



PATIENT

Pamuk Yoraf

PRESENTING CLINICAL SIGNS

wire fb in colon and intestines on xray pt vomiting , anorexia Current meds IVF Pepcid

Abnormal PE/Chem/CBC/UA Results: WNL

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DSH

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.

SEX

F

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 3.9 cm in length.

AGE

9mo

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

WEIGHT

7

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

Spleen

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Jenn

Liver/Gallbladder

HOSPITAL NAME

Rockaway Animal
Hospital

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.

REFERRING VET

Dr. Ascot

Gastrointestinal

The stomach presented intact mild prominent wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained anechoic to echogenic fluid along with a small amount of non-specific hyperechoic mildly shadowing luminal ingesta and gas artefact. The ventral pylorus wall measured 0.29 cm in width.

INVOICE

12919ag

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was primarily empty with mild upper to mid duodenal non-obstructive ileus and no signs of obstruction or foreign material.

DATE

02/07/2023

The visualized colon exhibited normal wall layering containing formed to shadowing feces in lumen.

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.

SPECIES

Feline

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

BREED

DSH

- Subjective mild gastroduodenitis pattern exhibiting mild retained gastric fluid, gas and potential non-specific minor non-obstructive ingesta, possible non-obstructive hairball density or similar
- Sonographically normal colon containing formed feces

SEX

F

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Definitive evidence of GI foreign material or obstructive pattern was not visualized. The possibility of a small non-obstructive gastric hairball density or similar is a potential. No evidence of intestinal perforation, peritoneal effusion or peritonitis.

AGE

9mo

Hospitalization with as needed GI support, sonographic monitoring of the stomach for evidence of emptying vs potential retained non-specific ingesta as well as radiographic monitoring of the reported intestinal/colonic wire foreign bodies would be reasonable. Exploratory laparotomy for gross inspection of the GI tract may be indicated depending upon radiographic presentation as well as the size or concern associated with the wire foreign body.

WEIGHT

7

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(Canine and Feline)

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Jenn

HOSPITAL NAME

Rockaway Animal Hospital

REFERRING VET

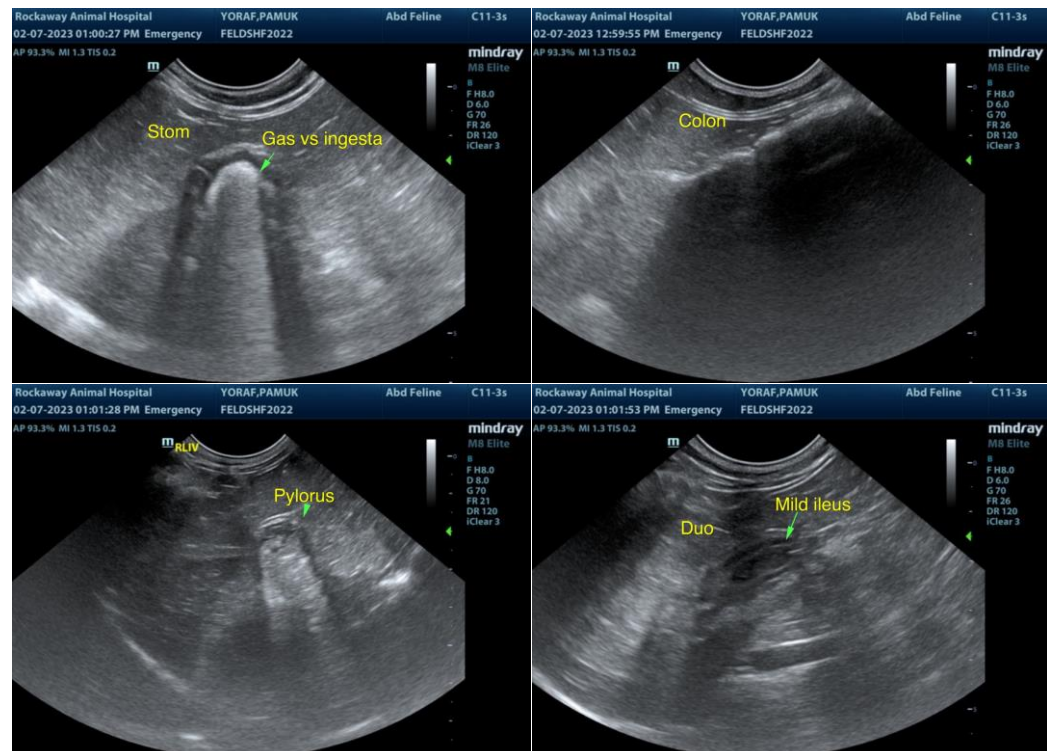
Dr. Ascot

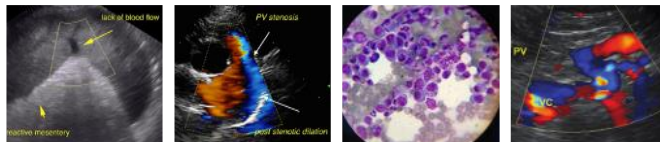
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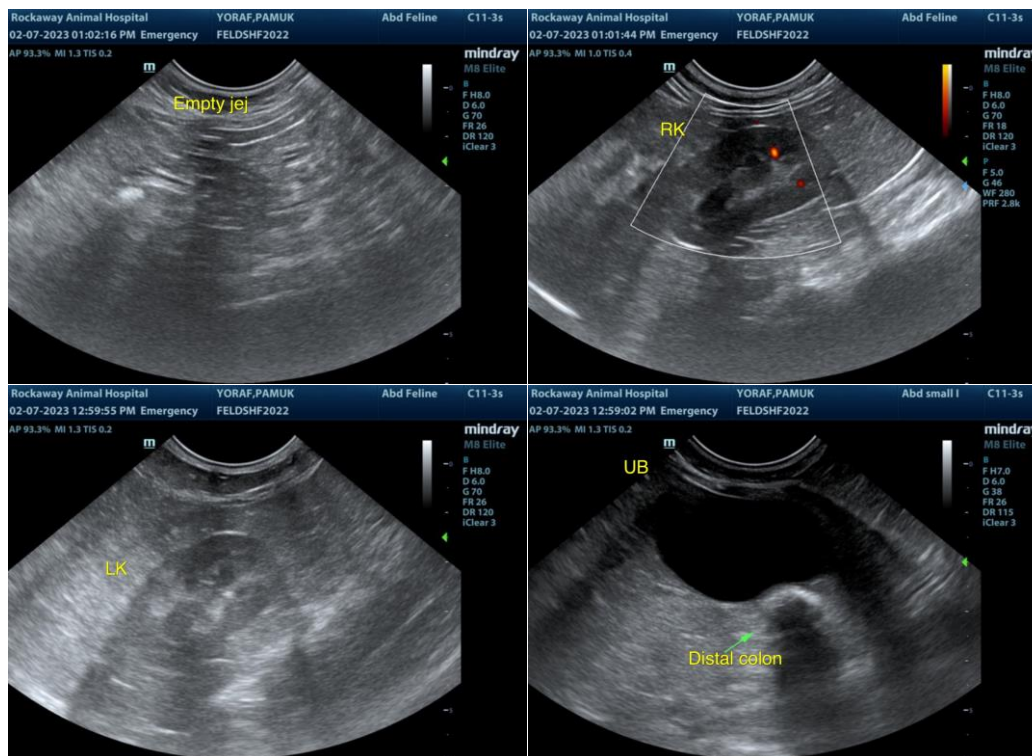
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INVOICE

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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)
mac.daniel@sonopath.com