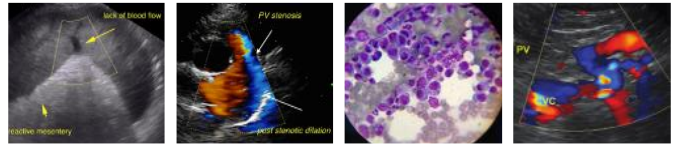
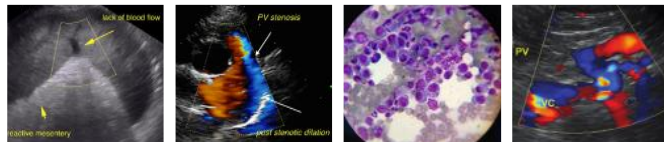


PATIENT	PRESENTING CLINICAL SIGNS
Milhouse Sevigny	History: 11/28 - p vomited with tinsel, anorexic 11/30 presented to rDVM for progressive lethargy, anorexia- temp 104.6 transferred for hospitalization. A FAST very irregular, thickened loop of bowel (colon??), scant free abdominal fluid present
SPECIES	
Feline	Abnormal PE/Chem/CBC/UA Results: 11/30- cbc/chem 17/lytes - low amyl 455, hyperglycemia 185, elevated bun 51, hyperproteinemia 9.1, elevated globs 5.9, eosinopenia 0.07, lymphocytosis 13.71, monocytosis 1.79, leukocytosis 39.46, neutrophilia 23.87, suspect bands urinalysis - usg 1.050, 100 ur protein, wbc 1/hpf, suspect cocci FPL - normal
BREED	
DLH	
SEX	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
	Urinary System
Neutered Male	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 non-dependent particulate sediment was present likely indicative of mild cellular crystalline debris or potential mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.
AGE	
6.5 Years	Aortic trifurcation was normal.
WEIGHT	
14.1 Lbs.	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 with no evidence of pelvic dilation. The left kidney measured 4.2 cm in length. The right kidney measured 4.8 cm in length.
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	No overt pathology in the left or right adrenal gland.
IMAGING PERFORMED BY	Spleen
Harmon	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 0.95 cm in width.
HOSPITAL NAME	Liver
Willamette VH	The liver presented normal in size. The hepatic parenchyma revealed diffuse reduced echogenicity compared to the spleen and renal cortical parenchyma with a mild coarse echotexture. Increased portal vein prominence was evident. The capsule of the liver was normal in margination. Distinct masses or nodules were not evident. The hepatic and portal vasculature were normal in appearance. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.
REFERRING VET	
Harmon	
INVOICE	Gastrointestinal
12756	
DATE	
12/1/21	



PATIENT	The gastric fundus and body exhibited intact and sonographically unremarkable wall layering. Mildly prominent pyloric walls owing to mildly prominent pyloric mucosa with minor retained anechoic fluid. Pylorus wall measured 0.39 cm. No evidence of overt gastric foreign material or pyloric outflow obstruction.
Milhouse Sevigny	
SPECIES	Discernable segments of the small intestine exhibited intact wall layering and maintained 1:3 muscularis to mucosa ratio. An example of discernable jejunum measured 0.20 cm in width.
Feline	
BREED	A segment of bowel exhibited moderate to marked mural hypertrophy, decreased mural echogenicity and subjective intact yet indistinct wall layering. This segment of intestine was noted in the mid to right cranial abdomen, adjacent to the probable right kidney, caudal to the stomach as well as in the caudal abdomen, directly adjacent and likely dorsal to the urinary bladder. Associated segmental to generalized metabolic to paralytic ileus associated with the abnormal bowel. The abnormal bowel wall width measured 0.85 cm in width.
DLH	
SEX	
Neutered Male	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. Potential for concurrent low-grade pancreatitis cannot be definitively excluded.
AGE	
6.5 Years	
WEIGHT	Free Abdomen Regional echogenic mesentery and scant free fluid noted primarily around the abnormal bowel. Overt evidence of significant lymphadenopathy was not noted, although, suspected minor mesenteric lymphadenopathy is probable.
14.1 Lbs.	
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Probable mild pyloric gastritis and pyloric stasis • Segmental severely inflamed bowel with associated metabolic/paralytic ileus- suspect colon involvement based on visualization in mid to right cranial abdomen caudal to the stomach as well as adjacent to the urinary bladder, severe acute colitis, infectious versus infiltrative neoplastic colitis, colonic necrosis or other possible. Additionally, the potential for past foreign material within the colon given the patients history cannot be definitively excluded. Although overt evidence of mechanical bowel obstruction was not definitively evident. • Associated regional intestinal reactive mesentery and free fluid- likely peritonitis • Hypoechoic liver- non-specific, reactive hepatopathy, acute hepatitis, (given the short half-life of hepatic enzymes in cats) congestion or less likely neoplasia possible
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Harmon	Given these findings, the possibility of small bowel involvement is considered less likely yet cannot be definitively excluded. The suspected colonic involvement is not overtly definitive given the lack of reported diarrhea. Biopsies of the abnormal bowel would be required for a definitive diagnosis. Assessment of serum cobalamin and folate levels may be considered. Hospitalization with as needed gastrointestinal support, broad spectrum antibiotics and high colony count probiotics recommended. Guarded prognosis given the presentation of the abnormal bowel.
HOSPITAL NAME	
Willamette VH	
REFERRING VET	
Harmon	
INVOICE	
12756	
DATE	
12/1/21	



PATIENT

Milhouse Sevigny

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

6.5 Years

WEIGHT

14.1 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Harmon

HOSPITAL NAME

Willamette VH

REFERRING VET

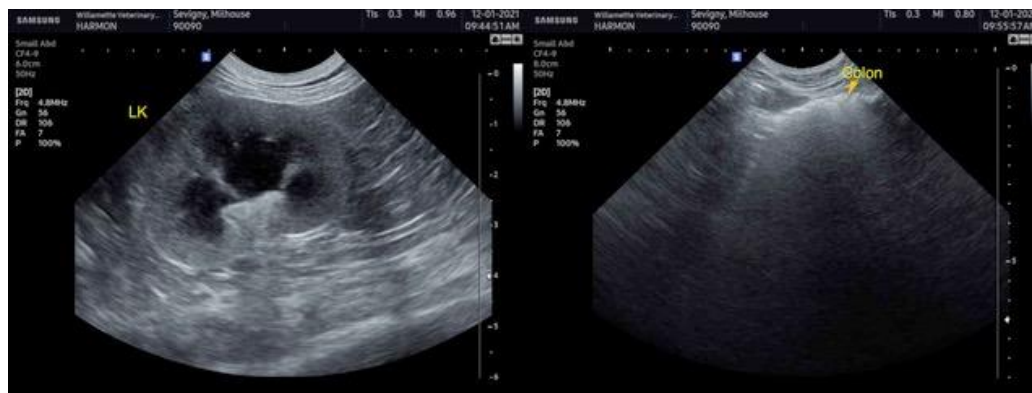
Harmon

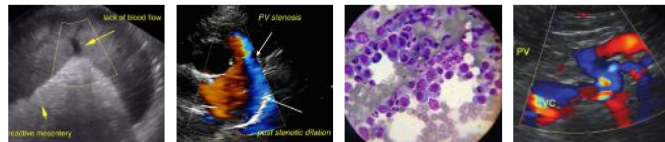
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DATE

12/1/21





PATIENT

Milhouse Sevigny

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

6.5 Years

WEIGHT

14.1 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Harmon

HOSPITAL NAME

Willamette VH

REFERRING VET

Harmon

INVOICE

12756

DATE

12/1/21



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.

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