



**PATIENT**

Storm Novik

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

2

**WEIGHT**

11.2

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Karen Fowler

**HOSPITAL NAME**

Bethany Family Pet  
Clinic

**REFERRING VET**

Dr. Karen Fowler

**INVOICE**

12736

**DATE**

12/4/21

**PRESENTING CLINICAL SIGNS**

-P rpresented 2 days ago for vomiting bile starting Tuesday. rads taken showed some gas, couldn't r/o FB, but nothing apparent. Given SCF and convenia. P continues to vomit multiple times at home, not eating since yesterday morning, very lethargic

Abnormal PE/Chem/CBC/UA Results: Dull mentation, drooling, but animated when painful on abdominal US. UA showed hematuria, mild hyperglycemia and SDMA 15 (mini-panel) running full chem 17, cbc, snapFPL currently, can send e-mail update with labs when done

**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, 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.

The left and right kidneys exhibited subtle cortical hypertrophy, increased cortex echogenicity, and mild loss of corticomedullary border demarcation. The left kidney measured 4.7 cm in length. The right kidney measured 4.5cm in length.

**Adrenal Glands**

The left and right adrenal glands were not definitively visualized.

**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.

**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.

**Gastrointestinal**

The stomach exhibited severe distention with retained primarily anechoic to mildly echogenic fluid. Focal shadowing asymmetrical, potentially several echoes was present within the gastric lumen, measuring approximately 2.5 cm in diameter.

The duodenum exhibited intact wall layering with 1:3 muscularis/mucosa ratio. Fluid distention extended into the pylorus and area of the gastroduodenal junction, as well as subjectively into the upper



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duodenum. No overt evidence of jejunal ileal obstruction or foreign material. The jejunum wall width measured 0.20 cm. A focal shadowing echo is suspected in the area of the upper duodenum. This echo suspected in the upper duodenum measured approximately 2.2 cm in diameter.

## SPECIES

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

## Pancreas

## BREED

DSH

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.

## SEX

## Free Abdomen

MN

No overt lymphadenopathy or peritoneal effusion was present.

## AGE

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## ULTRASONOGRAPHIC FINDINGS

### Primary Findings

## WEIGHT

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- Marked gastric distention with retained fluid and several nonspecific shadowing echoes
- Strongly suspected shadowing echo in the area of the upper duodenum - strongly suggestive of upper duodenal mechanical obstruction given the degree of gastric fluid dilation
- Bilateral nonspecific interstitial nephrosis renal pattern
- Mild urinary bladder sediment

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended. Given the degree of gastric fluid dilation, shadowing echoes suspected to be within the upper duodenum and in conjunction with the patient's clinical signs, exploratory laparotomy is recommended for further clarification with expectation toward enterotomy. Intestinal biopsies are recommended despite exploratory findings or if clinically indicated.

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## REFERRING VET

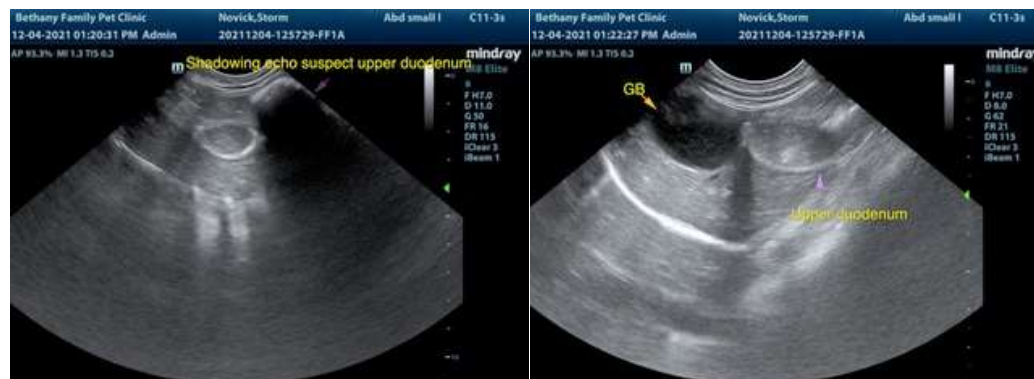
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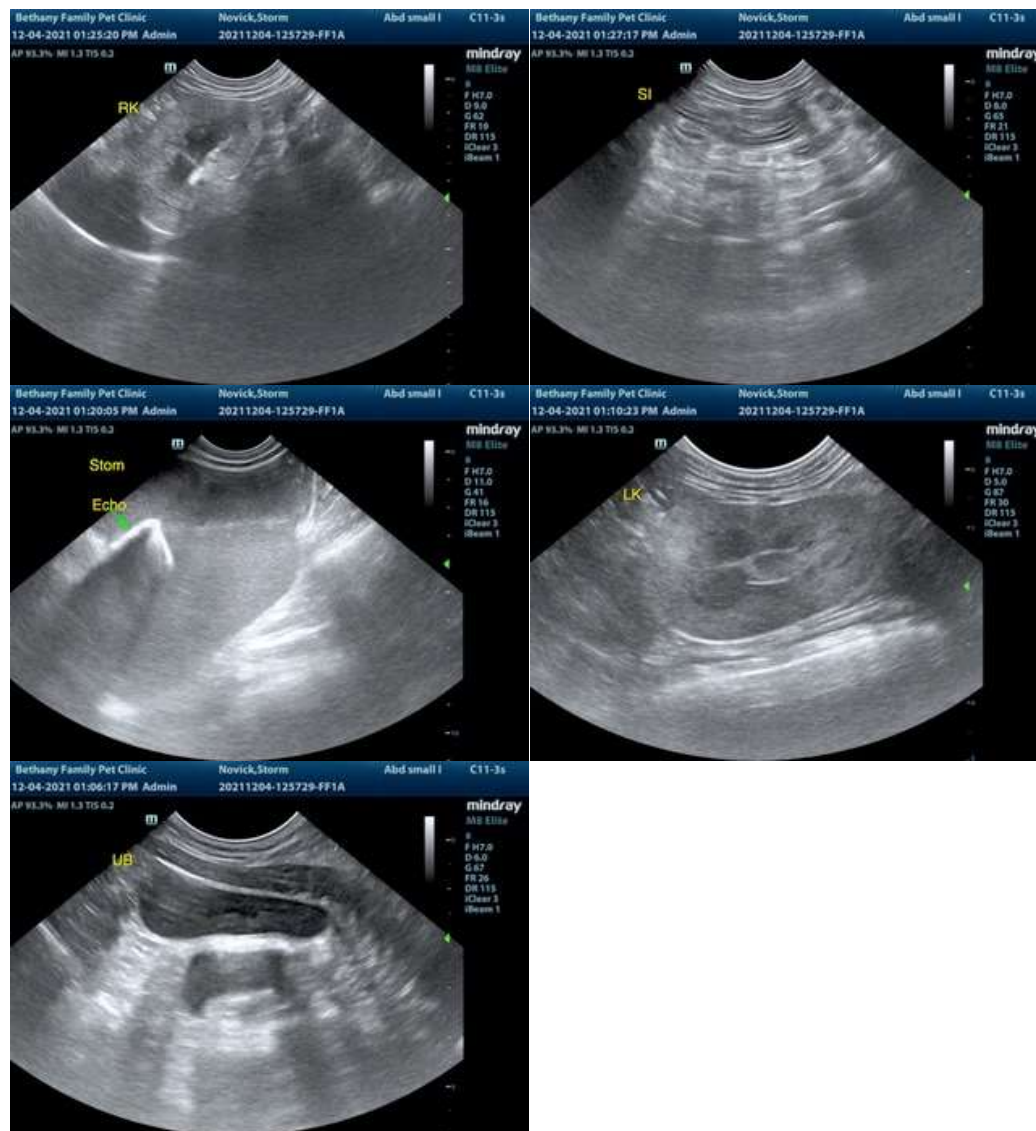
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com