



PATIENT

Lilly Sutter

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

2yr

WEIGHT

11lb

PRESENTING CLINICAL SIGNS

Every 2- 3 months has a bout of inappetence for a couple days, one day of multiple episodes vomiting pink foam. Seen by different vets with normal BW results. P responds immediately to symptomatic therapy with no recurrence for 2-3 months. Otherwise clinically normal. Consistently on Z/D for a year. Normal PE today

Abnormal PE/Chem/CBC/UA Results: none

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor non-dependent sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

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 3.3 cm in length. The right kidney measured 3.5 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

No overt pathology in the area of the bilateral adrenal glands.

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 0.8 cm in width at the level of the hilus.

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 non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.25 cm in width.

The small intestine presented intact generalized prominent wall layering with mild altered muscularis/mucosa ratio owing to prominent muscularis layer. No evidence of intestinal masses. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Emerson

HOSPITAL NAME

Animal Clinic of
Casselberry

REFERRING VET

Dr. Emerson

INVOICE

12432ag

DATE

12/15/2022



PATIENT

Pancreas

Lilly Sutter

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.

SPECIES

Feline

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

BREED

ULTRASONOGRAPHIC FINDINGS

DSH

- Intact generally prominent small intestine walls-suggestive of mild inflammatory enteropathy/IBD pattern

SEX

- Normal pancreas
- Normal stomach

FS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

Although potential for patient variant given lack of additional clinical signs such as diarrhea or weight loss, the small intestine is suggestive of inflammatory criteria such as IBD. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended to assess for low-grade pancreatitis as a contributing factor which may present as sonographically normal. Full thickness intestinal biopsies required for a definitive diagnosis. Empirical as needed GI support, dietary therapy +/- IBD protocol if addition GI signs may be considered.

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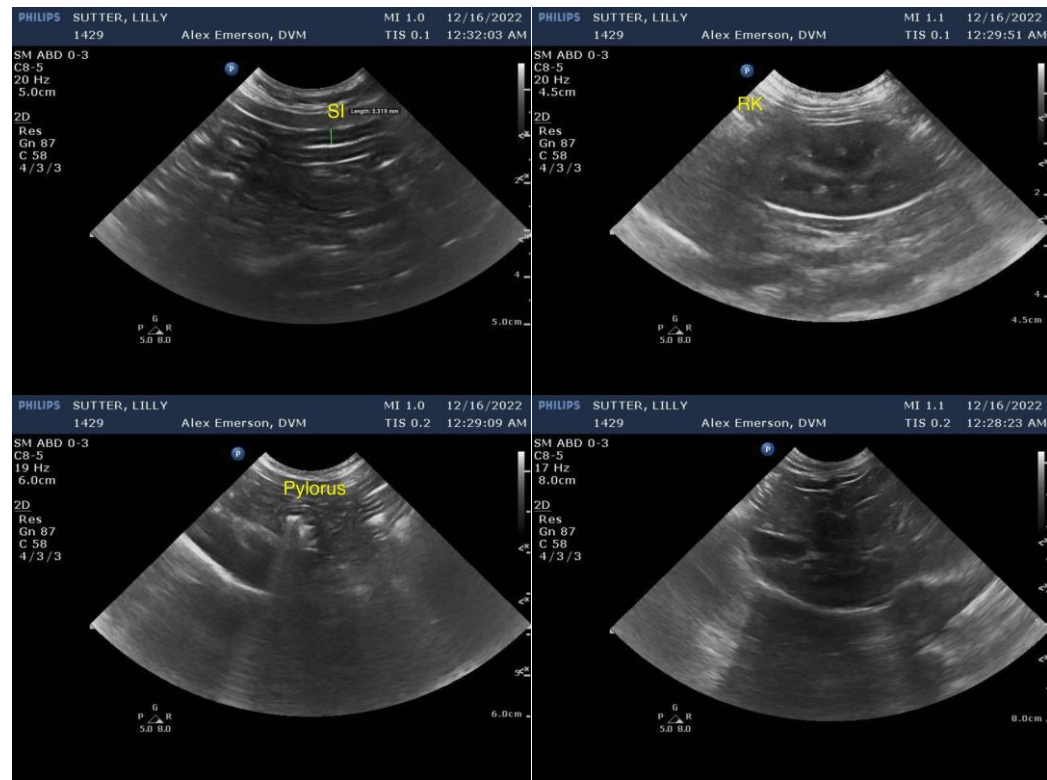
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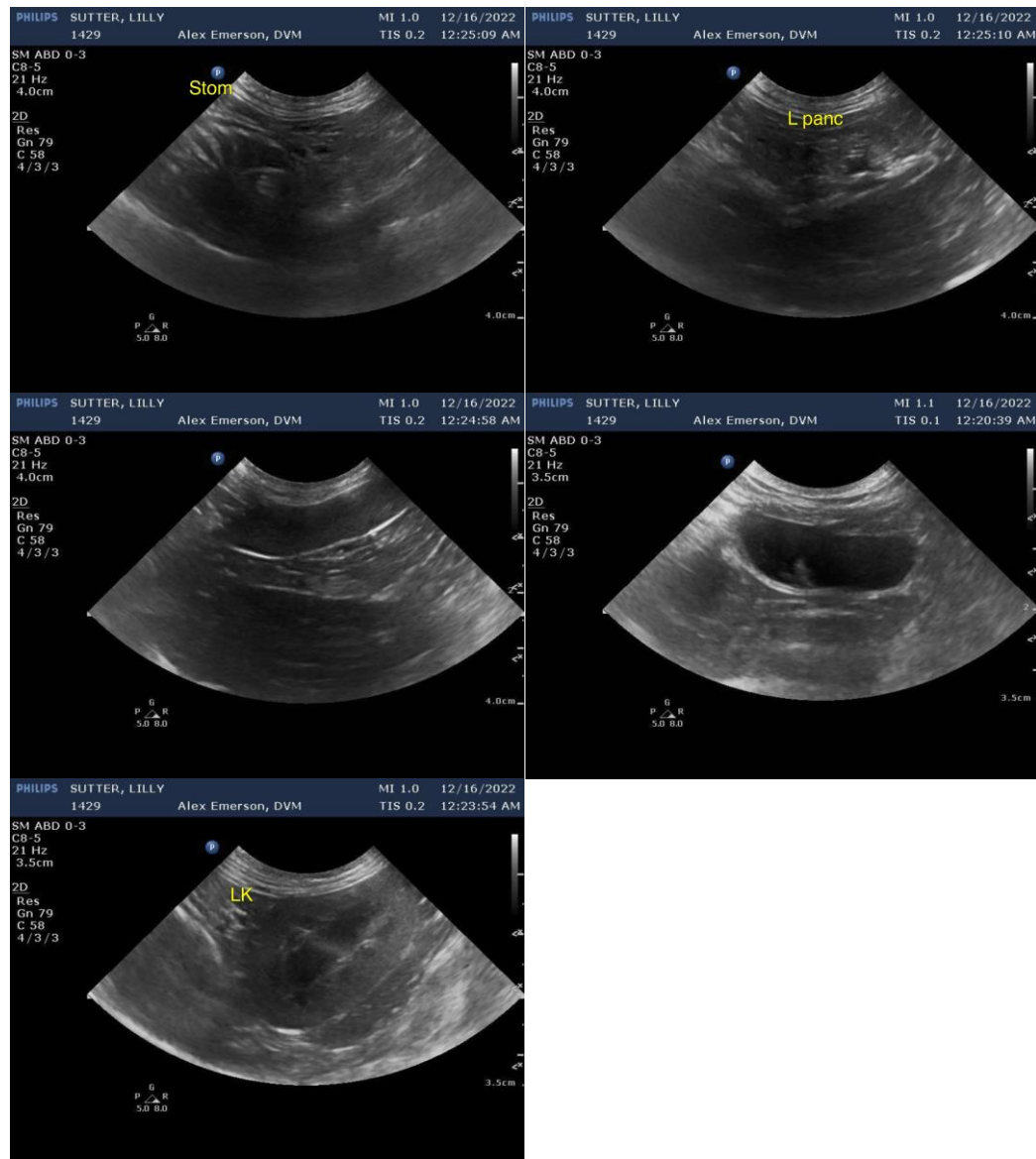
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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