



PATIENT

Buster Epstein

SPECIES

Feline

BREED

DSH

SEX

M/N

AGE

13 years

WEIGHT

11.2 lbs.

INTERPRETED BY

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

**IMAGING
 PERFORMED BY**

Pamela Harrigan, RDMS

HOSPITAL NAME

Norfolk County
 Veterinary Service

REFERRING VET

Emily McCabe, DVM

INVOICE

16288

DATE

2/23/23

PRESENTING CLINICAL SIGNS

Hx of x2 foreign body surgeries. 8/2021. Vomiting. Lethargic not eating.

On Mirataz SID. *Sedated with Tor/Alfaxalone/Midazolam.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild to moderate, non-dependent, particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted. The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

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 was maintained. Mild uniform increased cortex echogenicity, as well as increased medullary echogenicity, were present. Moderate loss of corticomedullary symmetry and definition expected for the age of the patient was noted. No evidence of pelvic dilation was present. The left kidney measured 3.9 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

The bilateral adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.32 cm width. The right adrenal gland measured 0.39 cm width.

Spleen

The spleen was mild to moderately enlarged yet maintained symmetrical capsule contour and a finely textured and homogenous parenchyma. Normal splenic vascularity was present with no masses or nodules. The spleen measured 2.0 cm width at the level of the hilus. The splenomegaly, although nonspecific, is likely secondary to sedation without overt suspicion of inflammatory or neoplastic criteria.

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 proximal common bile duct was mildly dilated and tortuous, yet not consistent with post-hepatic obstructive criteria.

Gastrointestinal

The stomach presented intact mildly prominent wall layering owing to subjective prominent to hyperechoic gastric submucosa layer. Very minor retained anechoic fluid and luminal gas were present



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without evidence of foreign material, significant retained ingesta, or fluid. The ventral gastric body wall width measured 0.30 cm.

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The small intestine presented primarily intact wall layering with a maintained 1:3 muscularis/mucosa ratio. Minor segmental jejunal corrugation was present along with focal to segmental altered jejunal wall layering secondary to mild to variably prominent muscularis layer and caudal abdominal segment of jejunum cranial to the liver. Normal appearing jejunum wall measured 0.24 cm width. The duodenum wall measured 0.26 cm width. Focally thickened jejunum measured up to 0.27 cm width. The ileocolic wall measured 0.33 cm width. No evidence of mechanical / metabolic ileus or foreign material.

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

SEX

Pancreas

M/N

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 were evident.

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Free Abdomen

A solitary mesenteric lymph node was present in the mid-ventral abdomen. The lymph node was nonhomogeneous to hypoechoic. A borderline abnormal width: length ratio was observed. Regional surrounding perilymphatic hyperechoic omentum was present. The lymph node size was 1.4 cm x 0.8 cm. No evidence of peritoneal effusion was noted.

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11.2 lbs.

ULTRASONOGRAPHIC FINDINGS

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 DABVP (Canine and Feline)

Primary Findings

- Suspect mild gastritis
- Intact small bowel walls exhibiting minor segmental jejunal corrugation and segmental prominent jejunal muscularis layer - no obstructive pattern / foreign material
- Focal mesenteric lymphadenitis
- Normal pancreas

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Pamela Harrigan, RDCS

Secondary Findings

- Urinary bladder sediment
- Nonspecific chronic renal changes
- Nonobstructive proximal common bile duct dilation - 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

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The intestinal presentation in conjunction with evidence of focal mesenteric lymphadenitis without obstructive pattern or foreign material may suggest acute inflammatory bowel episode. However,



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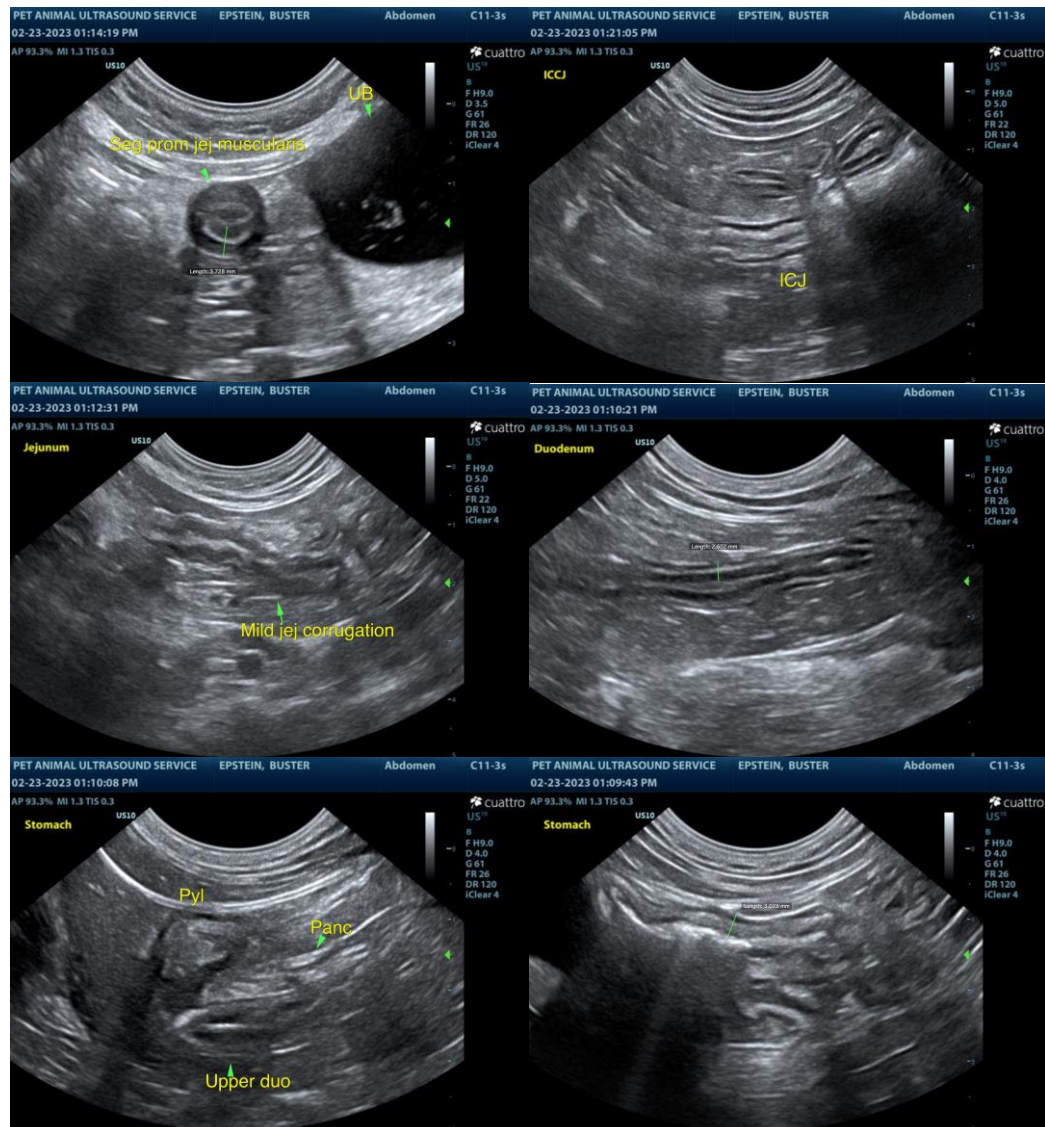
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segmental mild altered jejunal wall layering, which although nonspecific, may suggest segmental infiltrative criteria, or possible mural remodeling owing to potential enterotomy, cannot be excluded.

No indication for immediate surgical intervention. A GI panel to include PLI/TLI/Cobalamin/Folate could be considered for further assessment of intestinal disease or occult pancreatic inflammation. Recommend supportive care +/- empirical therapy for lymphadenitis with appropriate antibiotics. Screening FNA cytology of the mesenteric lymph node for further clarification +/- C/S could be considered. Sonographic monitoring is indicated if persistent gastrointestinal signs or evidence of weight loss are noted.





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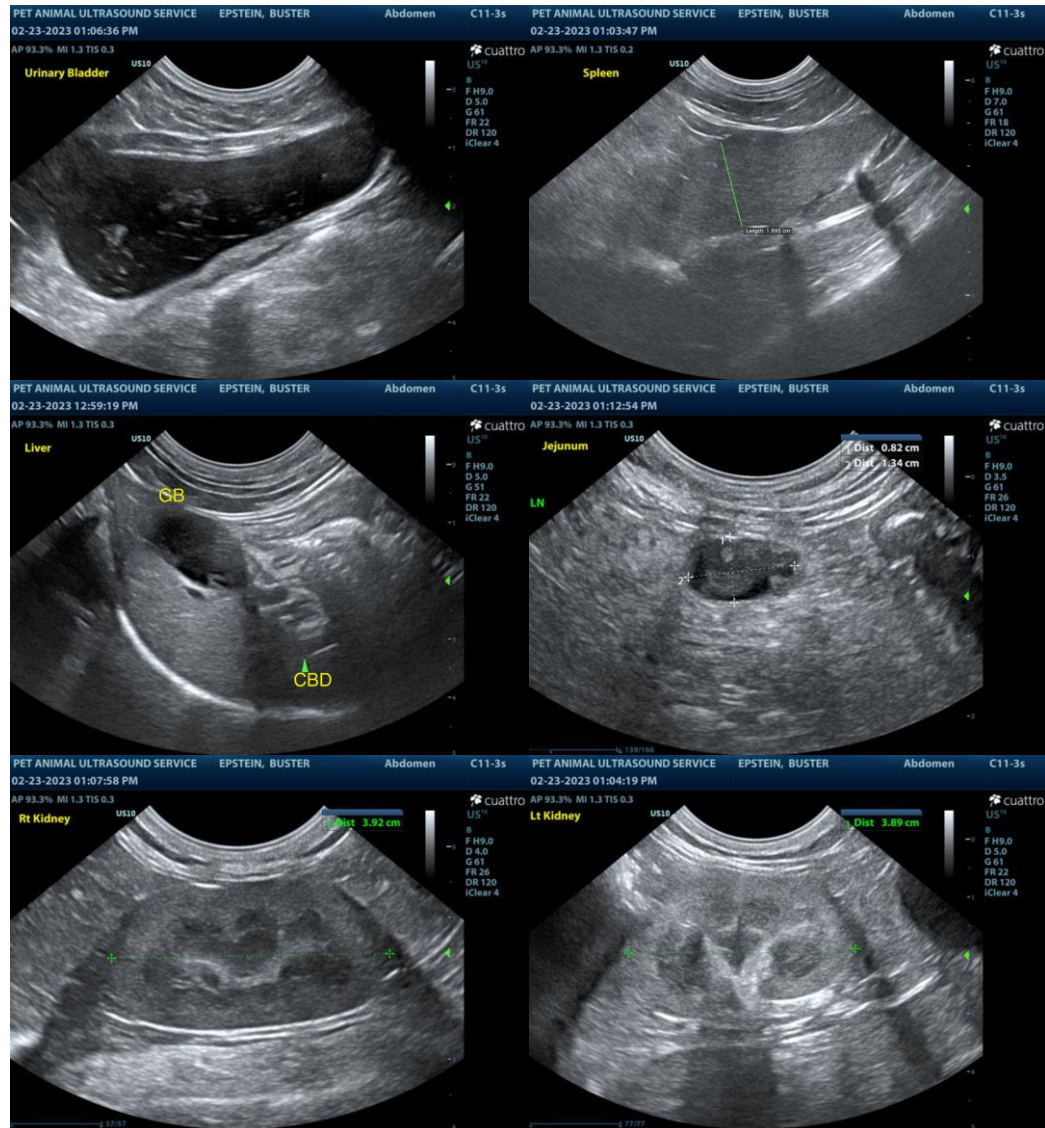
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
 info@SonoPath.com