



PATIENT	PRESENTING CLINICAL SIGNS
Smokey Ross	P vomiting blood x 2-3 days. P currently on Cerenia and IVF
SPECIES	Abnormal PE/Chem/CBC/UA Results: See attached rads: Distended stomach (NOTE: rads were taken prior to hospitalization, IVF not started) See attached Labs: dehydration, otherwise ok
Feline	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
DSH	Urinary System
SEX	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.
MI	
AGE	The area of the aortic trifurcation was free of pathology.
6 months	
WEIGHT	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. The left kidney measured 4.1 cm in length. The right kidney measured 4.0 cm in length.
6.2 lbs.	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The bilateral adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.26 cm width. The right adrenal gland measured 0.39 cm width.
IMAGING PERFORMED BY	Spleen
Jasmine Palacios	The spleen was subnormal in size consistent with volume contraction yet maintained symmetrical contour and a finely textured homogeneous parenchyma. The spleen measured 0.4 cm width at the level of the hilus.
HOSPITAL NAME	Liver/ Gallbladder
Rivers Edge Pet Medical Center	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.
REFERRING VET	Gastrointestinal
Dr. David Gray	The stomach exhibited generalized moderate to variably thickened wall layering exhibiting subjective decreased gastric mural echogenicity and intact to indistinct wall layering. The stomach contained a moderate amount of retained primarily anechoic fluid with minor hyperechoic ingesta / chyme along with pockets of luminal gas. Focal areas of luminal gas appeared to mildly extend into the gastric mucosa, consistent with areas of subjective mild gastric ulceration. No overt evidence of gastric foreign material or mechanical pyloric outflow obstruction was noted. The ventral gastric body wall width measured 0.50 cm. The pylorus wall width measured 0.53 cm.
INVOICE	
16166	
DATE	
2/15/23	



PATIENT	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 mechanical / metabolic ileus, obstruction, or foreign material. No evidence of small intestinal mural pathology was noted. The duodenum wall measured 0.24 cm width. The jejunum wall measured 0.24 cm width.
Smokey Ross	
SPECIES	
Feline	Normal visible colon wall layers were present with apparent formed feces in lumen.
BREED	<i>Pancreas</i>
DSH	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.
SEX	<i>Free Abdomen</i>
MI	Subtle evidence of perigastric hyperechoic to reactive omentum was present. Intermittent mild subjective benign / reactive gastric lymph nodes were noted. The lymph nodes were not consistent with neoplastic criteria. An example of the lymph nodes measured 0.50 cm in diameter. No overt evidence of perigastric or peritoneal free fluid was noted. No omental masses or additional mesenteric lymphadenopathy was noted.
AGE	
6 months	
WEIGHT	
6.2 lbs.	
INTERPRETED BY	<ul style="list-style-type: none"> Ulcerative gastritis pattern - subjectively acute, caustic event / toxin exposure, infectious gastritis i.e., Helicobacter, non-caustic / non-toxic dietary indiscretion, occult infiltrative gastric neoplasia (thought less likely at this stage), are all potentials Associated minor perigastric hyperechoic to reactive omentum and intermittent subjective benign / reactive gastric lymph nodes Sonographically unremarkable small bowel - no evidence of concurrent small intestinal pathology or obstructive pattern Normal pancreas - no obvious sonographic evidence of concurrent pancreatitis
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
IMAGING PERFORMED BY	
Jasmine Palacios	
HOSPITAL NAME	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Rivers Edge Pet Medical Center	Assessment for a possible caustic event or toxin exposure is recommended, given the patient's age. Hospitalization with IV fluids, aggressive gastroprotectants, antibiotics (to potentially cover for Helicobacter), and as-needed gastrointestinal support with ideally sonographic monitoring of the stomach for evidence of gastritis pattern resolution or progression over the next 48-72 hours is recommended.
REFERRING VET	
Dr. David Gray	
INVOICE	Given no overt evidence of thoracic or esophageal pathology on provided radiographs, gastric endoscopy with potential for biopsies dependent upon clinical response may be indicated for further clarification and definitive diagnosis.
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PATIENT

Smokey Ross

SPECIES

Feline

BREED

DSH

SEX

MI

AGE

6 months

WEIGHT

6.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jasmine Palacios

HOSPITAL NAME

Rivers Edge Pet Medical Center

REFERRING VET

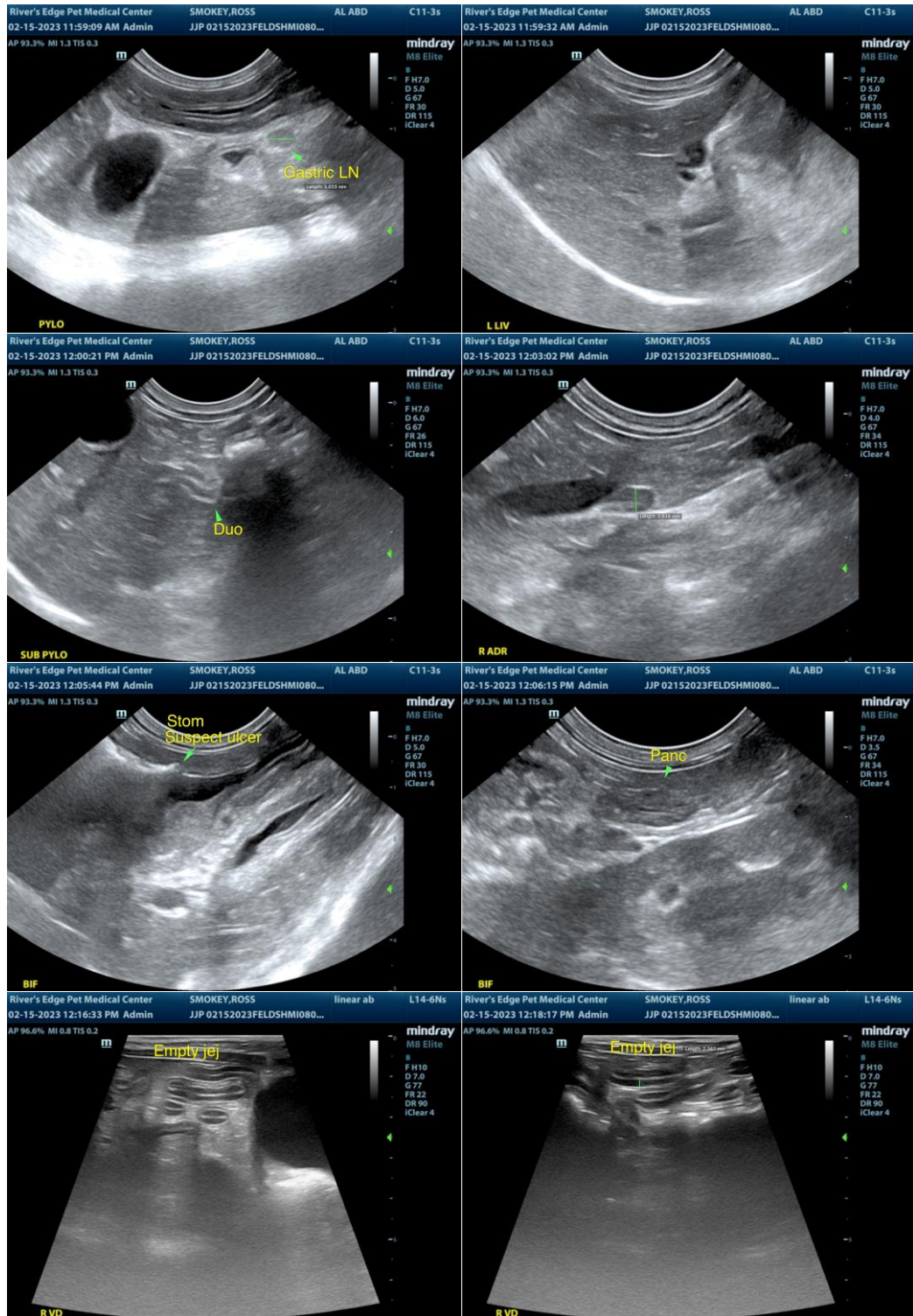
Dr. David Gray

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PATIENT

Smokey Ross

SPECIES

Feline

BREED

DSH

SEX

MI

AGE

6 months

WEIGHT

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IMAGING PERFORMED BY

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HOSPITAL NAME

Rivers Edge Pet
Medical Center

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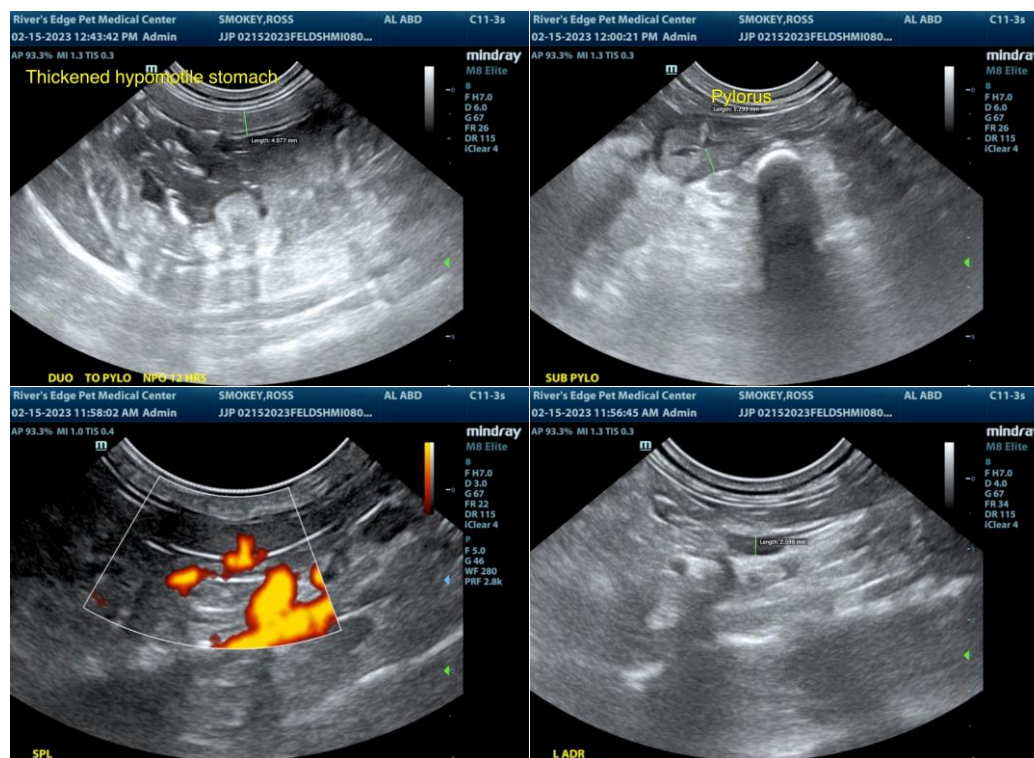
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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