



PATIENT

Matilda Brock

SPECIES

Feline

BREED

DSH

SEX

SF

AGE

8 years 7 months

WEIGHT

14 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Emma Herdener

HOSPITAL NAME

Eastgate VC

REFERRING VET

Dr. Emma Herdener

INVOICE

12798

DATE

12/13/21

PRESENTING CLINICAL SIGNS

Vomited 6 times 12/11/21, not eating as much as normal. Pink/red tinge to vomit, mostly clear fluid, a little bit of food. Likes to eat insects. Indoor only, but does have access to garage. On Ultamino food and some variety of wet. Didn't get into anything that owner is aware of, but possible per owner.

Patient has a tendency to vomit. Exam overall wnl, Mild chronic otitis externa, normal per owner, rest of exam wnl. Other cats in household wnl.

Abnormal PE/Chem/CBC/UA Results: Labwork unremarkable. Radiographs performed 12/11/21 show possible partial obstruction vs GI mass

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, primarily 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 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 4.0 cm in length. The right kidney measured 4.3 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 0.44 cm width. The area of the right adrenal gland was free of overt pathology.

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 0.85 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 with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, foreign material, or hairball density. The gastric body wall width measured 0.24 cm.

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The small intestine exhibited intact wall layering and primarily maintained a 1:3 muscularis/mucosa ratio with segmental propensity for mildly prominent muscularis layer. No evidence of loss of intestinal wall layering, intestinal masses, or mechanical / metabolic small intestinal ileus. The jejunum wall width measured 0.27 cm up to 0.31 cm.

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

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Pancreas

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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.

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Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion were present.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Mild urinary bladder sediment
- Sonographically unremarkable stomach
- Suspect inflammatory enteropathy

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

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The small Intestine exhibited segmental subtle mural changes which may suggest underlying inflammatory enteropathy or potential IBD. However, without evidence of additional gastrointestinal signs such as diarrhea or weight loss, this finding is not definitive. Dietary indiscretion / Intolerance may potentially be playing a role in this patient. Potential for low-grade pancreatitis may also be possible yet ultrasonographically normal. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. No evidence of abdominal, specifically gastrointestinal, neoplasia was noted. Empirical gastrointestinal support or conservative inflammatory enteropathy protocol would be appropriate.

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Recheck sonogram to assess for progressive inflammatory small intestinal changes is recommended if persistent / progressive GI signs are noted.



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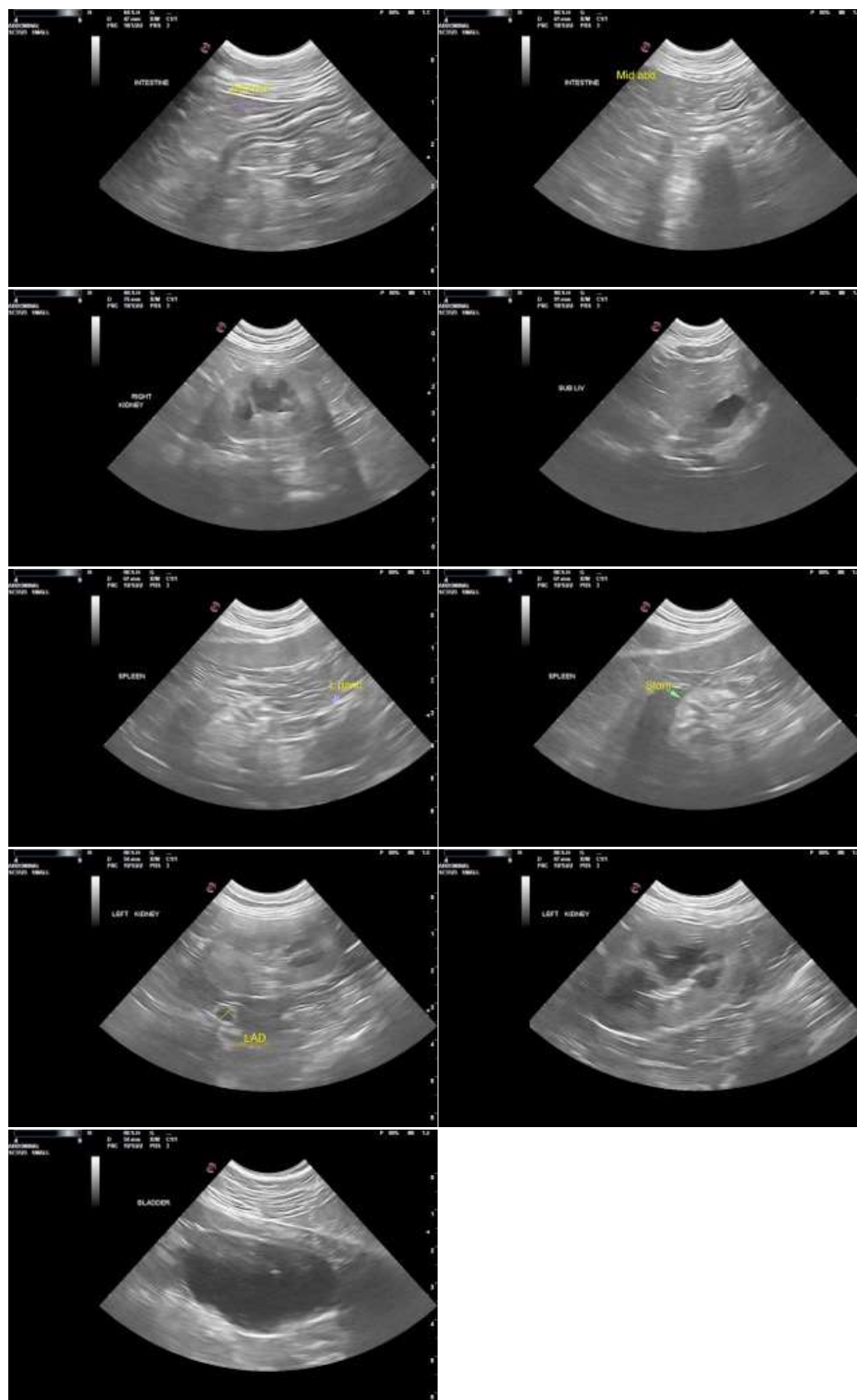
Dr. Emma Herdener

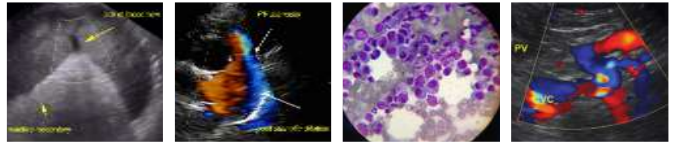
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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