



PATIENT

Oliver Schneider

SPECIES

Feline

BREED

Persian

SEX

MN

AGE

5.5 year old

WEIGHT

14 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Westwood Regional
Vet Hospital

REFERRING VET

Dr. Giammanco

INVOICE

16040

DATE

2/1/23

PRESENTING CLINICAL SIGNS

Patient presents for vomiting, diarrhea, and decreased appetite. Vomiting on and off x 1 month. R/O FB vs. other. Radiographs: mass effect pushing intestines to lateral right. Current meds: metronidazole, Pepcid®, and Endurosyn®.

Abnormal PE/Chem/CBC/UA Results: CBC: WBC 14.87, but mild neutrophilia. Chem: glob. 3.5, albumin 3.7, fPLI pending.

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, non-dependent, particulate sediment, which may indicate cellular debris / protein, crystalline debris, lipid or mucus, 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.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Both kidneys exhibited mild uniform cortex hyperechogenicity with concurrent medullary hyperechogenicity subjectively inside the corticomedullary border. Both the cortex and medulla exhibited similar increased echogenicity. No pyelectasia or evidence of left or right retroperitoneal inflammation. The left kidney measured 3.7 cm in length. The right kidney measured 3.8 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.24 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.51 cm width.

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.



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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was primarily empty with minor retained anechoic pyloric fluid. The gastric body wall width measured 0.22 cm.

The distal esophagus / gastroesophageal junction was visualized and appeared to be sonographically normal.

The small intestine presented intact wall layering and primarily maintained a 1:3 muscularis/mucosa ratio with subjective propensity for subtly prominent jejunal ileal muscularis layer. The ileum wall measured 0.38 cm width. The ileocolic wall measured 0.39 cm width. The duodenum wall measured 0.21 cm width. The small intestine was empty with no evidence of mechanical / metabolic ileus.

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

Pancreas

The pancreas was normal in size and contour with isoechoic mildly heterogeneous parenchyma compared to adjacent nonreactive or inflamed omentum.

Free Abdomen

Intermittent colic lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example lymph node measured 1.0 cm diameter. No omental masses, significant lymphadenopathy, or evidence of peritoneal free fluid were noted. A subjective increased amount of intraabdominal fat was present.

ULTRASONOGRAPHIC FINDINGS

- Intact overtly normal gastrointestinal wall layering - suspect low-grade inflammatory bowel
- Associated minor benign colic lymphadenopathy
- Subtle heterogeneous pancreas - nonspecific with possible normal patient variant, potential for low-grade / chronic pancreatitis are possible
- Bilateral nonspecific interstitial nephrosis renal pattern
- Mild urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full urinalysis +/- C/S if evidence of inflammatory cells is suggested. No evidence of intraabdominal masses or gastrointestinal foreign body / obstructive pattern. Although no significant evidence of gastrointestinal mural pathology, potential for inflammatory bowel is suspected with dietary intolerance / food allergy, dysbiosis, occult parasitism, low-grade to chronic pancreatitis, and less likely early intestinal infiltrative neoplasia are possible as contributing factors. Correlation with pending fPL or ideally, a full GI panel to include PLI/TLI/Cobalamin/Folate is suggested.



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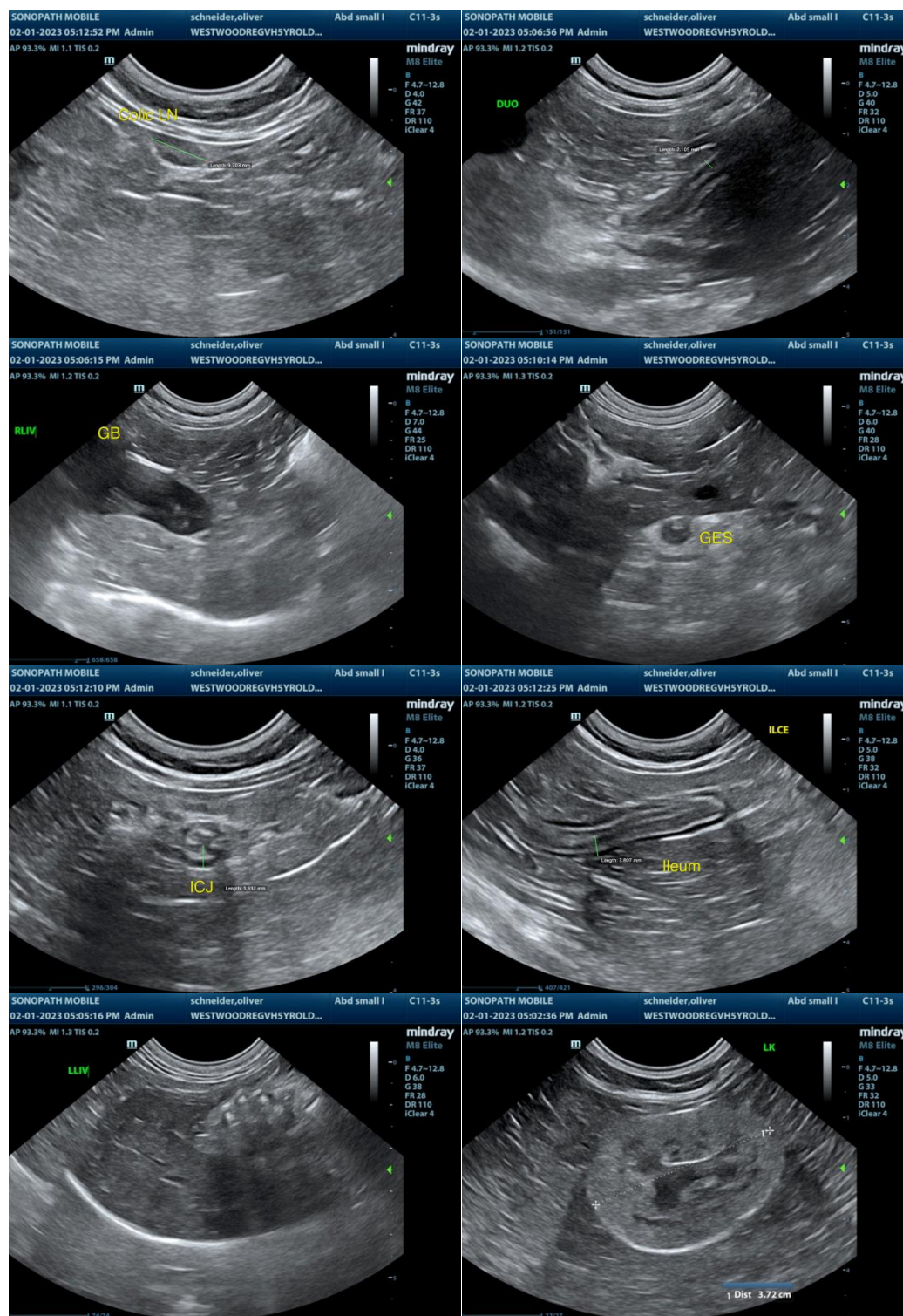
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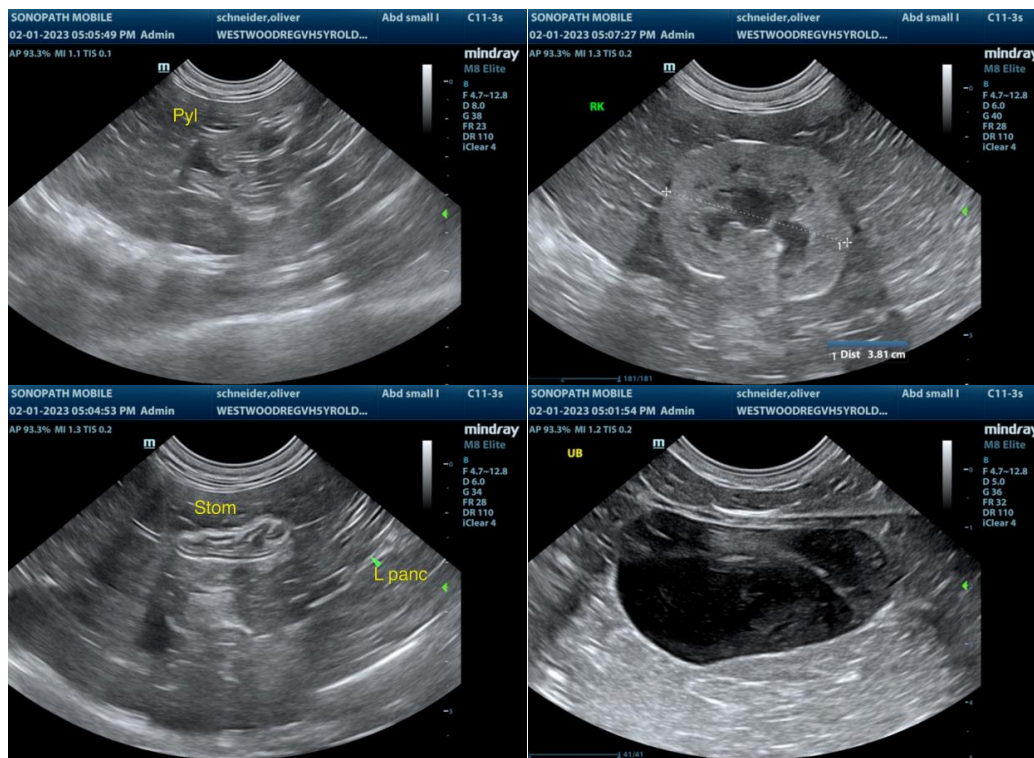
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com