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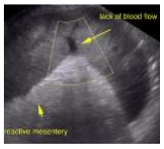
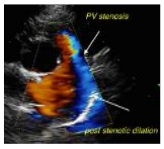
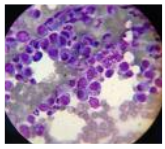
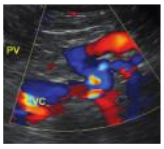

SonoPath.com
1-800-838-4268 info@sonopath.com

**PATIENT**

Buttercup Lumsden

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

2 Years

**WEIGHT**

3.4 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Sarah Barthelemy

**HOSPITAL NAME**

Alpine 24/7 PH

**REFERRING VET**

Dr. Katz

**INVOICE**

21332

**DATE**

2/28/23

## PRESENTING CLINICAL SIGNS

History: Presented recently for vomiting and inappetence. Treated as outpatient with supportive care. Vomiting resolved but anorexic. Labs NSF. Hospitalized on IVF.

## 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.

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

### *Adrenal Glands*

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm.

No overt pathology in the area of the right adrenal gland.

### *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. The spleen measured 0.9 cm in width.

### *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 presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs retained ingesta, fluid or foreign material. The gastric body wall measured 0.25 cm.

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 0.17 cm. The ileocolic wall measured 0.33 cm.

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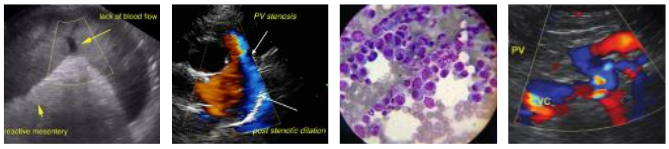

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Normal visible colon wall layers were present with apparent formed feces in lumen.

### *Pancreas*

The pancreas base and left pancreatic limb exhibited mild capsule asymmetry with subtle to mild nonhomogenous hypoechoic parenchyma. Evidence of mild peripancreatic hyperechoic omentum was noted, primarily around the distal left pancreatic limb.

### *Free Abdomen*

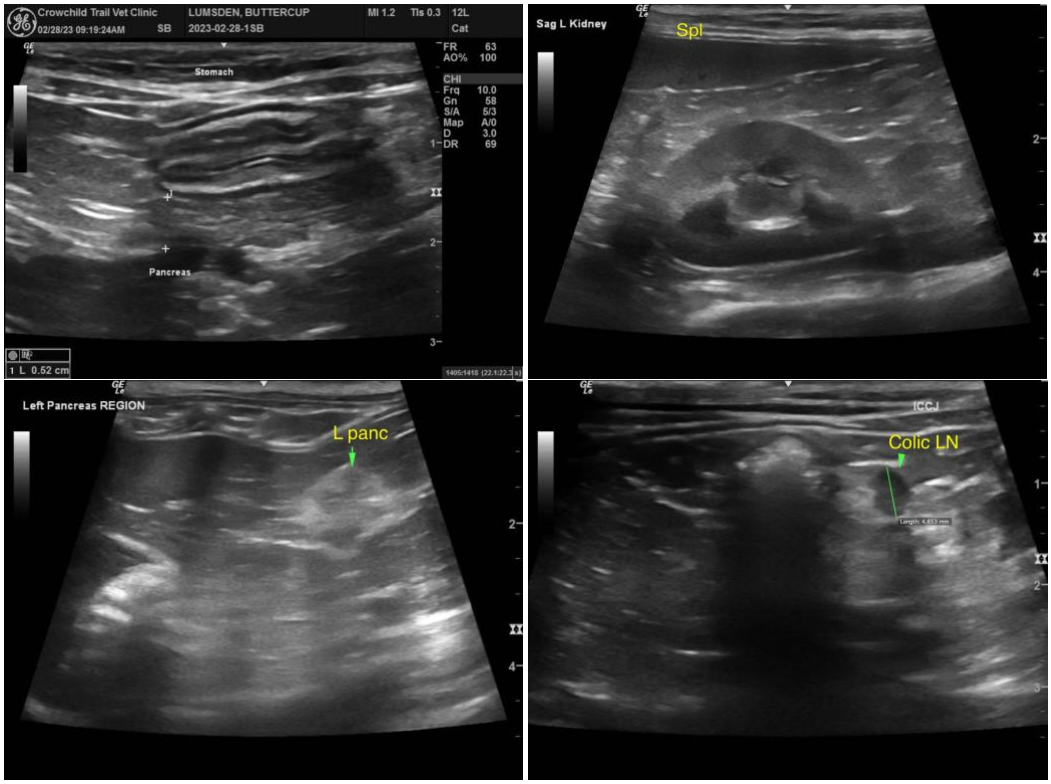
Intermittent enlarged mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 0.5 cm in diameter. No evidence of omental masses or peritoneal effusion.

## ULTRASONOGRAPHIC FINDINGS

- Probable mild mesenteric lymphadenitis, likely inflammatory bowel episode
- Suspect mild, possibly resolving pancreatitis

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No structural evidence of significant visceral pathology. Assessment for evidence of cranial abdominal or subxiphoid discomfort associated with the suspect low grade, possibly resolving pancreatitis and spec fPL is warranted. Continued supportive care for inflammatory bowel episode and low-grade pancreatitis is recommended. Recheck sonogram is suggested if persistent anorexia or evidence of weight loss.



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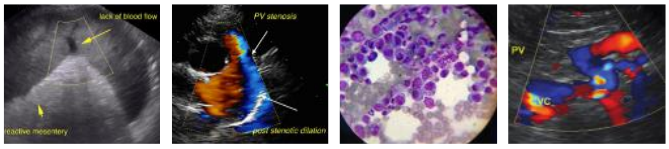

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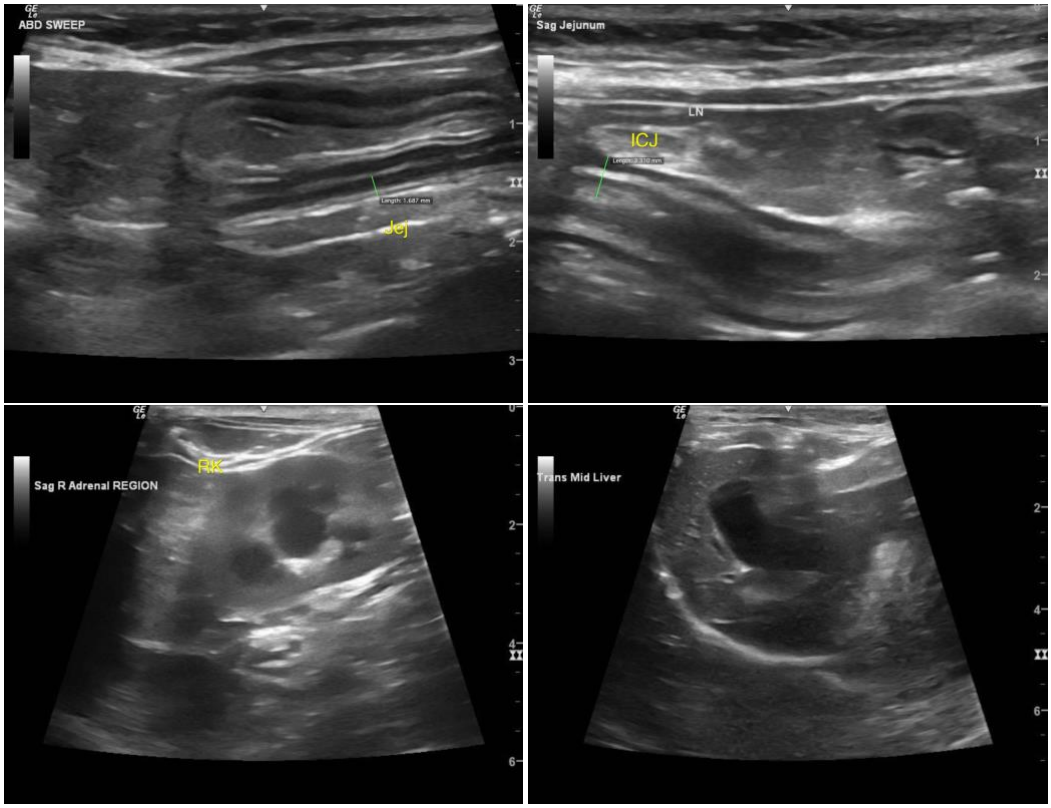


**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

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