



PATIENT

Juniper Goulet

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

5 years

WEIGHT

5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Healthy Paws Fwd

REFERRING VET

Dr. Hen Boisen

INVOICE

16347

DATE

3/10/23

PRESENTING CLINICAL SIGNS

Profuse vomiting in last 24 hrs concern about possible gastric FB on X rays or plant/ toxic ingestion. Abnormal PE/Chem/CBC/UA Results: No. Diagnostic

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 was noted.

Subjective mildly prominent yet homogenous uterine remnant measuring 1.5 cm x 0.48 cm was present which is likely a normal patient variant and incidental, assuming no evidence of previous estrus behavior.

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 3.5 cm in length. The right kidney measured 3.6 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 0.35 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.25 cm width.

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/ 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 subjective mildly prominent wall layering. The stomach contained a mild amount of retained anechoic fluid and pockets of luminal gas. No evidence of mechanical pyloric outflow obstruction or obstructive pyloric mural pathology was noted. No gastric foreign material was noted. The ventral gastric body wall width measured 0.26 cm. The pylorus wall width measured 0.22 cm.



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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 duodenum wall measured 0.22 cm width. The jejunum wall measured 0.20 cm width. The ileocolic wall measured 0.27 cm width.

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

Pancreas

The pancreas was normal in size and contour with subtle heterogeneous to isoechoic parenchyma compared to adjacent nonreactive omentum. No signs of active inflammation or neoplasia.

Free Abdomen

Intermittent mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of the lymph node measured 0.9 cm x 0.3 cm.

ULTRASONOGRAPHIC FINDINGS

- Mild hypomotile gastritis pattern
- Sonographically unremarkable small bowel - no evidence of small bowel mechanical / metabolic ileus or foreign material
- Subtle heterogeneous pancreas - nonspecific, patient variant, potential for low-grade pancreatitis possible
- Intermittent benign / reactive mesenteric lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, no evidence of significant visceral pathology including no evidence of gastrointestinal obstruction or foreign material. Suspect inflammatory gastrointestinal episode with associated mild mesenteric reactive hyperplasia or possible low-grade lymphadenitis.

Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation, which may allude to low-grade pancreatitis +/- Spec fPL is suggested. Supportive care for inflammatory bowel episodes should prove beneficial. A recheck sonogram is recommended if evidence of persistent or progressive gastrointestinal signs.



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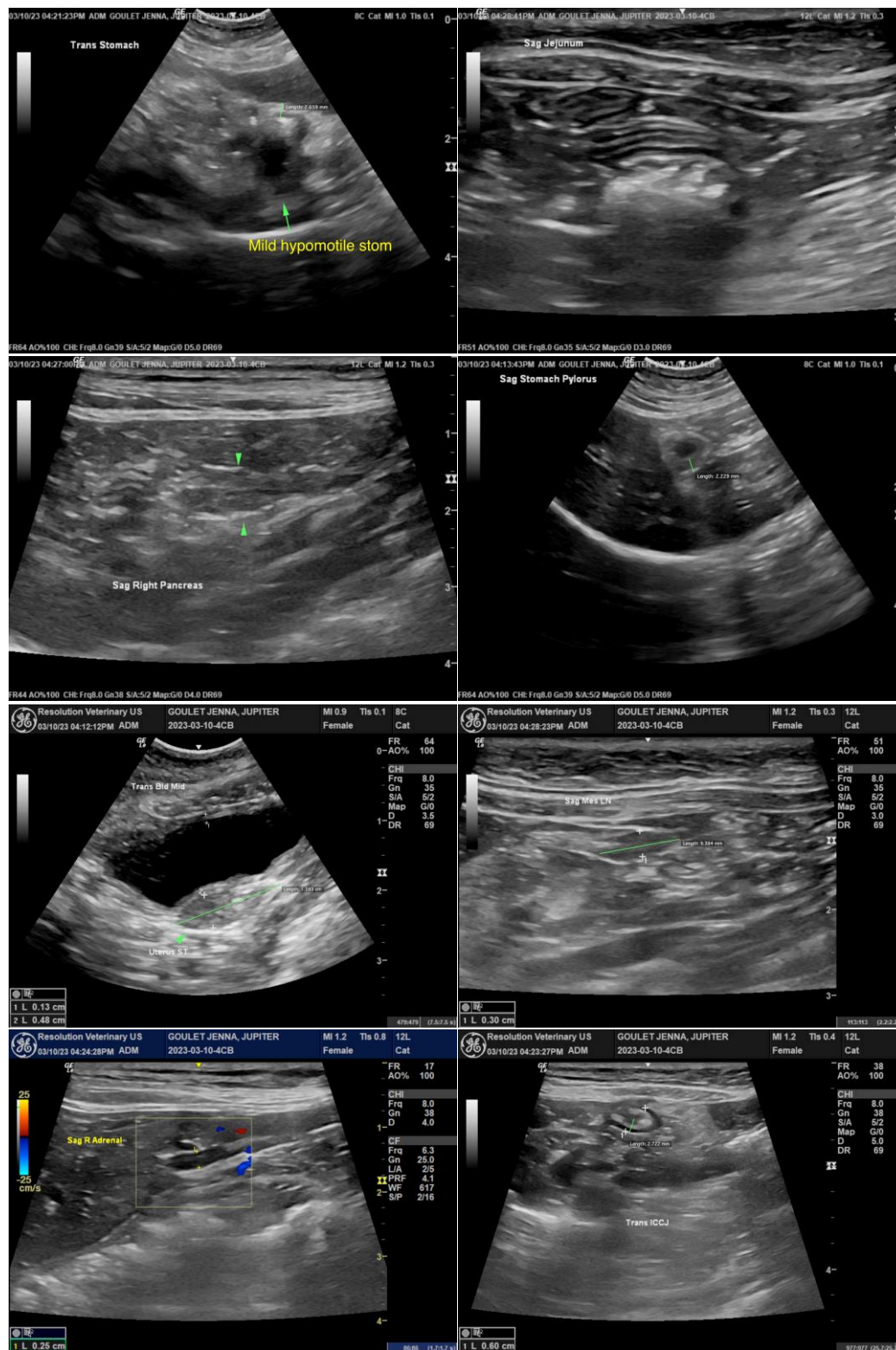
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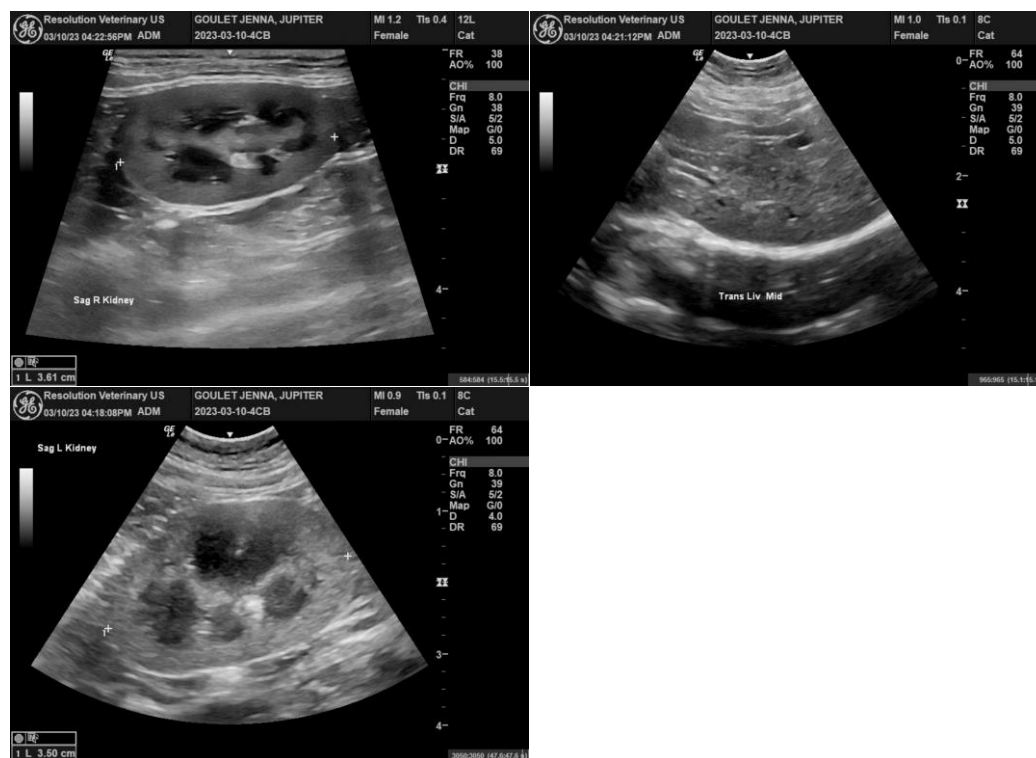
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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