



PATIENT	PRESENTING CLINICAL SIGNS
Galaxy Clark	<p>History: 11/23/22 - P has been vomiting every night, P was getting human food, O stopped human food and P was vomiting less. P vomited undigested food last night before dinner. Stopped vomiting after this exam and being given SQ fluids and Cerenia inj. Was given drontal dewormer 2 days ago. Started prednislone, cerenia, orbax all PO and SQ fluids at home yesterday. Patient not vomiting now, but sleeping more, not drinking much, is urinating and having normal bowel movements. Hesitant to eat. Found FORLs in mouth on exam prior to ultrasound today, rest of exam wnl except for patient being overweight. P did eat about 1/8 cup of food this AM prior to ultrasound.</p> <p>Abnormal PE/Chem/CBC/UA Results: struvite crystals, proteinuria 2+ increase in HCT/RBCs rest of labwork including PSL and TT4 wnl</p>
SPECIES	
Feline	
BREED	
Siamese Mix	
SEX	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Spayed Female	Urinary System
AGE	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 were noted.
9 Years	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 3.7 cm in length. The right kidney measured 3.8 cm in length.
WEIGHT	
11.5	Adrenal Glands
INTERPRETED BY	No overt pathology in the area of the left or right adrenal glands.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Spleen
IMAGING PERFORMED BY	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 0.8 cm in width at the level of the hilus.
Dr. Robyn Lantz	Liver
HOSPITAL NAME	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.
Eastgate VC	Gastrointestinal
REFERRING VET	The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
Dr. Robyn Lantz	
INVOICE	
18905	The visualized gastric walls were sonographically normal. The lumen of the stomach contained moderate variably echogenic ingesta, exhibiting areas of subtle progressive distal acoustic shadowing. No evidence of mechanical pyloric outflow obstruction. Sonographically, the appearance of the ingesta was
DATE	
11/30/22	



PATIENT

most consistent with food without overt evidence of strongly shadowing echoes or overt foreign material.

Galaxy Clark

SPECIES

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained minor segmental nonshadowing ingesta/chyme. No evidence of small intestinal mechanical obstructive pattern or foreign material. No evidence of loss of intestinal wall layering.

Feline

BREED

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

Siamese Mix

Pancreas

SEX

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Spayed Female

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

AGE

ULTRASONOGRAPHIC FINDINGS

9 Years

- Sonographically unremarkable gastrointestinal tract with moderate gastric and minor segmental intestinal ingesta.
- Mild heterogenous pancreas

WEIGHT

11.5

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

Potential for low grade or chronic pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. Dietary intolerance/food hypersensitivity, previous occult parasitism, low grade to chronic pancreatitis, structurally insignificant inflammatory gastroenteropathy, are all potentials. Potentially, Prednisolone use may be masking intestinal mural changes, however, significant GI disease is considered unlikely if no evidence of weight loss or concurrent diarrhea. Three view chest radiographs, if not done, are recommended to rule out occult thoracic or esophageal pathology as a contributing factor. Some degree of metabolic gastric stasis could be possible given the reported small meal ingestion in comparison to degree of gastric ingesta.

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

IMAGING PERFORMED BY

Dr. Robyn Lantz

HOSPITAL NAME

Empirically, a canned hydrolyzed diet trial with potential smaller/more frequent feedings, if clinical suspicion for metabolic gastric stasis, and as needed gastrointestinal support with potential for long term dietary therapy may prove beneficial.

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BREED

Siamese Mix

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**IMAGING
PERFORMED BY**

Dr. Robyn Lantz

HOSPITAL NAME

Eastgate VC

REFERRING VET

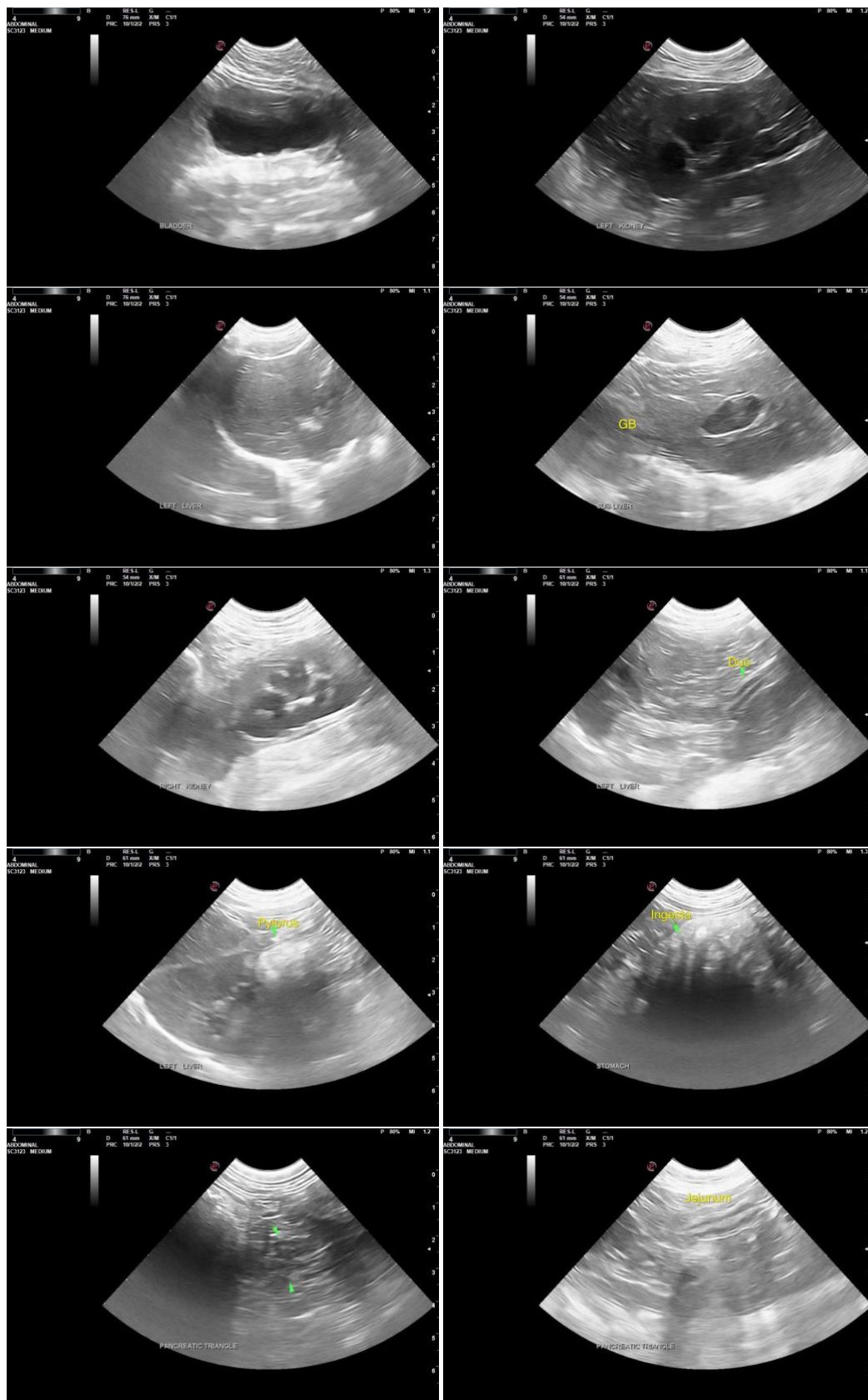
Dr. Robyn Lantz

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Galaxy Clark

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.

SPECIES

Feline

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.

BREED

Siamese Mix

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com

SEX

Spayed Female

AGE

9 Years

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