



PATIENT

Stanley Molitor

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

1 Year

WEIGHT

8.25 Lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Megan Larson

HOSPITAL NAME

Yorkville AH

REFERRING VET

Dr. Long

INVOICE

14039

DATE

2/21/22

PRESENTING CLINICAL SIGNS

History: 2 weeks of lethargy and decrease of appetite. Bloodwork at other vet clinic was all normal. Developed heart murmur since becoming sick Physical Exam 2/21-Dehydrated, diarrhea, temp 105 and lethargic, current on all vaccines.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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. Aortic trifurcation was normal.

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 4.0 cm in length.

Adrenal Glands

Both adrenal glands were subjectively normal in size, position and shape. The left adrenal gland measured 0.4 cm in width. The right adrenal gland measured 0.32 cm in width.

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

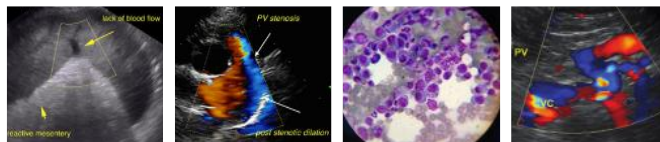
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non distended in size with mild non-dependent to non-organized gallbladder debris. The common bile duct was dilated and tortuous without overt post hepatic obstruction. Minor non-obstructive mucus was present in the proximal common bile duct. The common bile duct measured 0.20 cm diameter.

Gastrointestinal

The stomach presented intact to mildly prominent wall layering. Mild retained subtly to progressively shadowing ingesta and chyme was present in the stomach. The gastric body wall measured 0.30 cm. The pylorus wall measured 0.20 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was primarily empty with minor areas of retained non-shadowing digesta/chyme The duodenum and jejunum walls measured 0.20 cm.



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Normal visible colon exhibited intact, sonographically unremarkable wall layering yet generalized distention with non-formed to liquid feces consistent with diarrhea present.

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Pancreas

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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

Intermittent, focal, mildly prominent to enlarged mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of lymph node size measured 0.44 cm width. No peritoneal free fluid was present. The omentum was of uniform echogenicity.

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ULTRASONOGRAPHIC FINDINGS

AGE

- Nonspecific, gastroenterocolitis pattern, exhibiting mild retained gastric ingesta/chyme and generalized colon distention with non-formed/liquid feces- acute inflammatory bowel episode, gastroenterocolic insult/dietary indiscretion, infectious gastroenterocolitis, structurally insignificant inflammatory bowel or other possible.

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- Intermittent, benign/reactive mesenteric lymph nodes, potential for minor lymphadenitis owing to inflammatory bowel episode.

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- Minor gallbladder debris with minor non-obstructive proximal common bile duct dilation. This finding may suggest age related changes or secondary to underlying cholangitis/cholangiohepatitis especially if previous or current liver enzymes elevations have been noted. No overt signs of post hepatic obstruction.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Fresh fecal analysis +/- diarrhea PCR or GI panel, to include PLI, TLI, cobalamin and folate for further assessment of the gastrointestinal tract as well as assessment for low-grade pancreatitis which may present sonographically normal. Recheck retroviral status may be considered.

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Empirically, hospitalization with supportive IV fluids, to correct dehydration, and (as needed) gastrointestinal support, including broad spectrum antibiotics, given the fever, would be reasonable. Pending clinical response to conservative therapy, recheck sonogram, to assess for progressive gastrointestinal and colonic inflammatory changes, is recommended, if clinical signs are persistent.

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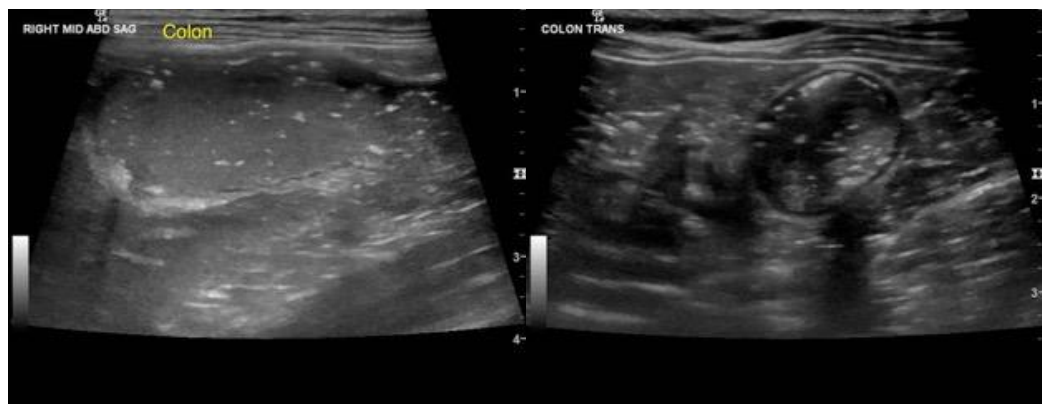
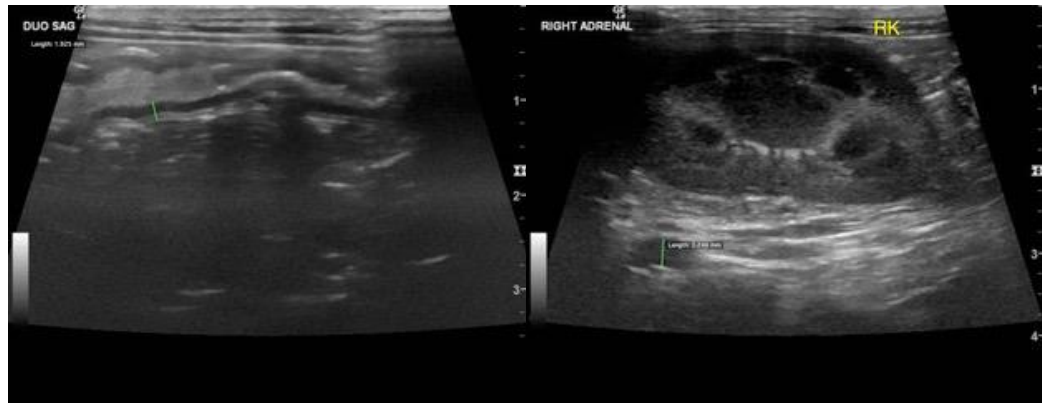
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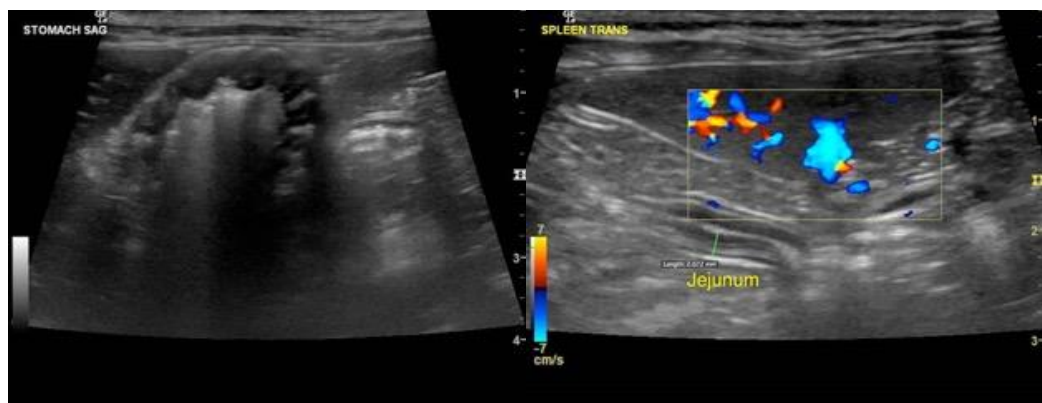
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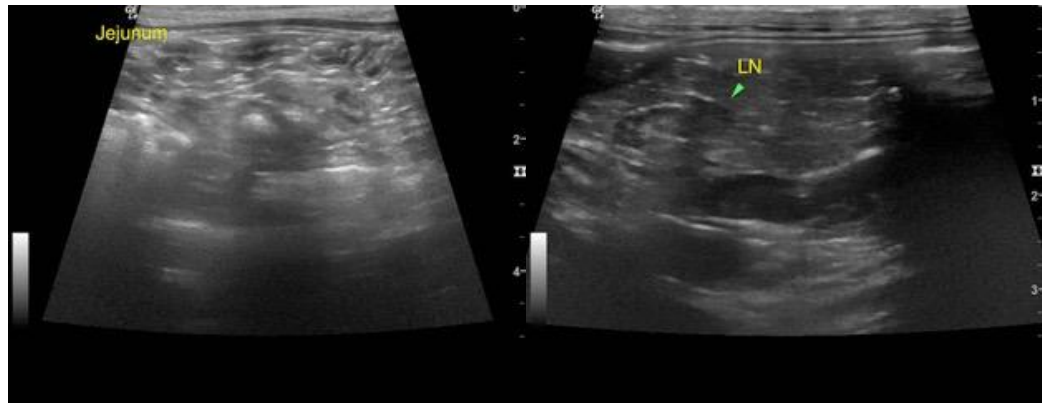
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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