



PATIENT

Pina Pantastico

SPECIES

Feline

BREED

DMH

SEX

FS

AGE

7yr

WEIGHT

3.5kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Erin Wicks

HOSPITAL NAME

Shores Veterinary
Emergency Center

REFERRING VET

Dr. Zippay

INVOICE

13013ag

DATE

02/19/2023

PRESENTING CLINICAL SIGNS

Presented at our hospital for vomiting a small amt of ribbon, tx outpatient, continued vomiting and NE. P was seen previously and treated for vomiting. P was given Cerenia in hospital and has continued to vomit at home. O is noticing P is vomiting yellow liquid and continues to not want to eat despite offering bland diet.

Previous Health Concerns: vomiting

Current Medications: sucralfate, buprenorphine

2/16 rads- some aerophagia- no obvious fb (owner aware ribbon pieces could be hard to see) ; gas in colon; no small bowel distension

Chem- glucose 154(H) stress Cr 1.9(H) Normal BUN

CBC- NSF FPL : normal

EPOC- BUN 26(N) but Cr 2.5(H) glucose 144(H) Lactate 6.17(very stressed prior to sedation

2/17 U/A by cystocentesis - WBC (+++), Few Epithelial cells, Protein (+) RBC (few)

2/18 Rads: stomach less distended than the previous rads; small amount of dense stool in colon; small bladder no calculi

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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 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.

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 3.4 cm in length. The right kidney measured 3.7 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

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



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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 with minor incidental echogenic luminal debris. The cystic and common bile ducts were normal.

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Gastrointestinal

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The stomach presented intact normal fundus and gastric body wall layering with mildly prominent wall layering noted in the pylorus. The lumen of the stomach contained minor retained anechoic fluid with no signs of ileus, obstruction or foreign material. The pylorus wall measured 0.36 cm in width.

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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 ileus, obstruction or foreign material. The jejunum wall measured 0.20 cm width.

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

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Pancreas

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.

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Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

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- Mild gastritis with minor retained pyloric fluid / luminal gas
- Normal small bowel
- Normal pancreas
- Normal kidneys / urinary bladder

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gastrointestinal obstruction or overt foreign material. No sonographic signs of active pancreatitis. A small amount of foreign material in the stomach obscured by gas such as small pieces of ribbon (given patient history) technically cannot be excluded. Gastrointestinal supportive care is indicated. An oral exam is suggested if not done.

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Urine C/S could be considered if suspicion of UTI although no evidence of bladder sediment. If continued vomiting, recheck sonogram or endoscopy may be indicated.

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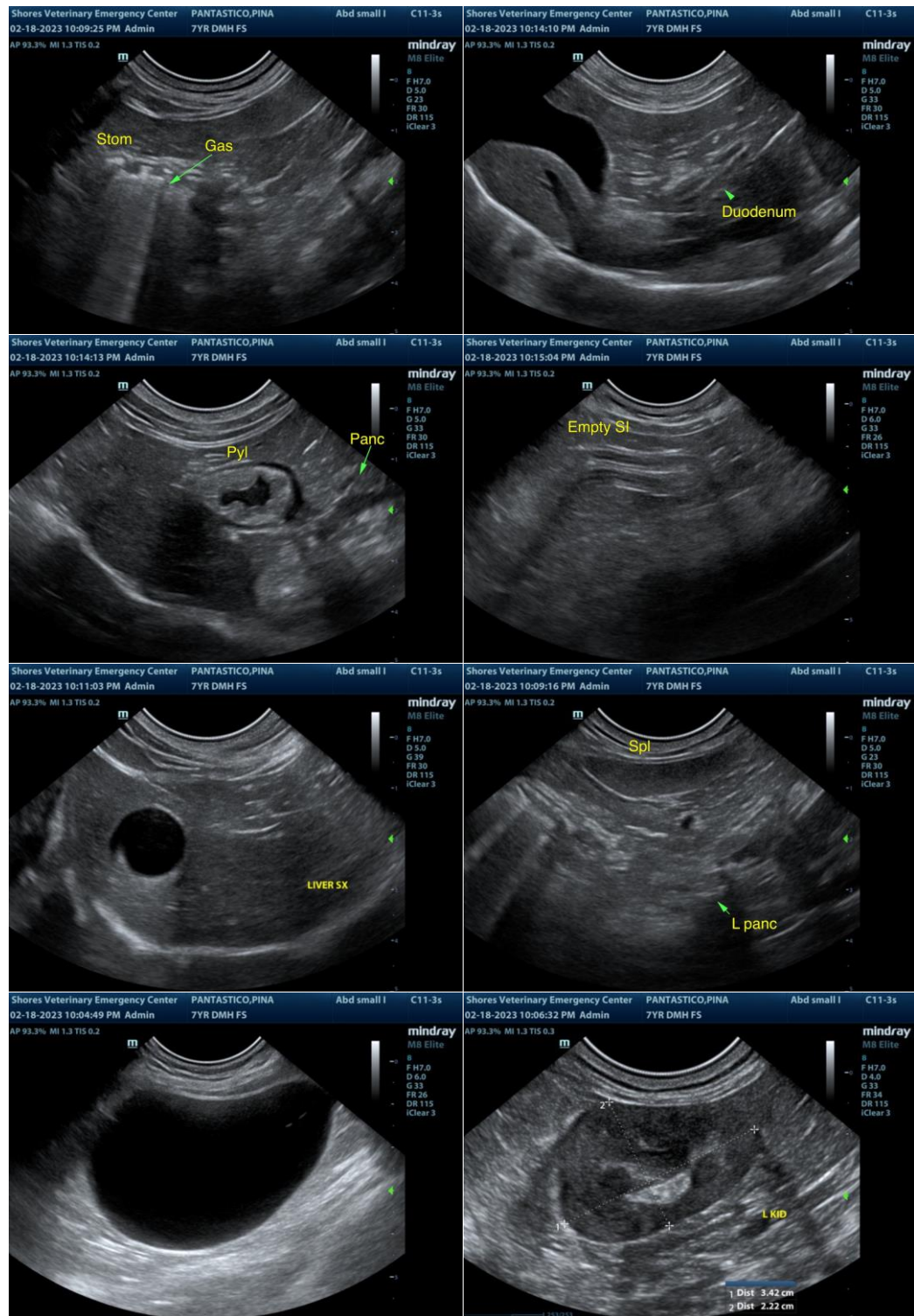
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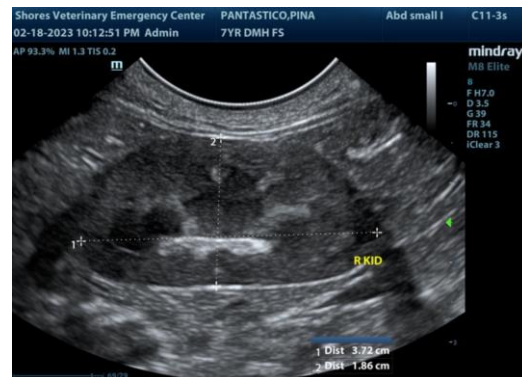
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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