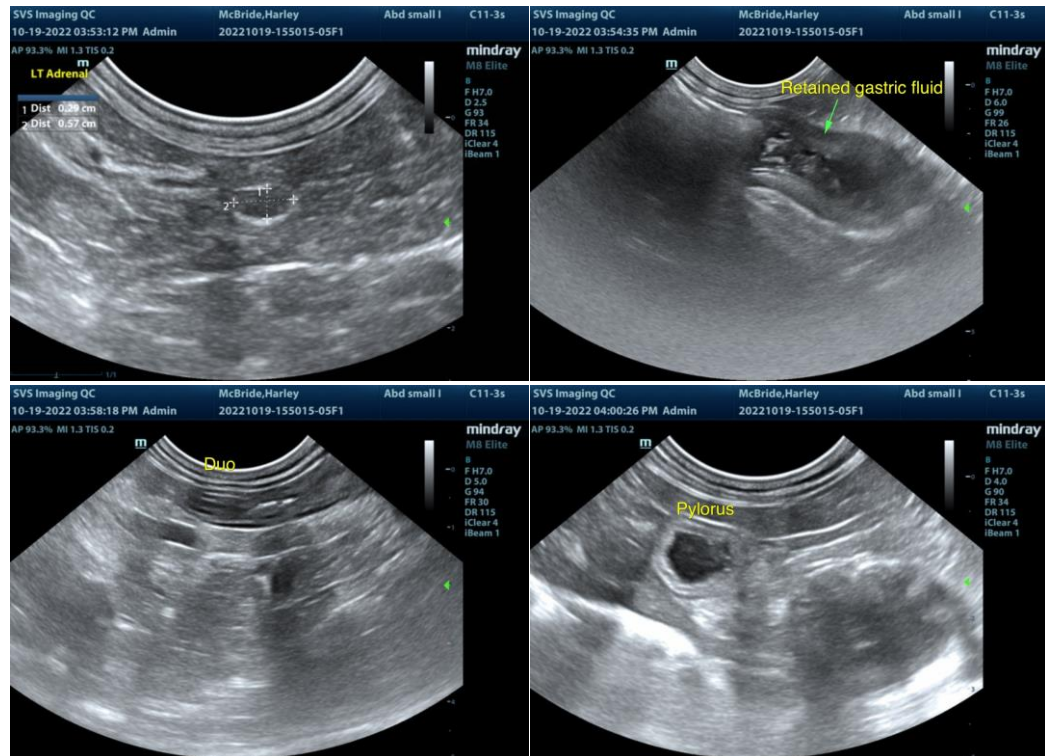
Subjective minor peri-intestinal hyperechoic mesentery around the shadowing intestinal luminal echo was noted.

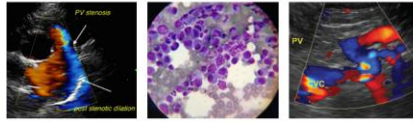
ULTRASONOGRAPHIC FINDINGS

- Strongly shadowing intestinal luminal echo consistent with foreign body with segmental concurrent gastroenteritis pattern and partial SI obstructive pattern proximal

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory laparotomy with enterotomy is recommended. The proximal small intestine exhibited secondary inflammatory changes yet was without evidence of significant segmental mural pathology and was without overt evidence of peritonitis. Potential for resection/anastomosis considered unlikely yet cannot be definitively excluded. Intestinal biopsies could be considered at the time of surgery if clinically indicated.





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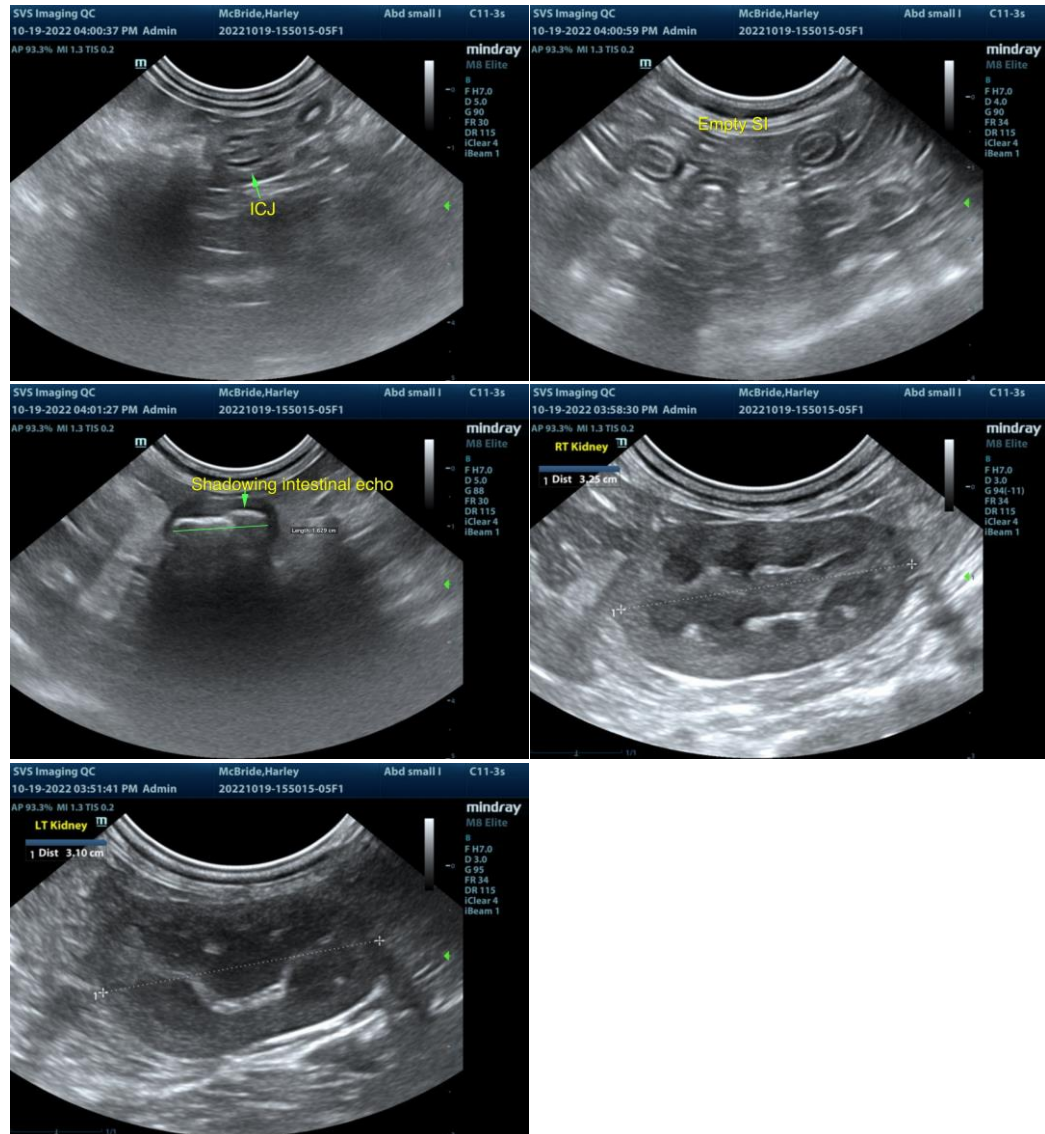
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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