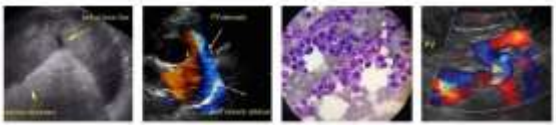


PATIENT

Stewie Petit

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

7 years

WEIGHT

8 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Beatties PH Stoney Creek

REFERRING VET

Dr. Salib

INVOICE

13251

DATE

2/3/22

PRESENTING CLINICAL SIGNS

Patient seen Jan 14th for vomiting after eating. Treated with cerenia, metronidazole, sulcrate. Now O is concerned that P is not having normal BM's. O is not sure since it is a mutli-cat household. O is requesting ultrasound.
Abnormal PE/Chem/CBC/UA Results: Jan 14th: FINDINGS: The heart, pulmonary vasculature, pulmonary parenchyma, pleural space, diaphragm, and remaining mediastinal structures are normal. There is no evidence of pulmonary metastatic disease or intrathoracic lymphadenopathy. There is moderate diffusely increased subcutaneous, peritoneal, pericardial, and mediastinal fat. The abdominal serosal detail is normal. The visible margins of the liver, spleen, kidneys, and urinary bladder are normal. The stomach is mildly distended with granular soft tissue material. The small intestine is diffusely normal and uniform in diameter, containing small amounts of granular soft tissue material similar in appearance to that in the stomach. The colon is normal in feces filled, with mild desiccation/mineralization of the feces in the caudal descending colon. There is a punctate mineral focus superimposed with the caudal aspect of the or bladder on the lateral projections, located lateral to the right ilium on the ventrodorsal, consistent with mineralized suture material at site of previous surgery. The remaining osseous and soft tissue structures are normal. CONCLUSION: 1. Gastric and small intestinal soft tissue content may represent normal food or foreign material. There is no gastrointestinal mechanical obstruction identified at this time. Some potential causes for the reported vomiting include but are not limited to infectious pathogens (parasitic, bacterial, or viral), dietary indiscretion, toxin ingestion, trichobezoars, pancreatitis, underlying metabolic disease, hyperthyroidism, or a primary infiltrative disease process (inflammatory bowel disease or lymphoma). 2. Less mineral (such as bone) is a common part of this patient's diet, partial mineralization of the feces in the descending colon may is consistent with prolonged retention (possibly due to one of the above-described differentials for vomiting). 3. Normal thorax.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

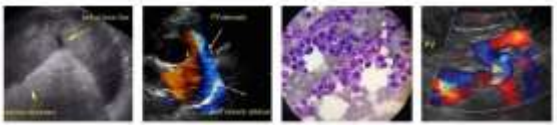
The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, nondependent, particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The 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 4.7 cm in length. The right kidney measured 4.3 cm in length.

Adrenal Glands

The bilateral adrenal glands were Indistinctly visualized without overt pathology. The left adrenal gland measured 0.44 cm width. The right adrenal gland measured 0.43 cm width.



PATIENT

Stewie Petit

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

7 years

WEIGHT

8 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Beatties PH Stoney Creek

REFERRING VET

Dr. Salib

INVOICE

13251

DATE

2/3/22

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 0.79 cm width.

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.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained ingesta and chyme were present in the stomach. No overt evidence of gastric foreign material or hairball density was noted. The gastric body wall width measured 0.32 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 width measured 0.20 cm.

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

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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

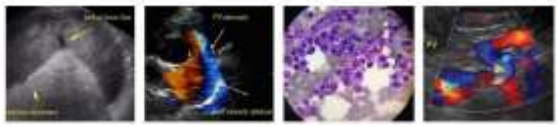
ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Overtly normal gastrointestinal tract with mild gastric ingesta / chyme
- Mild gastric ingesta / chyme
- Minor urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended. Dietary intolerance / food hypersensitivity, occult parasitism If the patient is Indoor/outdoor, or structurally Insignificant Inflammatory bowel with



PATIENT

Stewie Petit

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

7 years

WEIGHT

8 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Beatties PH Stoney Creek

REFERRING VET

Dr. Salib

INVOICE

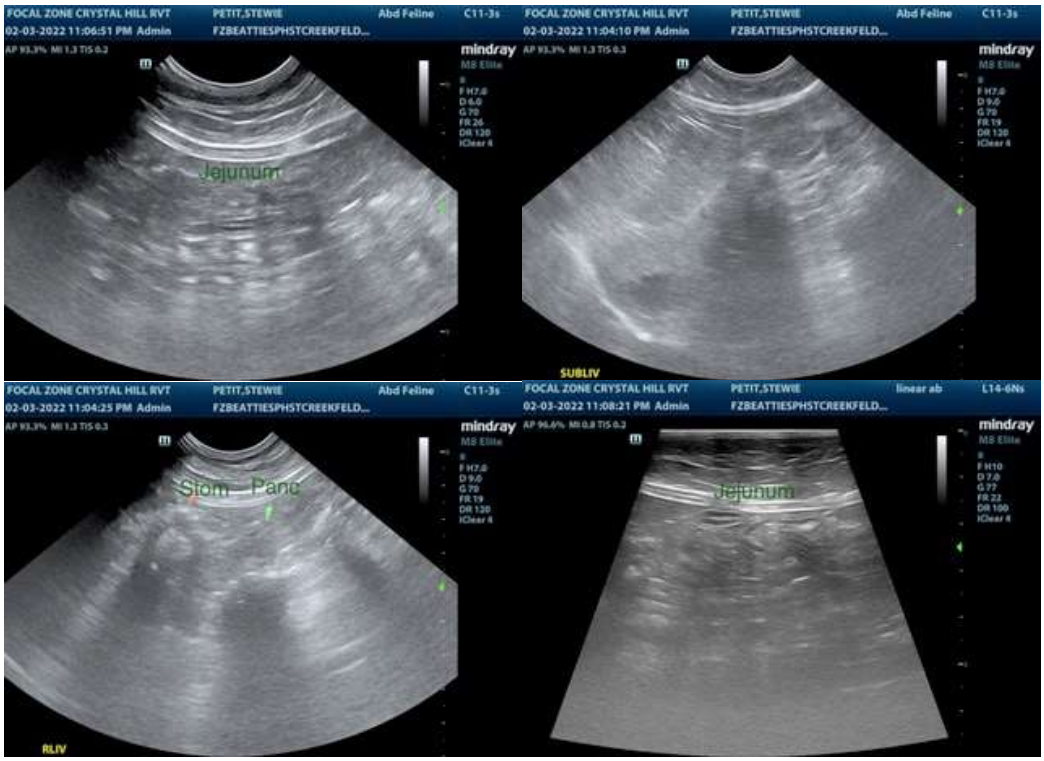
13251

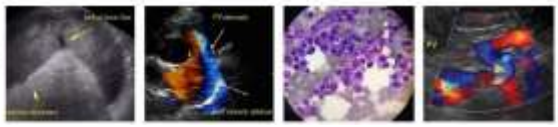
DATE

2/3/22

potential for low-grade to chronic pancreatitis, both of which may present as sonographically unremarkable, may be possible. If documented NPO and given the patient's reported history of vomiting, the presence of minor gastric ingesta / chyme may suggest some degree of metabolic gastric stasis, although not definitive.

Empirically, a limited protein or hydrolyzed diet trial with small more frequent feedings and as-needed gastroprotectants may prove beneficial. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate to assess for nonobvious pancreatic inflammation or gastrointestinal disease.





PATIENT

Stewie Petit

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

7 years

WEIGHT

8 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Beatties PH Stoney Creek

REFERRING VET

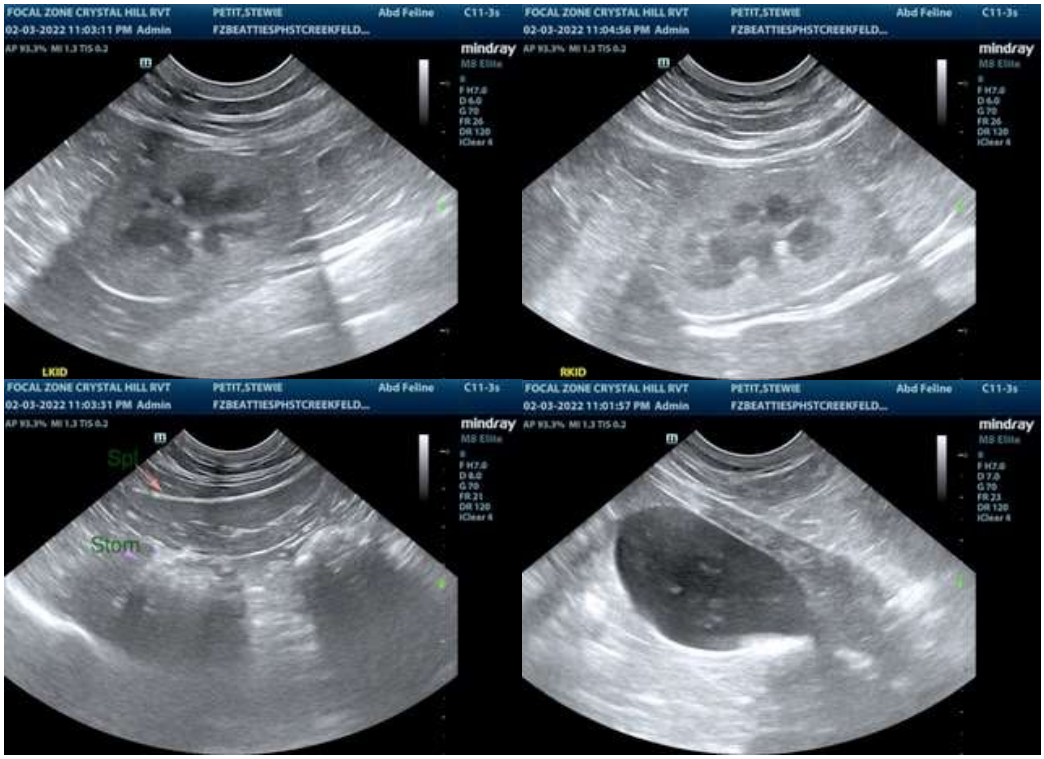
Dr. Salib

INVOICE

13251

DATE

2/3/22



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