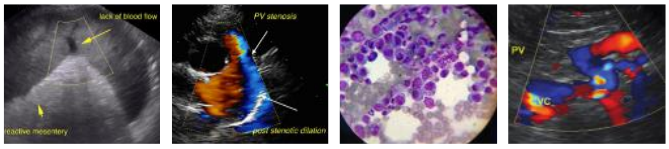
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Gunner Myers

SPECIES

Feline

BREED

DSH

SEX

Male

AGE

2.5

WEIGHT

11 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. de Cordon

HOSPITAL NAME

Mason Dixon AEH

REFERRING VET

Dr. de Cordon

INVOICE

21126

DATE

2/16/23

PRESENTING CLINICAL SIGNS

History: On 11th-13th Gunner was chewing on a balloon string, later vomited up part of the string. P acting normal but was continuing to V+. O thought it was his food so changed diet 3-4 times this week but P was still V+. O took to reg vet and they did radiographs and was worried about possible FB. P will V+ 10 minutes after eating, still acting normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was normal in size ad tone. Anechoic urine was present. Mild, primarily dependent, particulate sediment was present, which may indicate cellular debris/protein, crystalline debris, lipid or mucus. No evidence of urinary bladder inflammatory criteria. The urethra was normal to a depth of 2.0 cm.

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 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 3.5 cm in length. The right kidney measured 4.1 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 0.4 cm.

The right adrenal gland was 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.

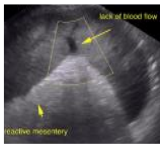
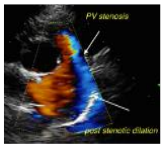
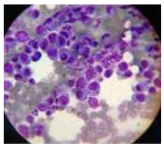
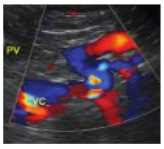
Liver

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 sonographically unremarkable wall layering. The lumen of the stomach contained a moderate amount of retained anechoic fluid, extending into the pyloric outflow. No evidence of mechanical pyloric outflow obstruction or obstructive pyloric mural pathology. The gastric body wall measured 0.27 cm.

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Gunner Myers

SPECIES

Feline

BREED

DSH

SEX

Male

AGE

2.5

WEIGHT

11 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. de Cordon

HOSPITAL NAME

Mason Dixon AEH

REFERRING VET

Dr. de Cordon

INVOICE

21126

DATE

2/16/23

The small intestine presented intact wall layering and generalized propensity for mildly prominent muscularis layer yet without evidence of significant mural hypertrophy, loss of intestinal wall layering, intestinal masses or mechanical obstruction. No evidence of small intestinal foreign material to the level of the ileocolic junction.

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

Pancreas

The pancreas was normal in size and contour with heterogeneous to possible indistinct mixed echogenic parenchyma, as well as possible, although not definitive, mild regional peripancreatic hyperechoic omentum around the pancreas base and right pancreatic limb. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

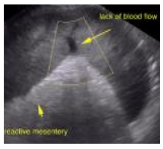
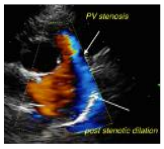
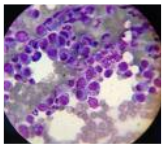
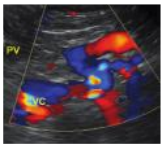
ULTRASONOGRAPHIC FINDINGS

- Hypomotile stomach
- Intact, mildly prominent small intestinal walls
- Heterogenous to mild mixed echogenic pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of gastrointestinal foreign material with suspect functional gastric stasis. The small intestine exhibited mild mural changes without evidence of significant mural hypertrophy, which although potential for patient variant, is suggestive of mild inflammatory intestinal criteria. Possibility of low grade to mixed pattern pancreatitis is possible and may be considered if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a spec fPL or possible GI panel to include PLI/TLI/Cobalamin/Folate to assess for concurrent intestinal disease. No overt indication for immediate surgical intervention. Supportive gastrointestinal care with potential sonographic monitoring of the stomach and small bowel for evidence of progressive gastric stasis or small intestinal mural changes is recommended. Oral exam is suggested if not done.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Gunner Myers

SPECIES

Feline

BREED

DSH

SEX

Male

AGE

2.5

WEIGHT

11 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. de Cordon

HOSPITAL NAME

Mason Dixon AEH

REFERRING VET

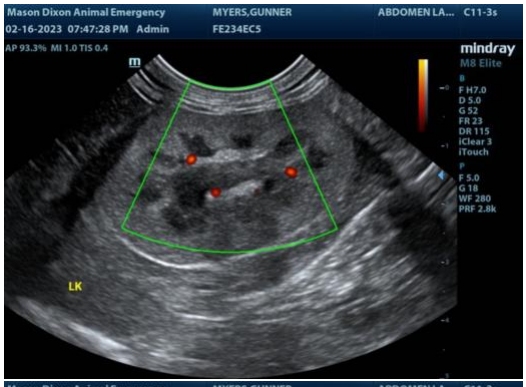
Dr. de Cordon

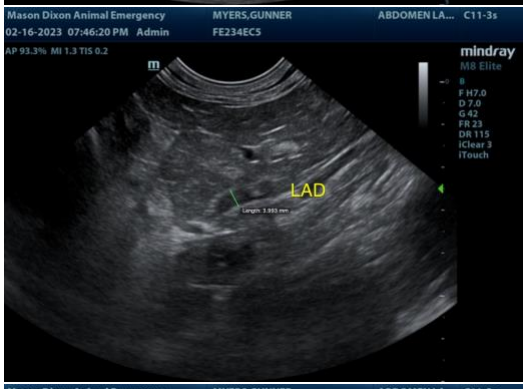
INVOICE

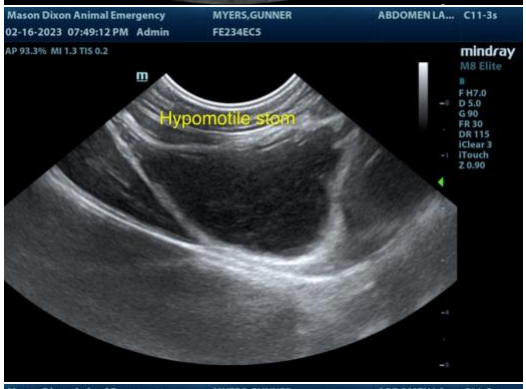
21126

DATE

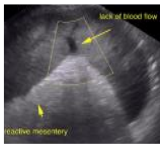
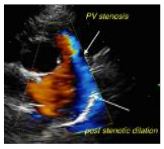
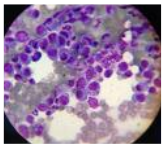
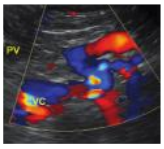
2/16/23







SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™

SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Gunner Myers

SPECIES

Feline

BREED

DSH

SEX

Male

AGE

2.5

WEIGHT

11 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. de Cordon

HOSPITAL NAME

Mason Dixon AEH

REFERRING VET

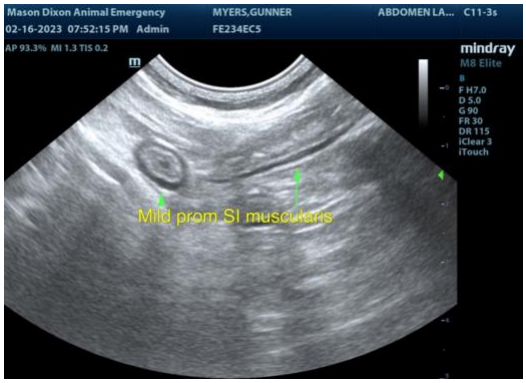
Dr. de Cordon

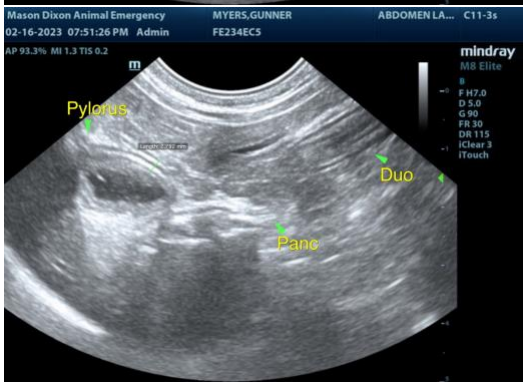
INVOICE

21126

DATE

2/16/23





The information and recommendations provided are based on the images presented by the referring veterinarian. 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