



PATIENT	PRESENTING CLINICAL SIGNS
Ufer Waier	-Presented for 24 hours of lethargy and anorexia 12/5 PM. no vomiting, no diarrhea. PE was unremarkable on intake other than temp of 102.9, abdomen non painful, no FB noted under tongue.
SPECIES	Patient could have possibly eaten some food with onions present off of counter 12/3 or 12/4, otherwise no known ingestions stat consult - ABDOMEN 5 December 2021: 4 images are available for review. FINDINGS: The included thorax is normal. The stomach is empty and small intestines appear moderately gas and fluid filled. The intestinal gas pattern is fragmented and on the left lateral projection there is equivocal plication of intestine overlying the cranial urinary bladder. There is no evidence of localized distention. There is formed fecal material within the colon. Serosal detail appears adequate and the visible margins of the liver, spleen and kidneys are normal. The urinary bladder is moderately filled and well-defined. There is an incidental transitional lumbosacral segment with 6 lumbar vertebrae. CONCLUSIONS: Early intestinal plication such as associated with linear foreign material is possible based on this study, but enteritis and pancreatitis are differentials. There is mild constipation. RECOMMENDATIONS: Further imaging is recommended given the concern for linear foreign material. If possible, ultrasound or an upper GI study is recommended. Based on the possibility of developing allium toxicity, admitted for hosp x 24 hours for IVF, Liver support, monitor for changes in CBC, & recheck liver values in 12-24 hr. Should see improvement due to short half life in cats. Repeat rads 12/6-no signs of plication
Feline	
BREED	
DSH	
SEX	
SF	
AGE	
1.5 years	
WEIGHT	
8.1 lbs.	Abnormal PE/Chem/CBC/UA Results: 12/5 CBC - HCT 57.6%, Neut 2.04k, Eos 0.16k, suspect nRBCs, rest wnl Chem10 - BUN 10, ALT 4526 (dilution required), rest wnl. EPOC - K 3.9, LAC 4.65, BUN 10, HCT 53% UA - USG >1.050, pH 6.5, PRO 30, UBG 12, BIL 3, rest wnl. Sedivue: WBC <1/hpf, RBC 3/hpf, rest wnl. 12/6 Recheck lateral abdominal rad in AM showed no concern for plication Blood smear, new methylene blue stain - no Heinz bodies seen Recheck CBC: wnl Chem 17: mild low GLU 71, low BUN 5, improved but still severely elevated ALT 3036 (dilution required), elevated TBIL 2.6, decreased AMY 428
INTERPRETED BY	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Dr. Erica Harmon	Urinary System
HOSPITAL NAME	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 was noted.
Willamette VH	
REFERRING VET	The area of the aortic trifurcation was free of pathology.
Dr. Erica Harmon	
INVOICE	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. A hyperechoic corticomedullary band, consistent with a subtle to mild 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 3.7 cm in length. The right kidney measured 4.1 cm in length.
12753	
DATE	
12/7/21	



PATIENT

Adrenal Glands

Ufer Waier

No overt pathology was noted in the area of the left or right adrenal glands.

SPECIES

Spleen

Feline

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.

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Liver/ Gallbladder

The liver was normal in size and contour with subjective normal overall hepatic parenchyma echogenicity exhibiting moderate coarse echotexture. No hepatic masses or nodules were noted. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

WEIGHT

8.1 lbs.

Gastrointestinal

The stomach exhibited intact and sonographically unremarkable wall layering in the area of the fundus and gastric body. Mildly prominent pyloric wall layering owing to mildly prominent pyloric mucosa with minor retained pyloric anechoic was present. The pylorus wall width measured 0.31 cm.

INTERPRETED BY

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

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. The jejunum wall width measured 0.20 cm.

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

IMAGING PERFORMED BY

Dr. Erica Harmon

Pancreas

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.

HOSPITAL NAME

Willamette VH

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

REFERRING VET

Dr. Erica Harmon

ULTRASONOGRAPHIC FINDINGS

Primary Findings

INVOICE

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12/7/21

- Hepatopathy
- Bilateral nonspecific medullary rim sign
- Mild pyloric gastritis with minor retained pyloric fluid



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HOSPITAL NAME

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REFERRING VET

Dr. Erica Harmon

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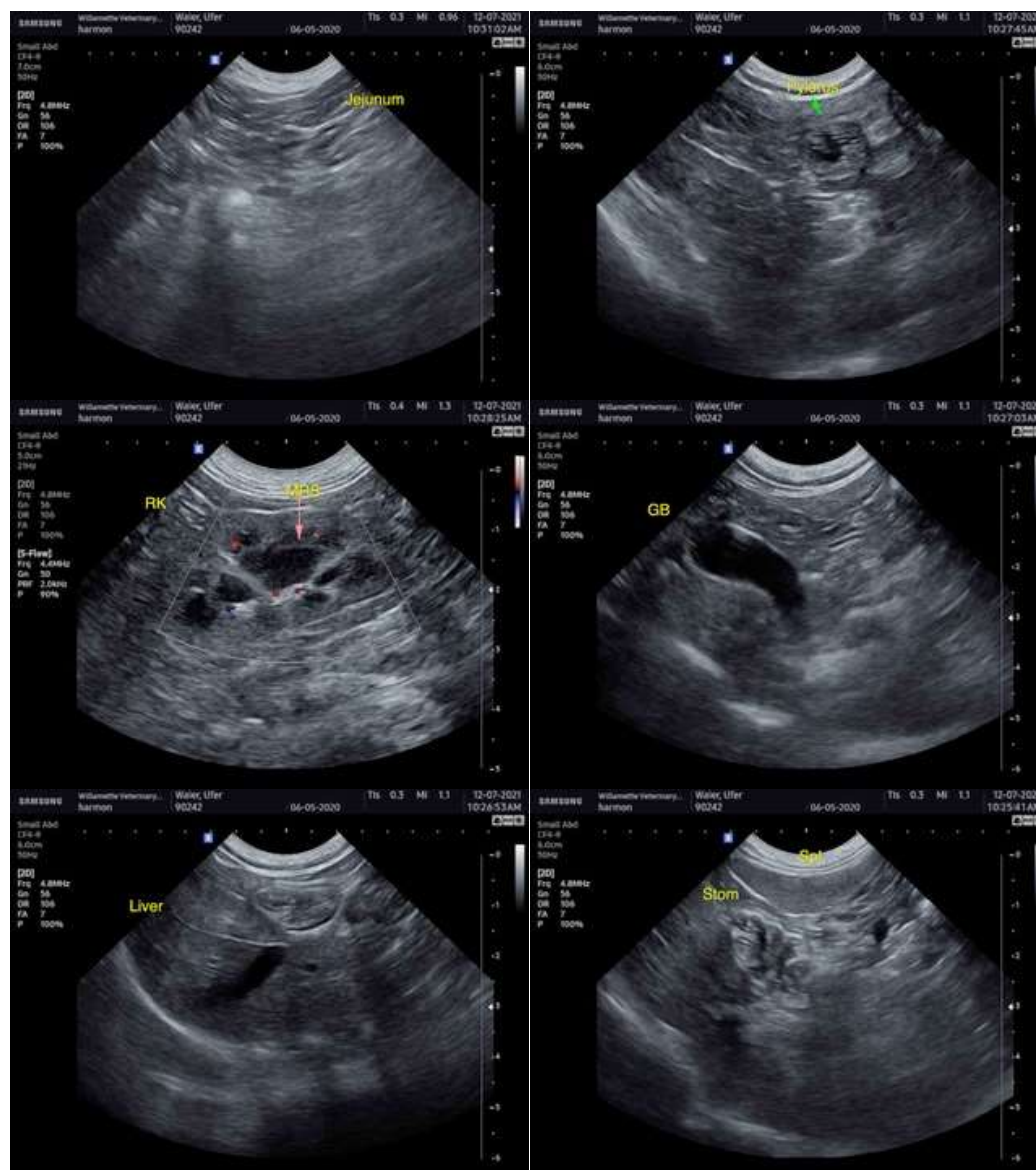
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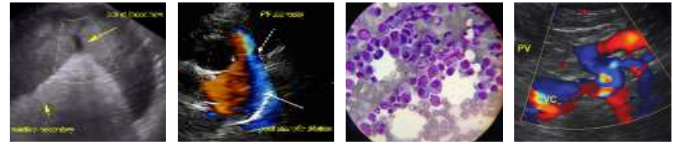
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall appearance of the liver was nonspecific and exhibited criteria which may suggest acute or acute on chronic hepatopathy. Primary concern for acute hepatitis, given the ALT elevation (infectious, immune-mediated, toxin, etc.), with likely concurrent hepatic cholestasis, given the total bilirubin elevation. No evidence of post hepatic obstruction was noted.

Further assessment may include screening hepatic FNA for cytology, assuming normal clotting status. Empirically, continued hepatic support and appropriate antibiotics for hepatitis / cholangiohepatitis and as-needed gastrointestinal support with continued monitoring of hepatic enzymes and assessment of clinical response are recommended.





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HOSPITAL NAME

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REFERRING VET

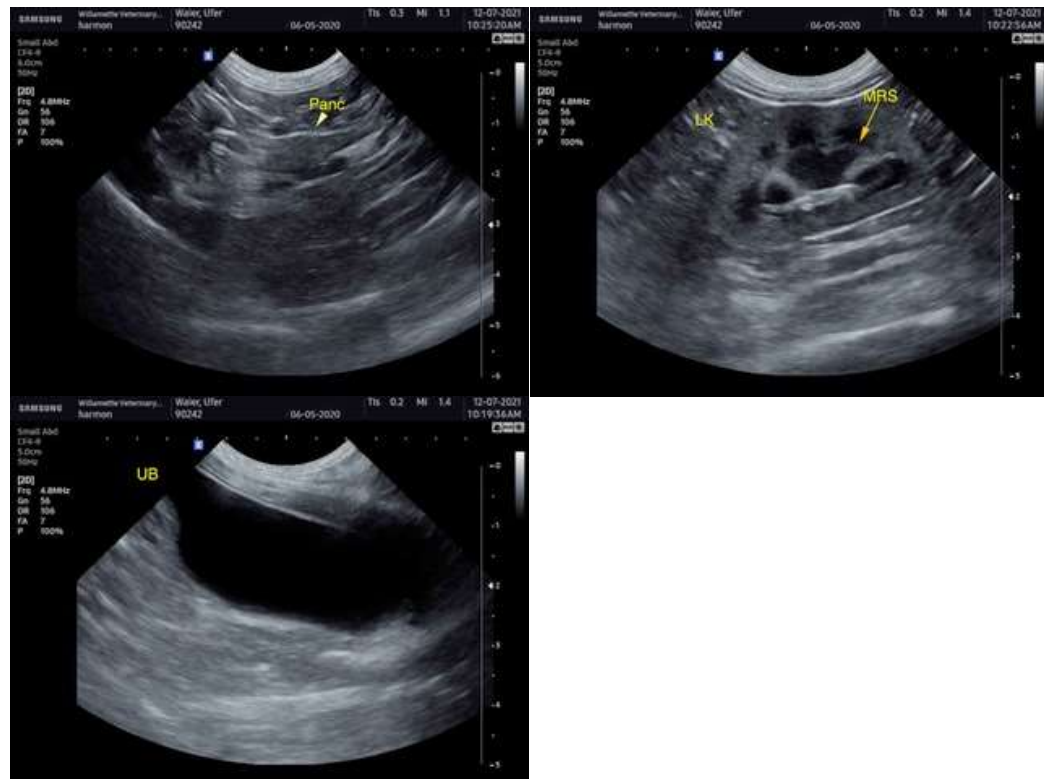
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com