



PATIENT

Dixie Ebersole

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

3 Years

WEIGHT

11 Pounds
approximately

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

Dr. Ebersole

INVOICE

19064

DATE

12/6/22

PRESENTING CLINICAL SIGNS

History: Longterm intermittent diarrhea, +/- vomiting. Pica. Has been on EN or RC GI diet since a kitten. Most recent bout of protracted diarrhea resolving. Mild weight loss and looking unthrifty. Abnormal PE/Chem/CBC/UA Results: No BW (yet) Fecal Ag (Neg)

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. 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.

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 3.8 cm in length. The right kidney measured 3.7 cm in length.

Adrenal Glands

No overt pathology in the area of left or right 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 1.0 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 and sonographically unremarkable wall layering with a normal wall layer ratio. The lumen of the stomach contained a mild amount of retained hyperechoic ingesta, along with suspicious, primarily small shadowing echo to possible echoes. No evidence of mechanical pyloric outflow obstruction. The gastric body wall measured 0.24 cm. An example of echo to echoes measured approximately 0.6 cm – 1.2 cm in diameter and did not appear to be obstructive to pyloric outflow.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. Segmental mildly



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hyperechoic yet nonshadowing ingesta/chyme with no evidence of loss of intestinal wall layering or obstructive pattern.

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

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Pancreas

Feline

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.

BREED

Free Abdomen

DLH

No overt lymphadenopathy or peritoneal effusion was present.

SEX

ULTRASONOGRAPHIC FINDINGS

Spayed Female

- Normal stomach containing mild retained ingesta and nonspecific yet suspicious shadowing echo to possible echoes
- Sonographically unremarkable small bowel/colon, exhibiting intact enterocolic wall layering and mild segmental small bowel ingesta/chyme

AGE

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

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No sonographic evidence of significant gastroenterocolic mural pathology, altered wall layering or neoplastic criteria. Considerations, given the patient history, may include dietary intolerance/food allergy, low grade inflammatory gastroenterocolic disease or pancreatitis, which may present sonographically normal.

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A GI panel, +/- diarrhea PCR panel is warranted. Given the patient history, strong suspicion for nonobstructive gastric foreign bodies, i.e., hair ties or elastic, although the gastric echoes did not appear to be obstructive. Sonographic monitoring of the shadowing gastric echoes over the next 24 hours is recommended.

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Empirically, hydrolyzed diet trial, high colony count probiotic, broad spectrum deworming if clinically indicated, and pending GI panel results with assessment of clinical response would be reasonable. If surgery is potentially indicated, gastrointestinal biopsies would be considered essential.

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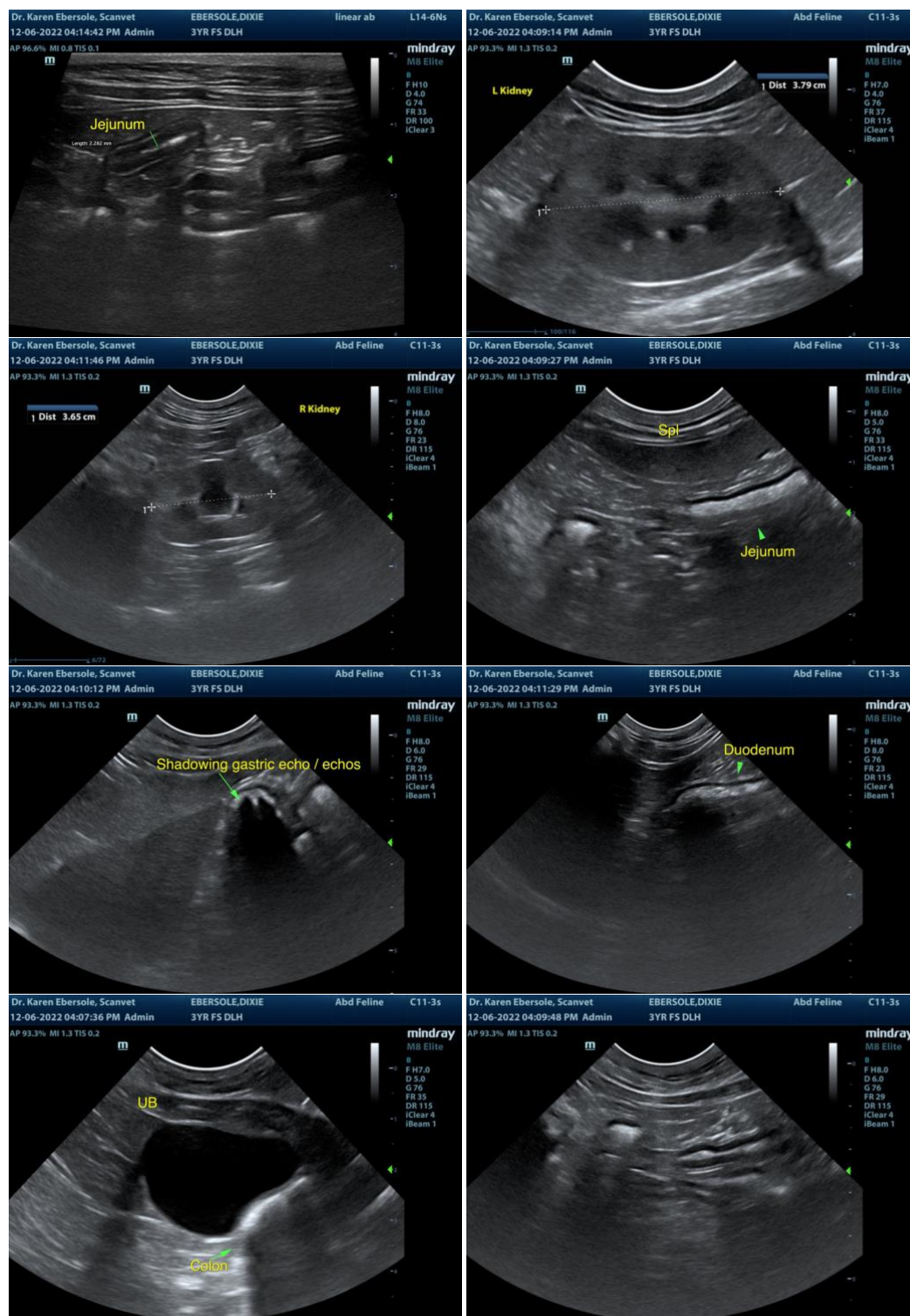
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance please contact me.

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info@SonoPath.com

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