

PATIENT

Guinness Jeon

PRESENTING CLINICAL SIGNS

Lethargic, anorexic, vomiting once a week ago.

Current meds: Unasyn, Elura, IVF

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: 2/17-Neuts 17.23

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 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.

SEX

F

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 3.4 cm in length.

AGE

8mo

The area of the aortic trifurcation was free of pathology.

WEIGHT

6.9lb

Adrenal Glands

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.29 cm width. The area of the left adrenal gland was free of pathology.

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.

IMAGING PERFORMED BY

Shari Reffi CVT

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

Newton VH

Gastrointestinal

REFERRING VET

Dr. Barron

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild variably echogenic yet non-shadowing fluid and ingesta with no signs of ileus, obstruction or foreign material.

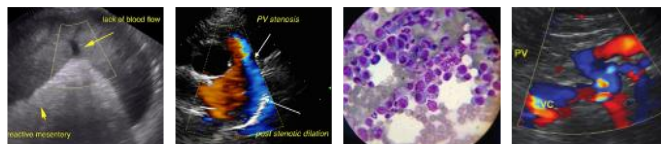
INVOICE

13031ag

The small intestine presented segmental intact mildly thickened wall layering and concurrent segmental intestinal fluid dilation with retained anechoic to mildly echogenic fluid and chyme. Concurrent segments of empty small bowel exhibiting intact wall layering with maintained 1:3 muscularis/mucosa ratio were also present. Segmental mildly thickened intestinal wall measured up to 0.30 cm in width. The ileocolic wall measured 0.30 cm width. Regional primarily peri intestinal hyperechoic omentum and scant to mild volume peri intestinal free fluid was present.

DATE

02/20/2023



PATIENT

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

Guinness Jeon

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.

SPECIES

Feline

Free Abdomen

BREED

DSH

Regional primarily peri intestinal hyperechoic omentum and scant to mild volume peri intestinal free fluid was present.

SEX

F

Mildly prominent mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 1.5 cm x 0.59 cm.

AGE

8mo

- Enteropathy exhibiting segmental mildly thickened wall layering and moderate dilation with retained fluid/chyme, concurrent normal appearing empty small intestine
- Mild retained gastric ingesta/fluid
- Associated primarily peri intestinal hyperechoic omentum and scant to mild peri intestinal free fluid
- Intermittent subjective benign/reactive mesenteric lymphadenopathy

WEIGHT

6.9lb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

The segmentally dilated to mildly thickened small intestine may indicate segmental metabolic or dysfunctional bowel without a definitive area of mechanical small intestinal obstruction visualized. However, given concurrent segments of empty small intestine the possibility of non-visualized mechanical obstruction is possible. The intestinal mural changes may indicate inflammatory changes or infectious enteritis while the possibility of occult infiltrative neoplasia, or granulomatous mural changes (dry FIP) cannot be excluded.

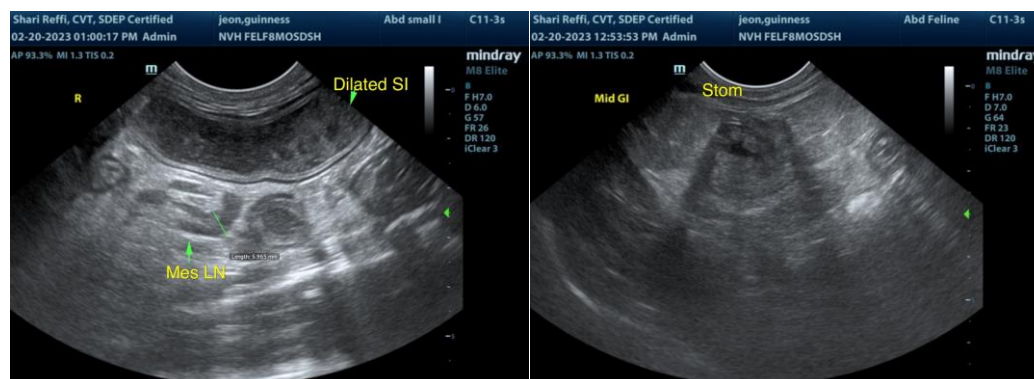
IMAGING PERFORMED BY

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Exploratory laparotomy with gross inspection of the GI tract and with GI biopsies considered essential despite exploratory findings is recommended. Hospitalization with 24 hour IVF and GI support, antibiotic therapy and sonographic reassessment would be a more conservative approach.

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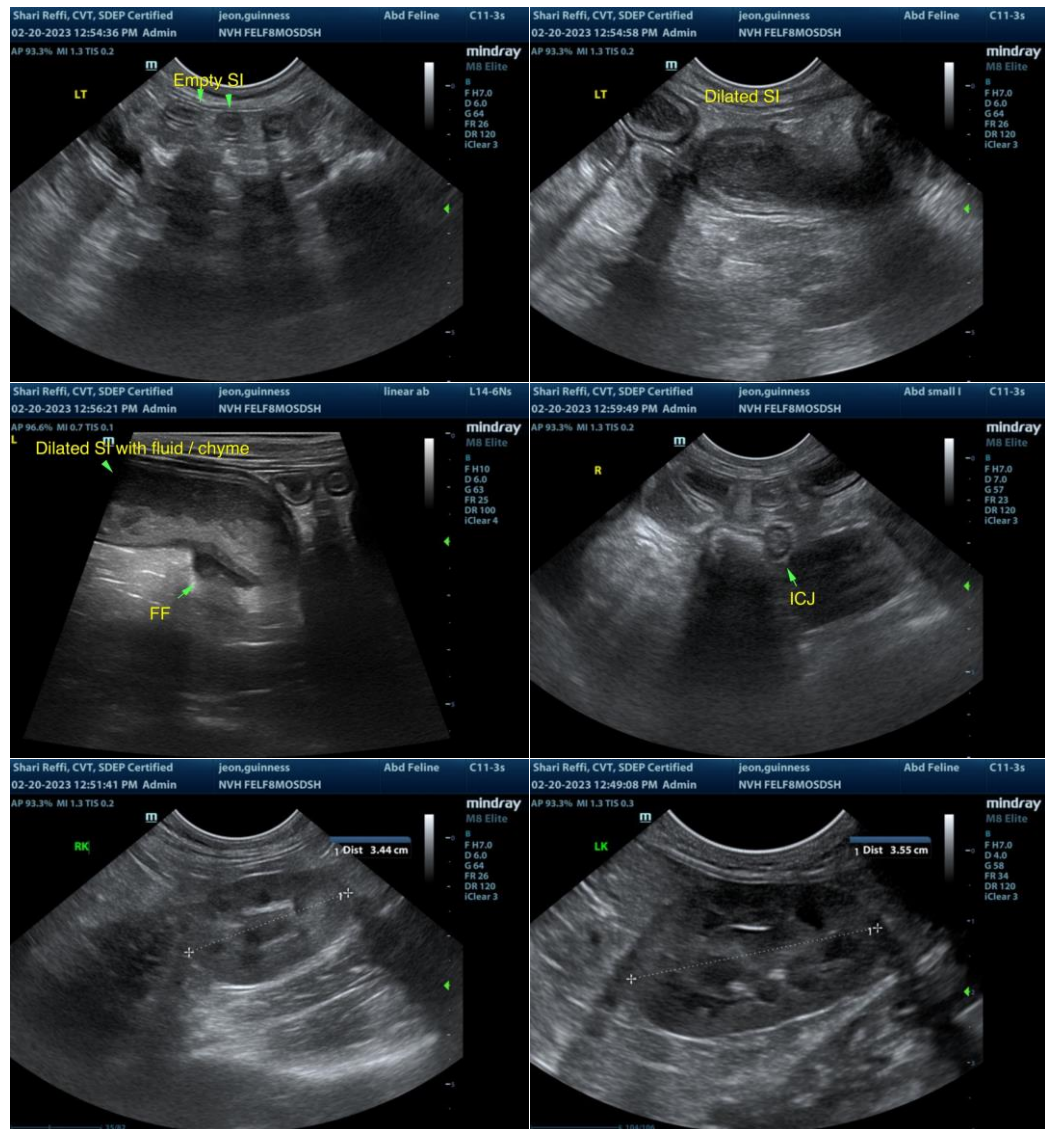
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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mac.daniel@sonopath.com