



**PATIENT**

Hunter Bover

**PRESENTING CLINICAL SIGNS**

ADR per owner. More lethargic and clingy. Significant material in stomach which most did not move after overnight fasting. Does have hx of hair balls. Indoor/outdoor.

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: WNL

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

DSH

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent to congealed particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

**SEX**

FS

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 dilatation. The left kidney measured 4.2 cm in length. The right kidney measured 4.2 cm in length.

**AGE**

8yr

The area of the aortic trifurcation was free of pathology.

**WEIGHT**

11.3lb

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 cm width.

**INTERPRETED BY**

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

**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 0.75 cm in width at the level of the hilus.

**IMAGING PERFORMED BY**

Jessica Miller

**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.

**HOSPITAL NAME**

Basking Ridge AH

**REFERRING VET**

Dr. Rotella

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate progressively shadowing ingesta with no signs of ileus, obstruction or foreign material. The ventral gastric body wall measured 0.24 cm in width. The pylorus wall measured 0.23 cm in width.

**INVOICE**

12960ag

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was primarily empty with minor segmental non-shadowing echogenic ingesta/chyme and no signs of ileus, obstruction or foreign material.

**DATE**

02/14/2023



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

Hunter Bover

**Pancreas**

**SPECIES**

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.

Feline

**Free Abdomen**

**BREED**

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

DSH

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

- Moderate progressively shadowing gastric ingesta, overtly normal gastric wall layering
- Sonographically unremarkable small bowel with minor segmental non-shadowing ingesta/chyme-no small intestinal obstructive pattern or foreign material
- Sonographically normal pancreas

FS

**Secondary findings**

**AGE**

- Mild urinary bladder sediment

8yr

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

Overall, there is no overt evidence of significant abdominal visceral pathology as a definitive cause of the patient's clinical signs. The presence of gastric ingesta is nonspecific and likely indicates post-prandial presentation. Correlation with most recent meal ingestion is recommended. If documented NPO prior to the ultrasound, the presence of gastric ingesta may indicate some degree of gastric hypomotility or metabolic stasis. Intermixed hairball density or similar within the gastric lumen is possible given the patient's history.

11.3lb

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DVM, DABVP  
(Canine and Feline)

Hospitalization with IVF support and hairball therapy with continued sonographic/radiographic monitoring for evidence of gastric emptying over the next 12-18 hours would be reasonable.

**IMAGING PERFORMED BY**

Jessica Miller

Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. A recheck retroviral status is suggested given indoor/outdoor cat.

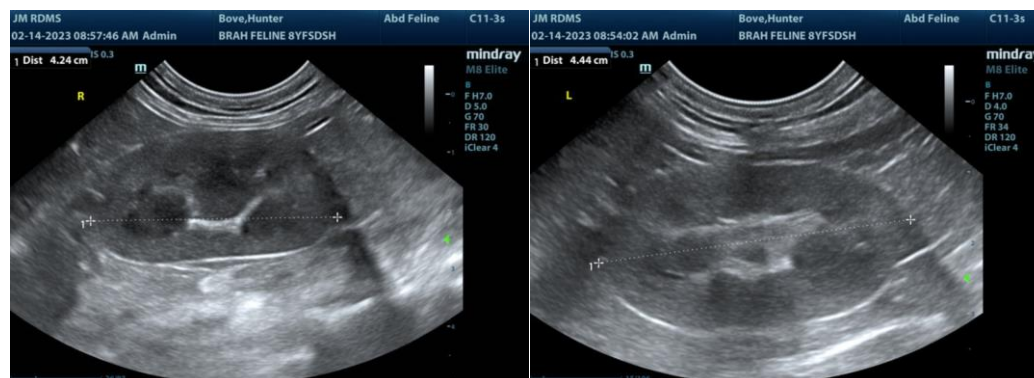
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If evidence of persistent retained gastric ingesta despite further fasting and IVF/GI supportive therapy and if clinically indicated, exploratory laparotomy with gross inspection of the GI tract +/- GI biopsies may be indicated.

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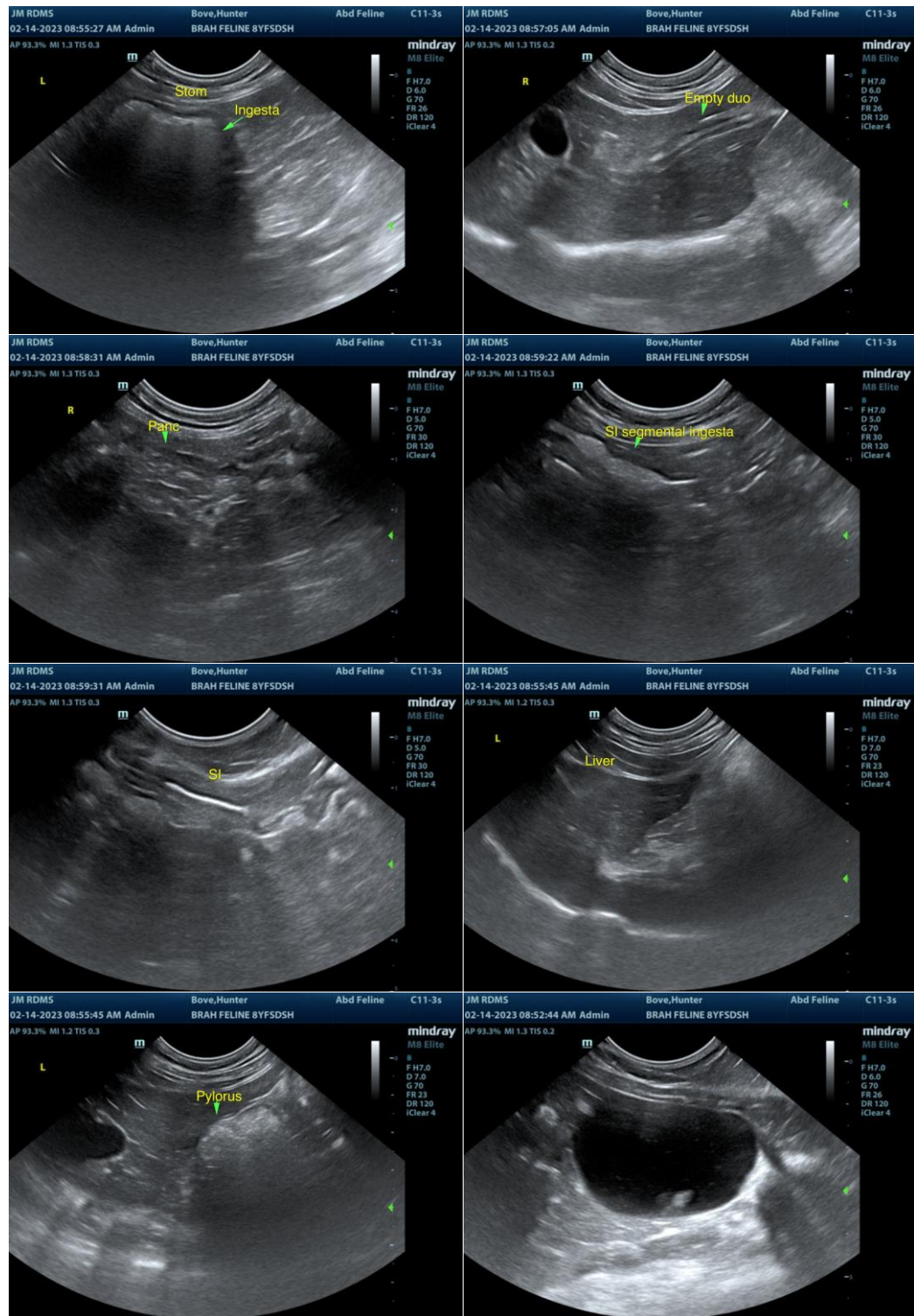
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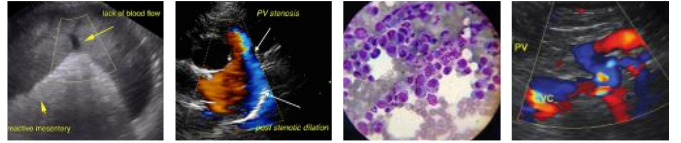
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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can be of any further assistance, please contact me.

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