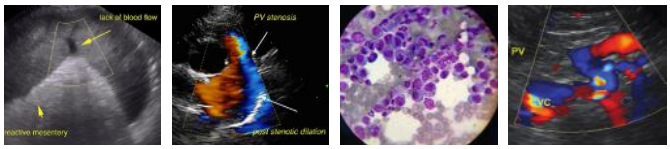
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Aphrodite Volz

SPECIES

Feline

BREED

DSH

SEX

Spayed female

AGE

6 months

WEIGHT

5.9 pounds

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. Sarah Wilkinson

INVOICE

10063ag

DATE

02/23/2022

PRESENTING CLINICAL SIGNS

History: P ate fleece-like string yesterday. Today vomiting and not eating well. Tenderness on mid and caudal abdominal palpation

Abnormal PE/Chem/CBC/UA Results: Have not run yet See attached radiographs - possible FB material in either transverse colon or SI; suspect pearling of GI contents mid-abdomen

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 right kidney measured 3.5 cm. The left kidney measured 3.1 cm.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

No overt pathology in the area of the left or right 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

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.

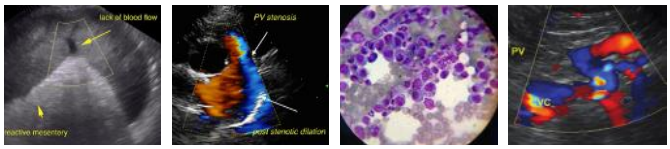
Gastrointestinal

The stomach exhibited intact and sonographically unremarkable wall layering with a normal wall layer ratio. The lumen of the stomach was primarily empty with mild luminal gas. No overt evidence of gastric distention with retained fluid, ingesta or overt foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was primarily empty with mild segmental duodenojejunal ileus along with minor areas of duodenojejunal corrugation. No evidence of definitive obstructive pattern or intestinal plication noted. A solitary small shadowing jejunal luminal echo measuring 1.3 cm was present in the area of the mid to potential caudal abdomen.

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

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Aphrodite Volz

SPECIES

Feline

BREED

DSH

SEX

Spayed female

AGE

6 months

WEIGHT

5.9 pounds

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. Sarah Wilkinson

INVOICE

10063ag

DATE

02/23/2022

Pancreas

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and peripancreatic to generalized peri intestinal reactivity / inflammation. No overt evidence of neoplasia.

Free Abdomen

No overt evidence of peritoneal free fluid. No evidence or significant lymphadenopathy, the potential for minor benign jejunal lymphadenopathy possible.

ULTRASONOGRAPHIC FINDINGS

- Generalized acute gastroenteritis pattern exhibiting minor segmental duodenojejunal ileus, focal small shadowing jejunal luminal echo.
- Suspect mild pancreatitis.
- Associated peri pancreatic to generalized peri intestinal reactive mesentery.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

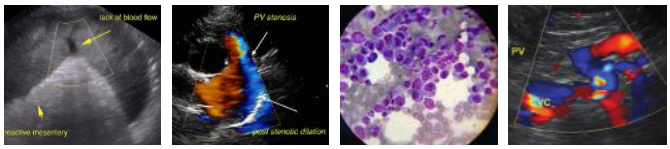
Overall, the sonographic appearance of the gastrointestinal tract is suggestive of acute gastroenteritis or gastrointestinal insult, potentially owing to dietary indiscretion given the patient's history. The minor areas of segmental duodenojejunal ileus were not overtly consistent with definitive obstructive pattern however the focal small yet shadowing jejunal luminal echo may correlate with patient history of ingestion of fleece like material which may be nonobstructive or potentially partially obstructive.

Suspected pancreatitis may be contributing to the patient's clinical signs.

Given the lack of definitive obstructive pattern, hospitalization with pancreatitis/gastroenteritis therapy protocol over the next 24 hours with monitoring of clinical response and ideally sonographic monitoring of the gastrointestinal tract and pancreas for evidence of progressive inflammatory changes or mechanical/metabolic small intestinal ileus would be warranted.

Exploratory laparotomy for gross inspection of the gastrointestinal tract may be indicated if persistent clinical signs are not responsive to conservative therapy or if there are progressive inflammatory pancreatic or gastrointestinal changes, progressive ileus pattern or if there is strong concern for small intestinal foreign material given the reported abdominal discomfort on palpation.

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Aphrodite Volz

SPECIES

Feline

BREED

DSH

SEX

Spayed female

AGE

6 months

WEIGHT

5.9 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jasmine Palacios

HOSPITAL NAME

Rivers Edge Pet Medical Center

REFERRING VET

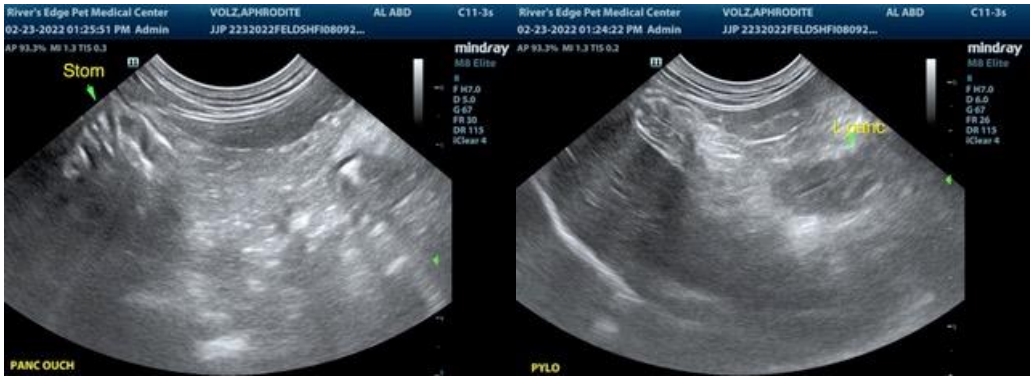
Dr. Sarah Wilkinson

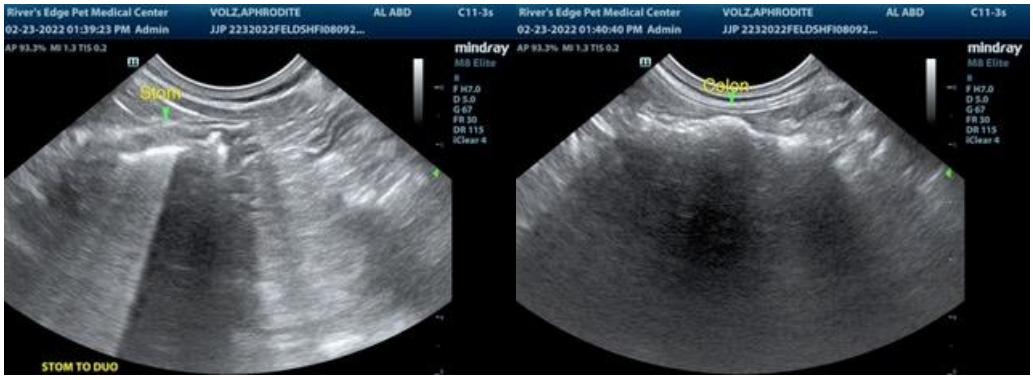
INVOICE

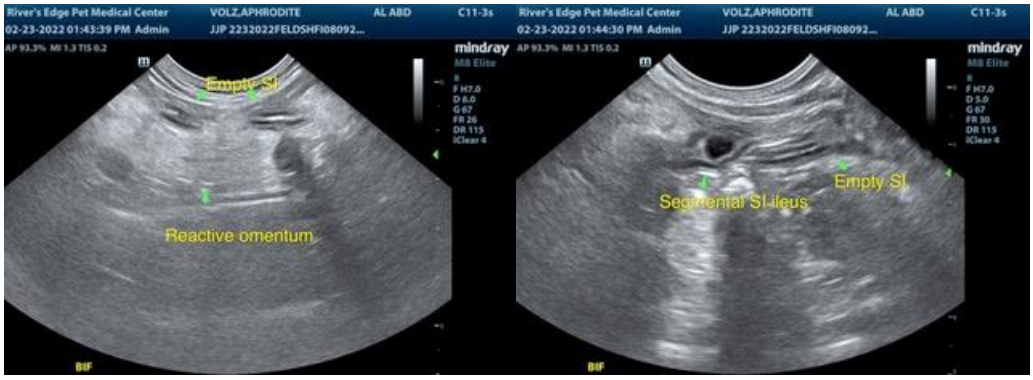
10063ag

DATE

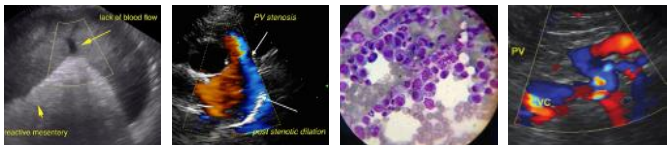
02/23/2022







SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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

PATIENT

Aphrodite Volz

SPECIES

Feline

BREED

DSH

SEX

Spayed female

AGE

6 months

WEIGHT

5.9 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jasmine Palacios

HOSPITAL NAME

Rivers Edge Pet Medical Center

REFERRING VET

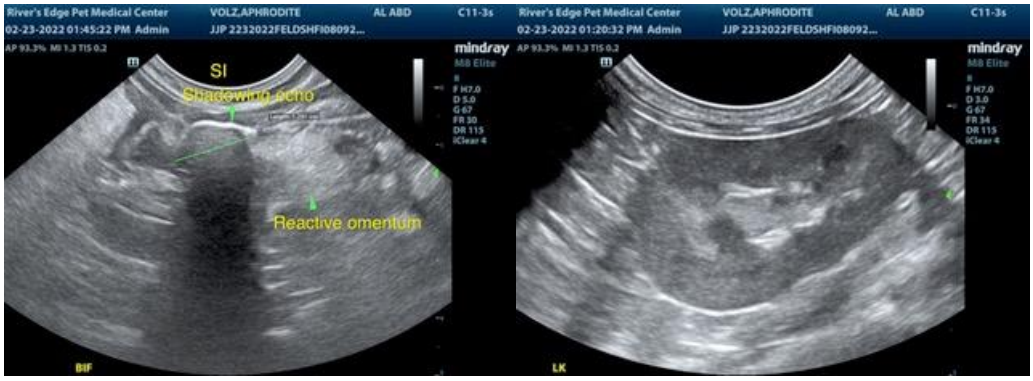
Dr. Sarah Wilkinson

INVOICE

10063ag

DATE

02/23/2022



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