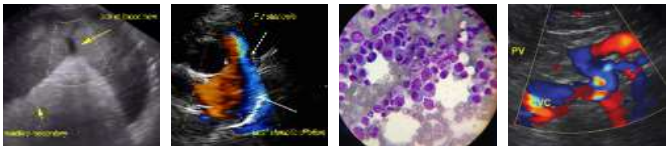
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Finny Stock

SPECIES
Feline

BREED
DLH

SEX
MN

AGE
2 Years, 6 Months

WEIGHT
12.5 lbs

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

IMAGING PERFORMED BY
Amanda Crook - SDEP Certified Clinical Sonographer

HOSPITAL NAME
Rivers Edge Pet Medical Center

REFERRING VET
Dr. David Gray

INVOICE
48351

DATE
11-15-21

PRESENTING CLINICAL SIGNS

P vomited 6x over the last 24h. Peemed better today, so O gave some wet food, which P immediately vomited up. Lethargy. O unaware of anything P could have gotten into. Hx of chicken allergy. O wonders if he could be developing an allergy to something new.
Abnormal PE/Chem/CBC/UA Results: No labwork was performed Radiographs - gas distended in small intestine, same this morning.

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. Primarily anechoic urine was present in the lumen. Mild nondependent to particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the residual prostate appeared normal and free of pathology.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination was 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. Minor bilateral pyelectasia was noted. The left kidney measured 4.5 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

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

No overt pathology in the area of the right adrenal gland.

Spleen

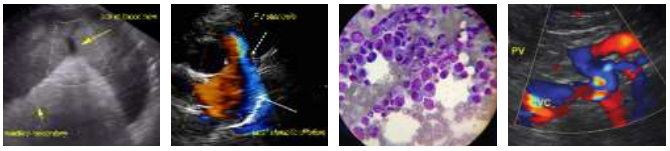
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver / 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 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 and sonographically unremarkable wall layering. A minor amount of retained anechoic fluid was present in the gastric antrum and pylorus without overt evidence of retained gastric ingesta or foreign material. The pylorus wall width measured 0.30 cm.



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The small intestine exhibited intact wall layering with 1:3 muscularis/mucosa ratio. Minor upper to mid duodenal retained anechoic fluid was present. No overt evidence of small intestinal mechanical obstruction or foreign material.

Normal visible colon wall layers were present with strongly shadowing feces in lumen.

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.

ULTRASONOGRAPHIC FINDINGS

- Probable mild gastritis / gastroduodenitis.
- Minor bilateral renal pyelectasia.
- Mild particulate urinary bladder sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The mild urinary bladder sediment is likely indicative of minor cellular or crystalline debris.

The bilateral minor pyelectasia is nonspecific and may be owing to IV fluid therapy if clinically applicable. Potential for low grade pyelonephritis, specifically in the right kidney, is considered less likely yet cannot be definitively excluded. Urine culture and sensitivity +/- UPC level on a sterile urine sample is suggested.

Aside from mild upper gastrointestinal stasis, no overt evidence of significant structural gastrointestinal pathology or mechanical obstruction noted. Potential for passed foreign material within the colon cannot be definitively excluded. Dietary indiscretion/food intolerance, gastroenterotoxic insult, occult parasitism, if the patient is indoor/outdoor, or structurally insignificant inflammatory bowel possible. Likewise, the potential for low grade pancreatitis may be present yet ultrasonographically normal.

Correlation with full CBC / Chemistry panel, urinalysis, and spec fpl could be considered. No indication for surgical intervention. Conservative support for gastroenteritis should prove beneficial.

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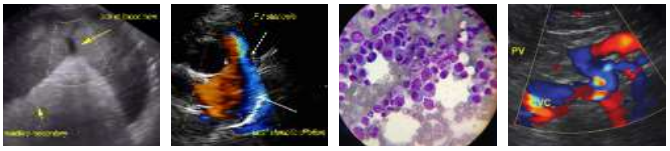

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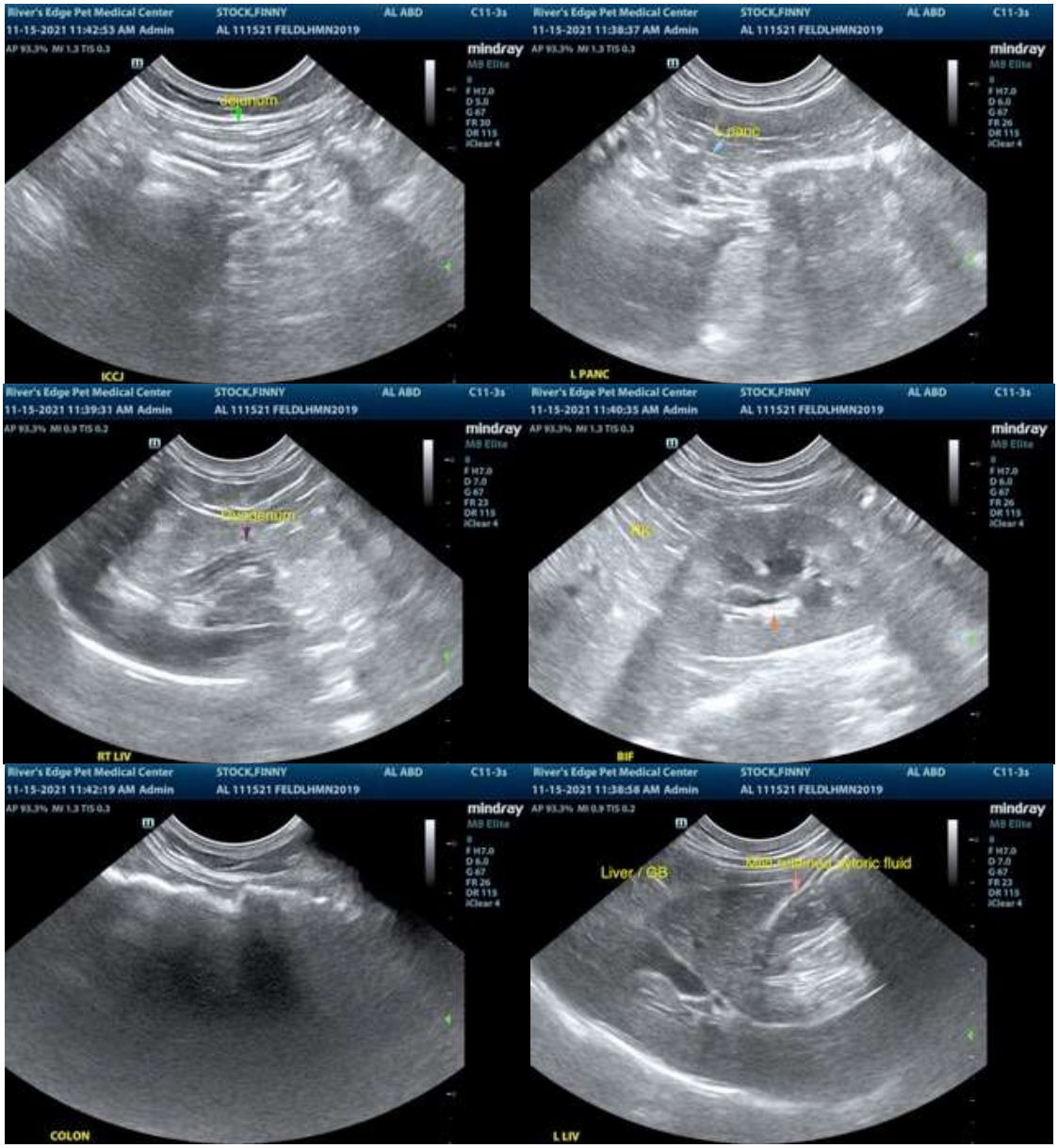

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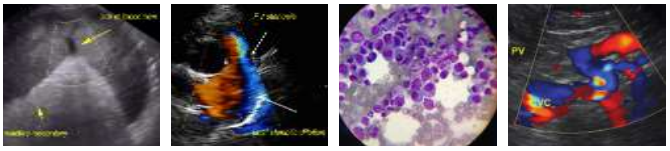

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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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