



PATIENT PRESENTING CLINICAL SIGNS

Emma Kyoung
Upper respiratory congestion, inspiratory sounds increased, anorexia
Abnormal PE/Chem/CBC/UA Results: CBC WNL Chemistry WNL HR 140, RR 10

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline

Urinary System

BREED

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.

DSH

SEX

The area of the aortic trifurcation was free of pathology.

Spayed Female

Normal size and margination were 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. The right kidney measured 4.1 cm.

AGE

10 Years

Adrenal Glands

The adrenal glands were subjectively normal in appearance. The left adrenal gland measured 0.23 cm. The right adrenal gland measured 0.33 cm.

WEIGHT

11 Pounds

Spleen

The spleen was mildly subnormal in size (0.53 cm in width at the level of the hilus) and 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.

INTERPRETED BY

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

Liver

IMAGING PERFORMED BY

Kelly Reschny

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

Limestone Valley AH

Gastrointestinal

The stomach exhibited intact and sonographically unremarkable wall layering. A subjective mild amount of retained ingesta exhibiting subtle progressive distal acoustic shadowing was present. This may indicate minor retained food. Potential for small hairball density if clinical history of hairballs. Gastric body wall measured 0.23 cm.

REFERRING VET

Dr. Petrowski

The small intestine presented intact wall layering and maintained 1:3 muscularis/mucosa ratio. Segmental moderate duodenojejunal ileus pattern exhibited by retained anechoic fluid. Segments of small intestine also exhibited subjective gas distention. Jejunum wall measured 0.20 cm.

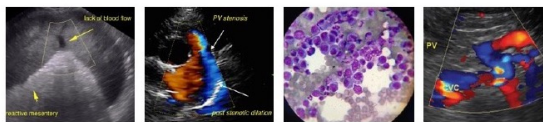
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Normal visible colon wall layers were present with apparent formed feces in lumen.

DATE

2/15/22



PATIENT *Pancreas*

Emma Kyong 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.

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

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WEIGHT

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ULTRASONOGRAPHIC FINDINGS

- Mild chronic renal changes
- Volume contracted spleen
- Minor retained non-specific gastric ingesta – possible non-obstructive hairball density, although not definitive.
- Segmental moderate duodenojejunal ileus with concurrent subjective increased segmental intestinal gas pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The segmental moderate duodenojejunal ileus pattern is non-specific with considerations including metabolic ileus potentially owing to inflammatory bowel episode, while the possibility of mechanical ileus with non-visualized obstructive foreign body cannot be definitively excluded. Possibility of low-grade to chronic pancreatitis, yet sonographically normal.

Further assessment may include GI panel to include PLI, TLI, cobalamin and folate. Pending echocardiographic review, hospitalization with 24-hour IV fluid and gastrointestinal support with ideally sonographic reassessment of the gastrointestinal tract to assess for improving or persistent to progressive duodenojejunal ileus.

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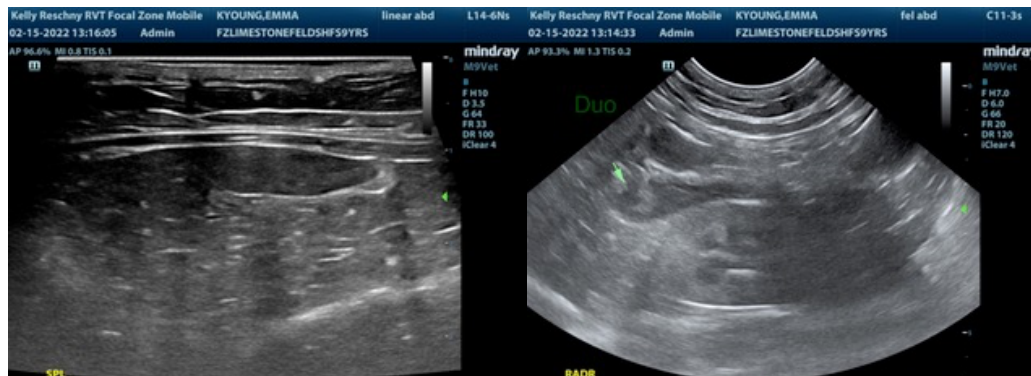
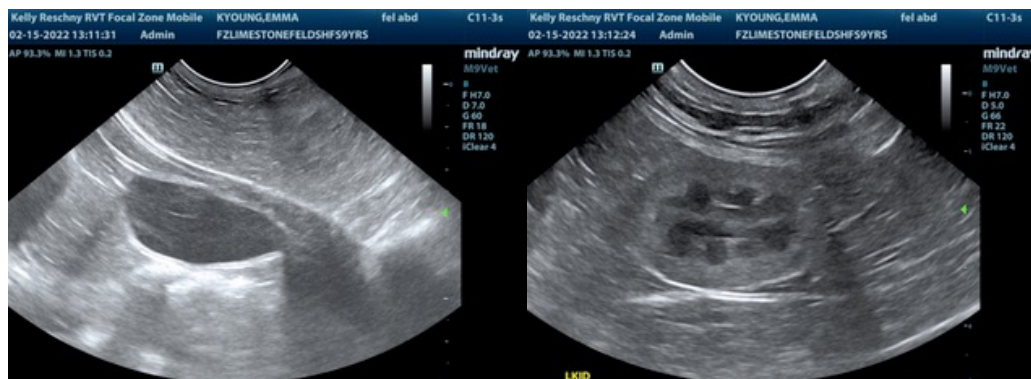
Dr. Petrowski

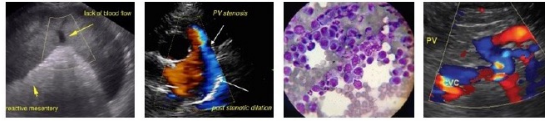
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PATIENT

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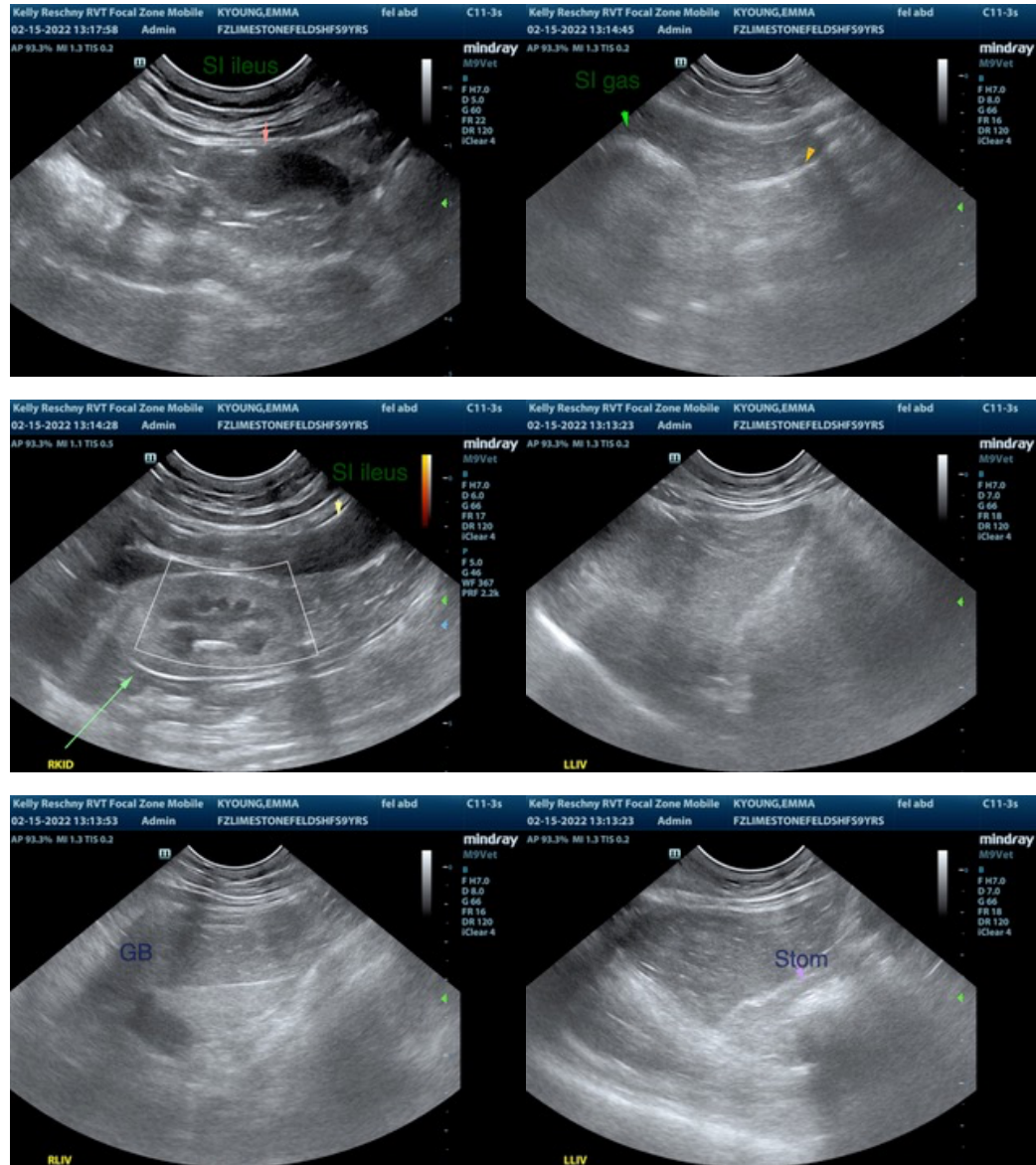
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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