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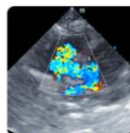
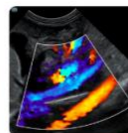
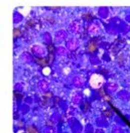
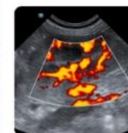





Clinical Sonography & Telecytology
Educational Teleconsultation Services™

PATIENT

Jasmine Teresi

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10

WEIGHT

11.3

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway Animal Hospital

REFERRING VET

Dr. Schiess

INVOICE

13654

DATE

02/10/26

PRESENTING CLINICAL SIGNS

- acute anorexia, vomiting 3 days after Cerenia inj R/O IBD, renal infection, ect weight loss Current meds Pantrop Metro, Cerenia LRS

Abnormal PE/Chem/CBC/UA Results: WBC 3.15 K Neus 1.9K Lymph 77 Glu 263 Creat 0.7 Lipase 4.5 remainder WNL

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 change were noted.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.7 cm in length. The right kidney measured 3.8 cm 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

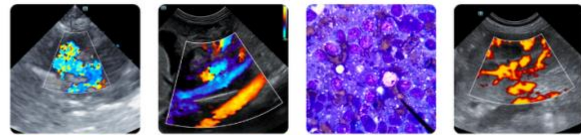
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

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 presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate retained primarily anechoic fluid. No overt visualized obstruction to pyloric outflow.

The small intestine presented intact nonthickened wall and maintained wall layer ratio. The small intestine exhibited primarily generalized mild to moderate ileus and segmental gas to the level of the colon.



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

Pancreas

Heterogenous to mildly hypoechoic left pancreas with possible subtle hypoechoic peripancreatic omentum.

Free Abdomen

Minor intermittent mesenteric 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). No evidence of peritoneal effusion.

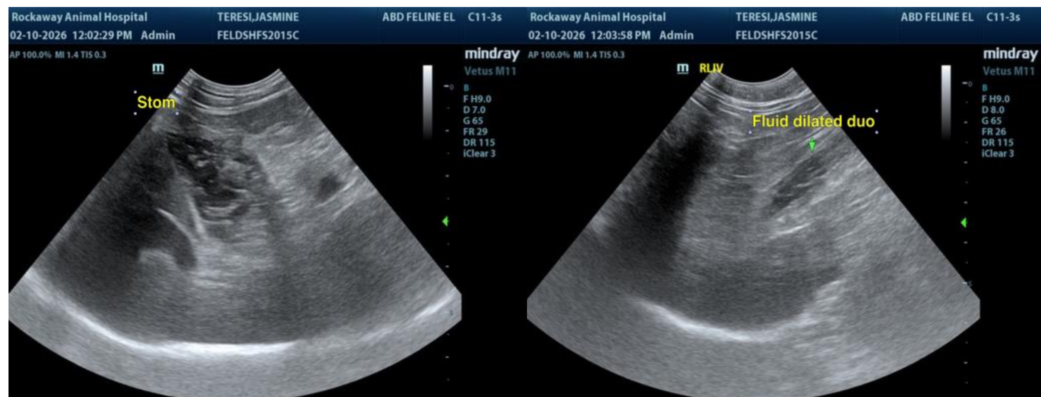
ULTRASONOGRAPHIC FINDINGS

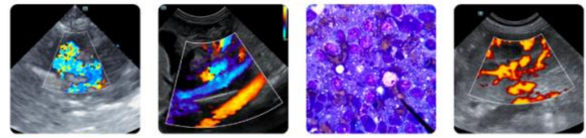
- Primarily generalized gastrointestinal ileus with segmental intestinal gas.
- Nonhomogenous mildly hypoechoic pancreas.
- Mild age-related renal changes.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary generalized gastrointestinal ileus may indicate metabolic or functional ileus owing to nonspecific gastroenteritis or possible pancreatitis. Assessment for cranial abdomen/subxiphoid discomfort on palpation in correlation with a spec fPL could be considered. A definitive area of mechanical intestinal obstruction, i.e. foreign body, stricture, mass, etc. was not definitively visualized, however, concern for mechanical intestinal obstruction is indicated given degree and extent of gastrointestinal ileus. In conjunction with acute onset gastrointestinal signs, exploratory laparotomy with gross inspection of the gastrointestinal tract and with biopsies considered essential is recommended.

24-hour hospitalization with IV fluids, gastroprotectants, clinical monitoring, and sonographic reassessment would be a more conservative approach. No evidence of gastrointestinal mural pathology, i.e. IBD criteria or visualized masses.





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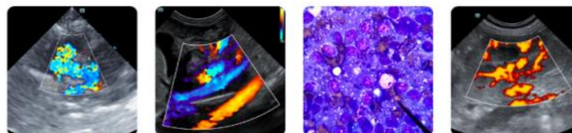

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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