



PATIENT	PRESENTING CLINICAL SIGNS
Blackjack Advocat	VOMITING FOREIGN OBJECTS LITTLE DIARRHEA
SPECIES	Abnormal PE/Chem/CBC/UA Results: BW-MILD DEHYDRATION
Feline	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	<i>Urinary System</i>
DSH	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 mild non-dependent particulate 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.
SEX	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 3.9 cm in length.
M	The area of the aortic trifurcation was free of pathology.
AGE	<i>Adrenal Glands</i>
10mo	The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.
WEIGHT	<i>Spleen</i>
5.7	The spleen was indistinctly visualized likely secondary to volume contraction.
INTERPRETED BY	<i>Liver/Gallbladder</i>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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 and cystic biliary duct was mildly dilated in appearance containing primarily anechoic luminal content with mild non-dependent particulate debris likely secondary to anorexia/fasting. No evidence of post hepatic obstructive criteria.
IMAGING PERFORMED BY	<i>Gastrointestinal</i>
Dr. Sharkaway	The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. No evidence of gastric distention with retained ingesta/fluid or overt foreign material.
HOSPITAL NAME	<i>Pancreas</i>
Kew Gardens Animal Hospital	The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse mild variable ileus pattern consisting of anechoic fluid with mild segmental non-specific yet non-shadowing hyperechoic ingesta/chyme. No overt evidence of obstructive mural pathology or definitive obstructive foreign material.
REFERRING VET	Normal visible colon wall layers with mild distention non-formed to liquid feces in lumen.
Dr. Sharkaway	
INVOICE	
12575ag	
DATE	
12/30/2022	



PATIENT

Blackjack Advocat

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 or peritoneal effusion was present.

BREED

DSH

Intermittent discretely prominent to enlarged mesenteric lymph nodes were present likely consistent with lymphoid hyperplasia, lymphadenitis or immunologic immaturity.

SEX

M

ULTRASONOGRAPHIC FINDINGS

- Mild urinary bladder sediment
- Gastroenteritis pattern subjectively acute with empty stomach and primarily segmental to generalized intestinal ileus pattern
- Segmental mild distended colon containing non-formed fecal matter
- Intermittent minor benign/reactive mesenteric lymphadenopathy

AGE

10mo

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall gastrointestinal presentation is suggestive of acute gastroenteritis pattern with considerations including dietary indiscretion, gastroenterotoxic insult or infectious disease possible. The possibility of a small amount of passing non-obstructive intestinal foreign material given patient history cannot be definitively excluded yet no overt GI obstructive pattern was observed. Hospitalization with 24-72 IVF, GI support, assessment of clinical response and potential sonographic reassessment if persistent/progressive vomiting despite supportive care would be reasonable.

WEIGHT

5.7

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens Animal
Hospital

REFERRING VET

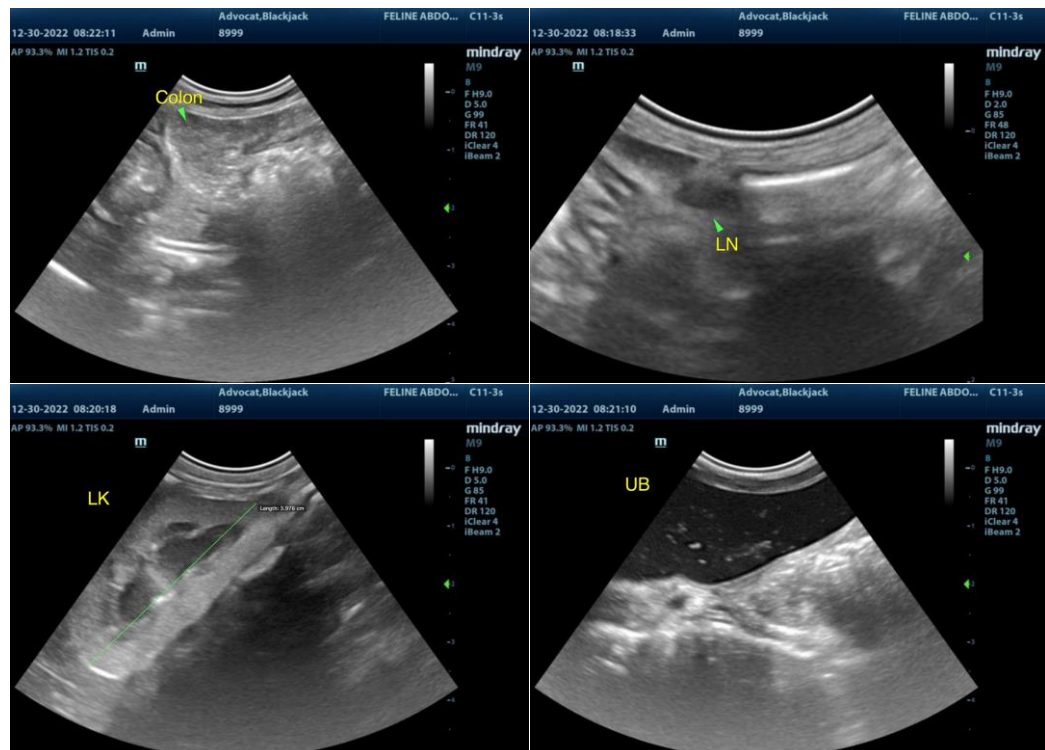
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SPECIES

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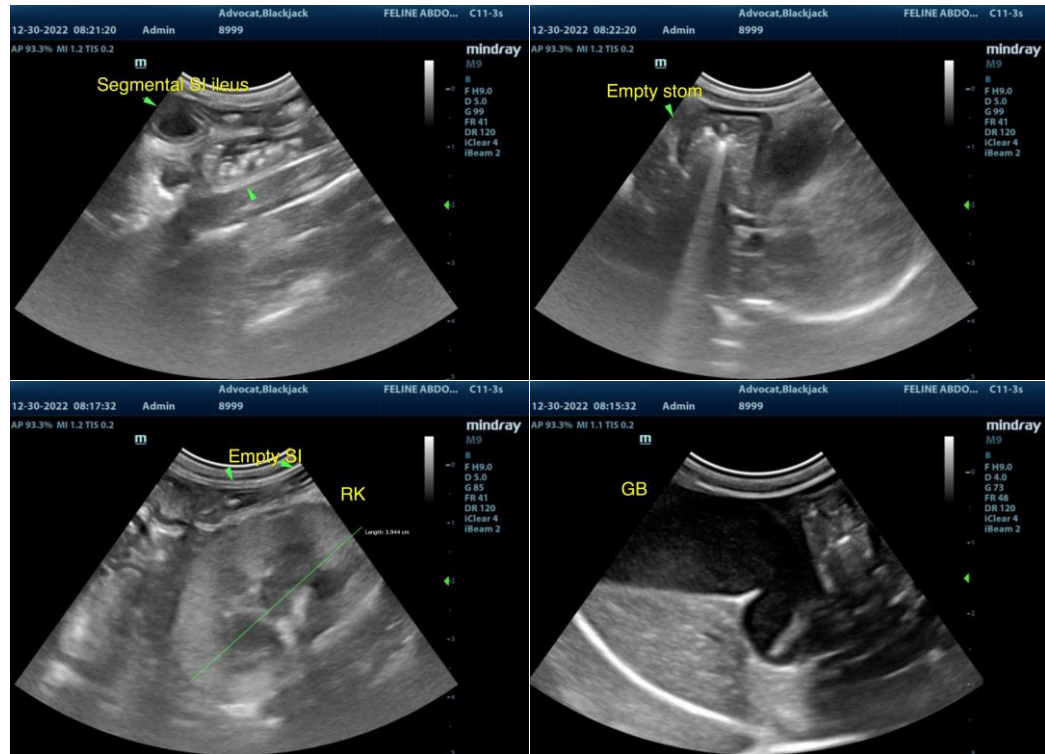
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
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