



PATIENT	PRESENTING CLINICAL SIGNS
Vasiliy Kravtsova	Reason for Visit: ADR, decreased appetite x 2 days History: 4y 3m old MN DSH presents for decreased appetite for 2 days, indoor only. Vomited bile yesterday and two days prior. Normal urination, no bowel movements.
SPECIES	Abnormal PE/Chem/CBC/UA Results: Hydration: Estimate 5% dehydration Mentation: BAR, fractious, extremely fearful--exam performed under sedation EENT: OU clear. AU clear, no debris. No cough on tracheal palpation. Oral cavity: No dental tartar; halitosis Lymph Nodes: Submandibular, prescapular and popliteal lymph nodes normal size, shape and consistency Skin: Healthy hair coat. No ectoparasites seen, skin clean dry and intact. CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, normal bronchovesicular sounds. Abd/GI: Soft, non-painful, no fluid wave, no palpable masses or organomegaly. Uro/Perineum: No lesions or abnormalities. Musculoskeletal: BCS = 5/9. Ambulatory x 4, normal gait, normal palpation all 4 limbs. Neurological: Alert and appropriate. No deficits noted. Diagnostic Testing: Dexmedetomidine 0.5mg/ml 0.1ml + butorphanol 10mg/ml 0.1ml + ketamine 100mg/ml 0.1ml IM--adequate sedation achieved Abdominal radiographs--consult pending CBC--WNL ChemAzotemia crea=4.0, BUN=106 rule-out pre-renal +/- renal (USG=1.043, proteinuria) Hyperglycemia=264mg/dL rule-out stress (urine glucose negative) Elevated total protein/albumin consistent with dehydration/hemoconcentration
Feline	
BREED	
DSH	
SEX	
MN	
AGE	
4yr	
WEIGHT	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
11.7lb	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 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.
INTERPRETED BY	Normal size and margination was present in the kidneys. Mild bilateral cortex hypertrophy was present with mildly indistinct corticomedullary border demarcation. 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. No evidence of pyelectasia. A subtle hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 4.5 cm in length. The right kidney measured 3.9 cm in length.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	The area of the aortic trifurcation was free of pathology.
Michaleen	Adrenal Glands
HOSPITAL NAME	The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.
DPC Veterinary Hospital	Spleen
REFERRING VET	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 0.7 cm in width at the level of the hilus.
Dr. Feldt	Liver
INVOICE	
12439ag	
DATE	
12/16/2022	



PATIENT

Vasiliy Kravtsova

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 with mild to moderate echogenic non-organized debris. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

SPECIES

Feline

Gastrointestinal

BREED

DSH

The stomach presented intact wall layering with a normal wall layer ratio. The stomach exhibited marked distention with retained anechoic fluid extending through the pyloric outflow with no signs of ileus, obstruction or foreign material.

SEX

MN

Concurrent marked upper duodenal fluid distention extending caudally to indistinctly visualized strongly shadowing irregular echo within the upper to mid duodenal lumen measuring potentially 1.5 – 2.0 cm in diameter was present. Empty small intestine distal to the duodenal luminal echo was present without evidence of concurrent segmental to generalized ileus to the level of the colon.

AGE

4yr

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

Pancreas

WEIGHT

11.7lb

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.

Free Abdomen

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

INTERPRETED BY

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

ULTRASONOGRAPHIC FINDINGS

- Indistinctly visualized strongly suspected duodenal foreign body with secondary gastric and upper duodenal obstructive pattern
- Bilateral interstitial nephrosis with non-specific subtle medullary rim sign

IMAGING PERFORMED BY

Michaleen

Secondary findings

- Mild gallbladder debris-likely incidental

HOSPITAL NAME

DPC Veterinary
Hospital

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Exploratory laparotomy with duodenotomy is recommended given this presentation with potential for GI biopsies despite exploratory findings. Stabilization of renal parameters, which may suggest prerenal azotemia given adequately concentrated urine is suggested prior to surgical considerations.

REFERRING VET

Dr. Feldt

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Brief sonographic reassessment of the shadowing luminal echo to make sure it is persistent or to rule out potential movement is likely ideal.

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REFERRING VET

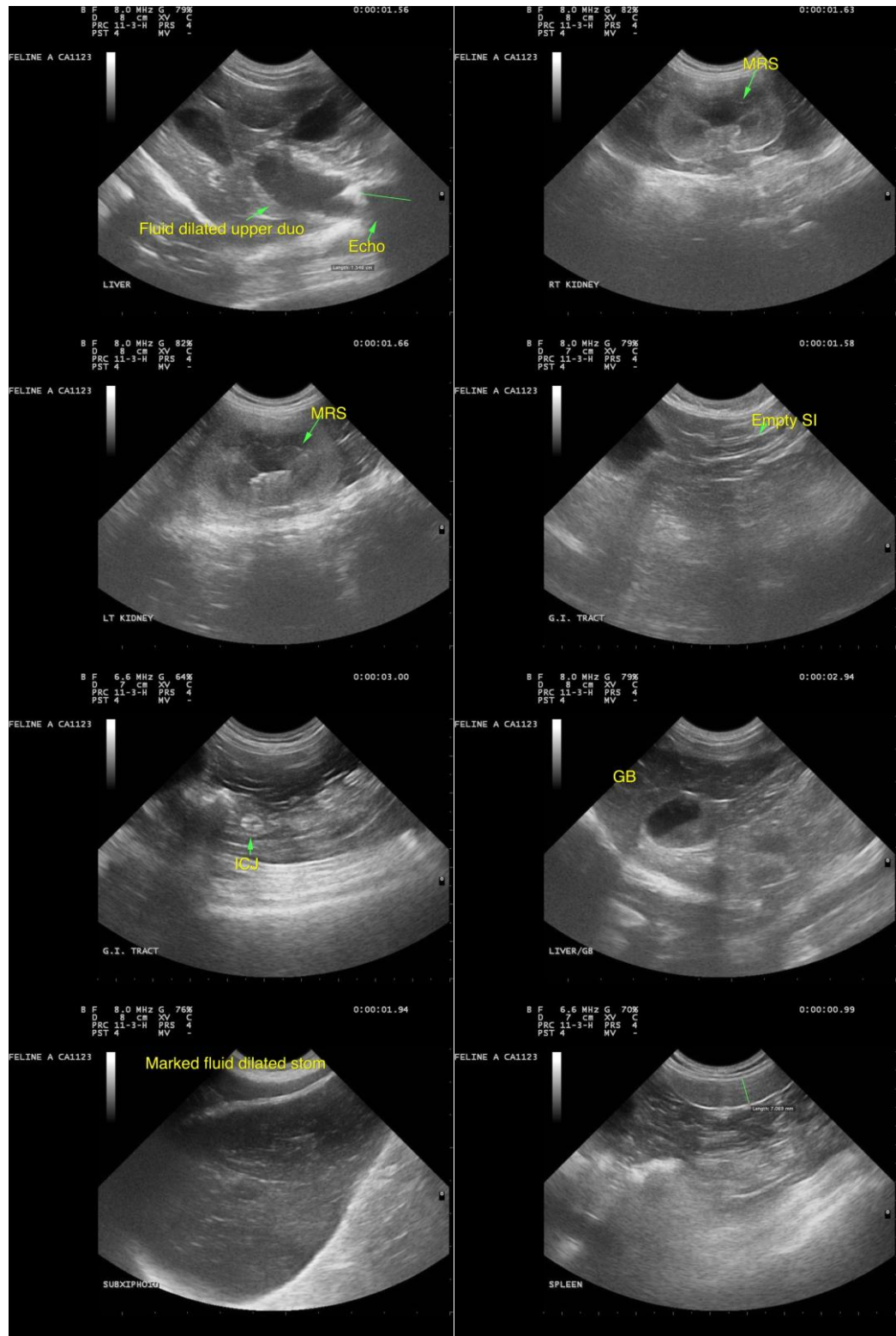
Dr. Feldt

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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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