

**PATIENT**

Olaf Tyler

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

6 years

**WEIGHT**

8.8 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr. Elliott

**INVOICE**

12510

**DATE**

11/2/21

**PRESENTING CLINICAL SIGNS**

-Vomiting, anorexia, lethargy

Abnormal PE/Chem/CBC/UA Results: Sneezing (history of herpes), GGT 33 (0-4), mild elevation of ALT, mild leukocytosis. fPI normal, T4 normal. Just finished a course of clavamox for upper respiratory infection. On a burst and taper of prednisone for suspected bronchitis.

**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 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 4.1 cm in length. The right kidney measured 4.2 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 0.47 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.33 cm width.

**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 0.55 cm width at the level of the hilus.

**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 without evidence of gallbladder or peripheral inflammation. The gallbladder contained mild, nondependent, particulate gallbladder debris. The cystic and common bile ducts were normal.

**Gastrointestinal**

The stomach walls were sonographically unremarkable without evidence of mural hypertrophy or mechanical pyloric outflow obstruction. The lumen of the stomach contained moderate to marked, echogenic ingesta exhibiting mild progressive distal acoustic shadowing. The gastric body wall width measured 0.23 cm.



**PATIENT**

Olaf Tyler

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained echogenic, nonshadowing ingesta consistent with normal food without signs of ileus, obstruction or foreign material. The duodenum wall width measured 0.26 cm. The jejunum wall width measured 0.23 cm. The ileocolic wall width measured 0.30 cm.

**SPECIES**

Feline

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

**Pancreas**

**BREED**

DSH

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 were evident.

**SEX**

MN

**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

6 years

**Primary Findings**

- Low-grade hepatopathy with minor gallbladder debris - reactive hepatopathy, low-grade inflammatory hepatic parenchymal or hepatobiliary process with nonclinical cholestasis, given the ALT/GGT combination and presence of gallbladder debris
- Sonographically unremarkable gastrointestinal tract with moderate gastric and segmental small intestinal ingesta

**WEIGHT**

8.8 lbs.

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No overt evidence of hepatobiliary neoplastic disease was noted.

**IMAGING PERFORMED BY**

Sarah Pender, CVT

The presence of gastrointestinal ingesta is nonspecific and may correlate with post prandial presentation. If documented NPO, some degree of gastrointestinal hypomotility or inefficient peristalsis may be possible. Sonographic or radiographic monitoring to assess gastrointestinal motility is recommended. No overt evidence of mechanical gastrointestinal obstruction i.e., foreign material or gastrointestinal mural pathology.

**HOSPITAL NAME**

SVS Imaging QC

Potentially, gastrointestinal mural changes may be suppressed by current prednisone. Continued supportive care is indicated.

**REFERRING VET**

Dr. Elliott

**INVOICE**

12510

**DATE**

11/2/21





**PATIENT**

Olaf Tyler

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

6 years

**WEIGHT**

8.8 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

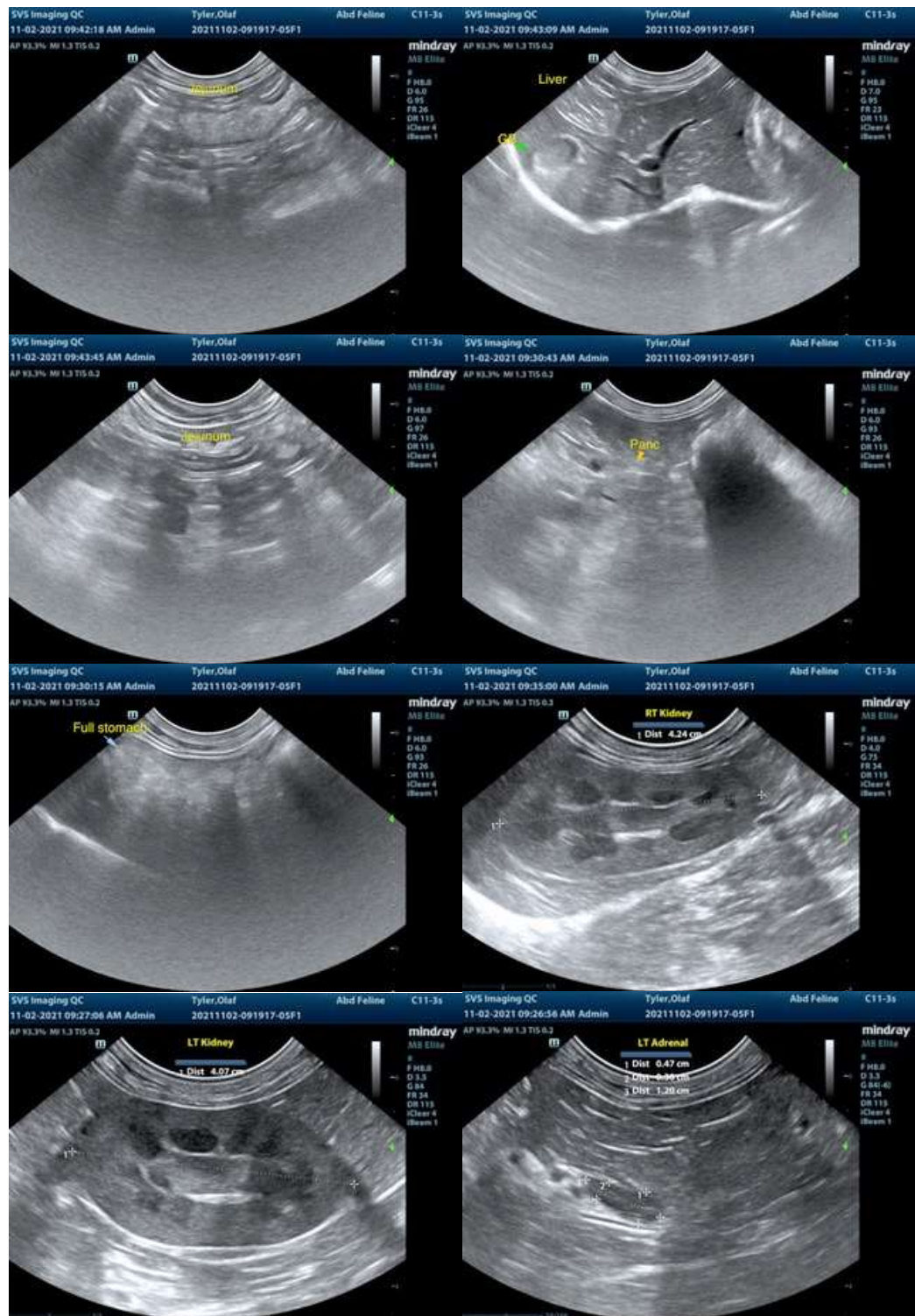
Dr. Elliott

**INVOICE**

12510

**DATE**

11/2/21



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

svsmedicalimaging.com 309-737-3070



Clinical Sonography & Telectology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4288 info@sonopath.com SonoPath.com

**PATIENT**

Olaf Tyler

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.

**SPECIES**

Feline

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**

**info@SonoPath.com**

**BREED**

DSH

**SEX**

MN

**AGE**

6 years

**WEIGHT**

8.8 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr. Elliott

**INVOICE**

12510

**DATE**

11/2/21