



PATIENT

Tom Bowe

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

18 months

WEIGHT

9.38 lbs

PRESENTING CLINICAL SIGNS

O reports she got P as a kitten around 4 weeks (fostered then adopted). P has been vomiting for the past week, around 6-9 hours after eating. O other cat, litter mate to P, had crystals so both cats are eating Urinary SO. EDUD normal, no c/s/d. Energetic, O thinks even over active. O moved a month ago from southern California, 2 weeks ago they got their furniture delivered and P would chew on the tape. Last week the house was painted and the cats were left in the garage for a day and O does not know if P ate something. O has not seen any hair balls in the vomit. Performed Diagnostics/Procedures: Abdominal radiographs - Mild amount of material in stomach. Large intestines full of normal stool. No foreign body of obstructive pattern noted. SQ fluids - 100 mL Cerenia - 0.4 mL SQ Medications: Forti-flora packets: Give 1 packet over food daily

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.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Jenna Walsh, CVT

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 cm width.

HOSPITAL NAME

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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.

REFERRING VET

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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

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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 wall layering without evidence of mural hypertrophy. A mild amount of retained anechoic gastric fluid was present and no evidence of retained ingesta, foreign material, or mechanical pyloric outflow obstruction. The pylorus wall width measured 0.29 cm.

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 duodenum wall width measured 0.21 cm. The jejunum wall width measured 0.21 cm.

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

Pancreas

The left pancreatic limb presented normal size and contour with mildly hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild gastric stasis, suspect mild gastritis
- Possible low-grade pancreatitis
- Sonographically unremarkable small bowel

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The potential for low-grade pancreatitis would be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. Dietary intolerance / food hypersensitivity, occult parasitism if the patient is indoor/outdoor, or structurally insignificant Inflammatory bowel episode or emerging disease are possible.

Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. Empirically, if possible, a limited antigen or hydrolyzed diet trial with as-needed GI support or gastroprotectant trial and broad-spectrum deworming if clinically indicated may be considered.



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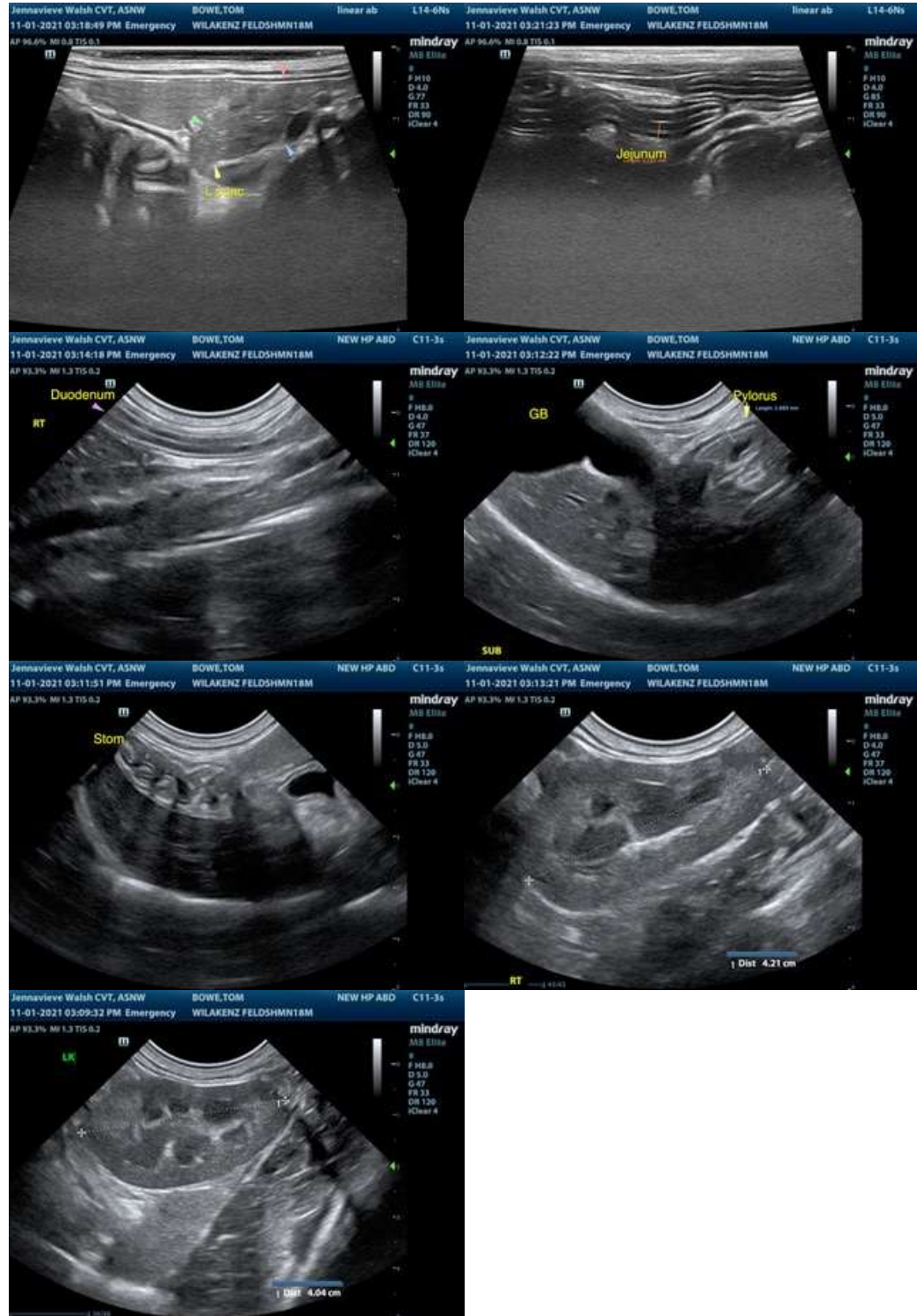
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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