



**PATIENT PRESENTING CLINICAL SIGNS**

Cashew Baer  
History: Vomiting for several days  
Medication: Cerenia

**SPECIES**  
Feline  
WBC 28.5 w/neutrophilia and lymphocytosis. Chem - Glucose 233, BUN 62, Crea 2.0, Potassium 3.1, Chloride 106.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**  
*Urinary System*

Domestic Shorthair  
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.

**SEX**

Female  
The area of the aortic trifurcation was free of pathology.

**AGE**

10 months  
Both kidneys were normal in size and margination. Both kidneys exhibited mild loss of corticomedullary border demarcation, primarily owing to bilateral increased corticomedullary to medullary echogenicity. No evidence of pyelectasia or retroperitoneal inflammation. The left kidney measured 3.2 cm. The right kidney measured 3.5 cm.

**WEIGHT**

5.44 Pounds  
*Adrenal Glands*  
The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.30 cm in width. The right adrenal gland measured 0.28 cm in width.

**INTERPRETED BY**

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)  
*Spleen*  
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The spleen measured 0.65 cm in width. 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.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

**HOSPITAL NAME**

Catoclin VC

*Liver*

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 normal in size, yet appeared to be partially divided into two compartments. Anechoic content present.

*Gastrointestinal*

**REFERRING VET**

Dr. Bramson  
The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no evidence of retained gastric ingesta, fluid or foreign material. Gastric body wall measured 0.25 cm. Pylorus wall measured 0.22 cm.

**INVOICE**

33387  
The small intestine exhibited segmental mild jejunal thickening, exhibiting intact discernable wall layering measuring approximately 3-4 cm in length. Wall width in the area of mildly thickened jejunum measured up to 0.30 cm. By comparison, normal appearing jejunum measured 0.18-0.2 cm. The mildly thickened segment of jejunum contained a mild to moderate amount of retained echogenic ingesta/chyme. A suspected linear like echo was noted within the segment of mildly thickened jejunum with retained

**DATE**

12.10.2021



**PATIENT** ingesta/chyme, potentially impinging upon the inner luminal wall. Regional peri intestinal reactive mesentery was present.  
Cashew Baer  
Normal visible colon wall layers were present with apparent formed feces in lumen.

**SPECIES** *Pancreas*

Feline The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic inflammation. No overt evidence of neoplasia.

**BREED** *Free Abdomen*

Domestic Shorthair Concurrent mildly enlarged jejunal lymph nodes were present. Example measured 0.52 cm in width. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width:length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident.

**SEX** Female No overt evidence of peritoneal effusion.

**PRIMARY FINDINGS**

- AGE** 10 months
- Segmental mildly thickened jejunum exhibiting intact wall layering, mild to moderate retained ingesta/chyme, and suspect linear like hyperechoic luminal echo.
  - Associated regional peri intestinal reactive mesentery and lymphadenopathy – suspect lymphoid hyperplasia or likely reactive lymphadenitis.
  - Suspect mild concurrent pancreatitis

**WEIGHT** 5.44 Pounds

**SECONDARY FINDINGS**

- Non-specific increased renal corticomedullary to medullary echogenicity
- Probable partial bilobed gallbladder – normal variant in a cat.

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The segmental mildly thickened jejunum is most consistent with inflammatory criteria given the intact wall layering with potential for segmental metabolic or mechanical jejunal ileus. However, although not definitive, strong concern for linear-like luminal shadowing echo suggestive of foreign material or body with some concern for potential impingement upon the inner luminal wall. Given these findings in the face of the patient's clinical signs, exploratory laparotomy with gross examination of the intestinal tract and potential expectation towards enterotomy is warranted.

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Intestinal biopsies are considered essential despite exploratory findings. Although not definitive, the bilateral increased corticomedullary to medullary echogenicity noted in both kidneys may potentially suggest some degree of dystrophic renal changes given the patient's age. Perioperative rehydration protocol with electrolyte supplementation as well as antibiotics is suggested. Potential periodic monitoring of renal parameters going forward is likely indicated.

**REFERRING VET**

Dr. Bramson

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**PATIENT**

Cashew Baer

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Female

**AGE**

10 months

**WEIGHT**

5.44 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

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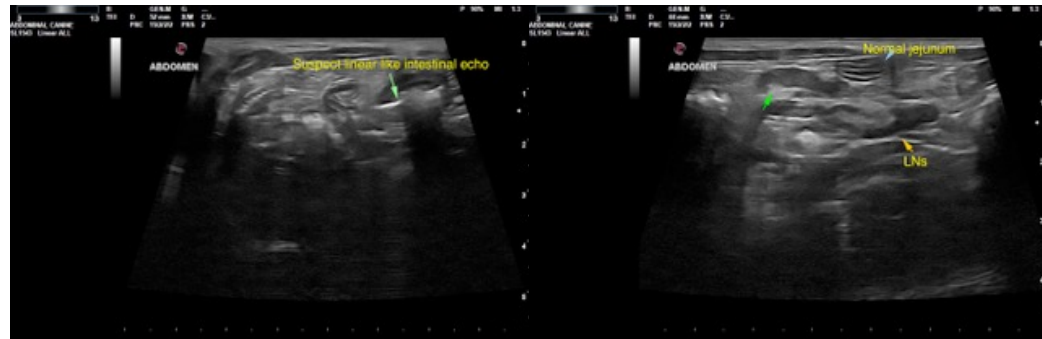
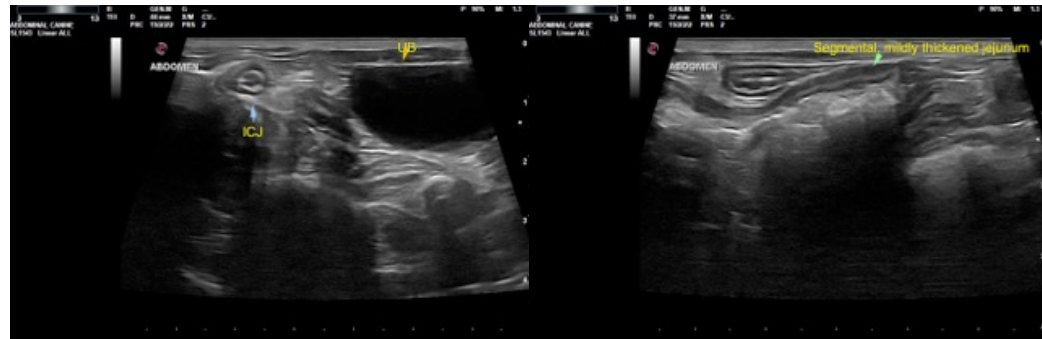
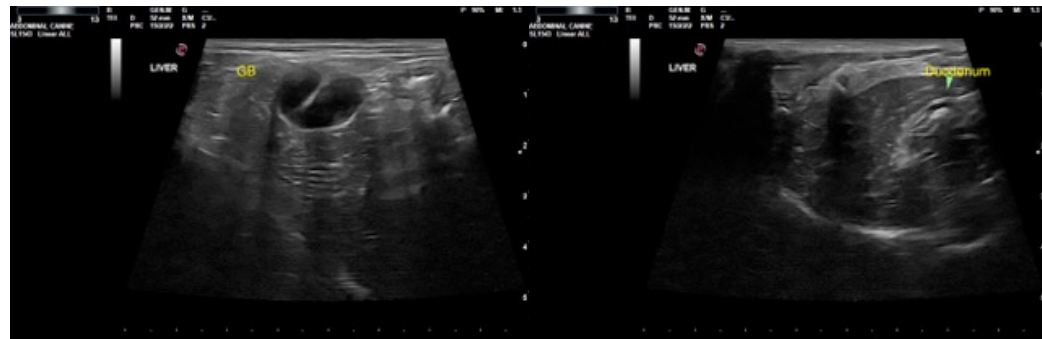
Dr. Bramson

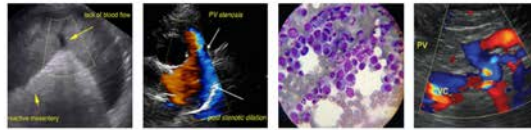
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**PATIENT**

Cashew Baer

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**

Domestic Shorthair

**R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)**  
[mac.daniel@sonopath.com](mailto:mac.daniel@sonopath.com)

**SEX**

Female

**AGE**

10 months

**WEIGHT**

5.44 Pounds

**INTERPRETED BY**

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DVM, DABVP  
(Canine and Feline)

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
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**HOSPITAL NAME**

Catoctin VC

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