



PATIENT

Scarlett King

PRESENTING CLINICAL SIGNS

A week or so of vomiting and lethargy. Anorexia. 3lbs wt loss

Abnormal PE/Chem/CBC/UA Results: WNL except WBC. Creat: 0.6, WBC: 18,67

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DSH

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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

FS

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

AGE

5yr

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

WEIGHT

6.76lb

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm width. The right adrenal gland was not definitively visualized.

Spleen

INTERPRETED BY

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

The spleen exhibited mild subnormal size likely suggestive of volume contraction and 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.

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Rodriguez

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.

HOSPITAL NAME

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Gastrointestinal

REFERRING VET

Rodriguez

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate retained anechoic fluid with no signs of ileus, obstruction or foreign material.

INVOICE

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmentally thickened jejunum was present in the mid abdomen exhibiting intact indistinct wall layer detail and mild mural hypertrophy with concurrent segmental jejunum to generalized variable ileus. Within the thickened segments of jejunum an ill-defined potential linear like hyperechoic echo along with hyperechoic mild progressively shadowing ingesta suggestive of possible hairball density or similar was present. Thickened segmental jejunum measured up to 0.36 cm in wall width, by comparison intact intestinal wall measured 0.22 cm in width. The ileocolic wall measured 0.25 cm in width.

DATE

03/14/2023

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



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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.

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Free Abdomen

Intermittent mildly prominent to enlarged 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 a lymph node measured 1.0 cm x 0.46 cm.

BREED

DSH

Regional primarily peri-intestinal to generalized hyperechoic omentum along with scant to mild volume peritoneal free fluid was present.

SEX

FS

ULTRASONOGRAPHIC FINDINGS

- Retained gastric fluid-metabolic vs mechanical gastric stasis.
- Enteropathy pattern exhibiting segmental to generalized variable ileus pattern.
- Segmentally thickened mid abdominal jejunum with potential ill-defined linear luminal echo and suspect mild focal luminal hairball or similar.
- Associated primarily intestinal peritonitis and intermittent benign/reactive minor mesenteric lymphadenopathy.

AGE

5yr

WEIGHT

6.76lb

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The segmental intestinal thickening may indicate inflammatory changes secondary to jejunal foreign material, hairball density or similar. The possibility of infiltrative neoplastic or granulomatous enteropathy (dry FIP) cannot be definitively excluded.

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Exploratory laparotomy with gross inspection of the entire GI tract, intestinal biopsies and potential enterotomy with possible R/A of segmental intestine pending gross inspection is warranted. A guarded prognosis is indicated.

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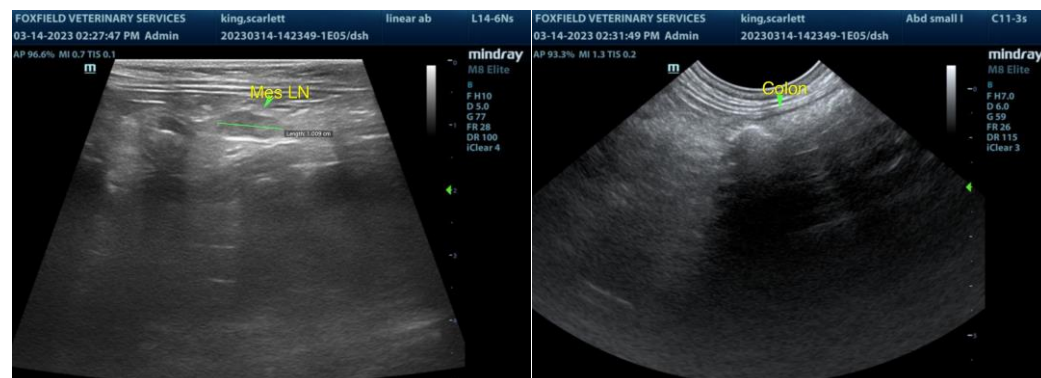
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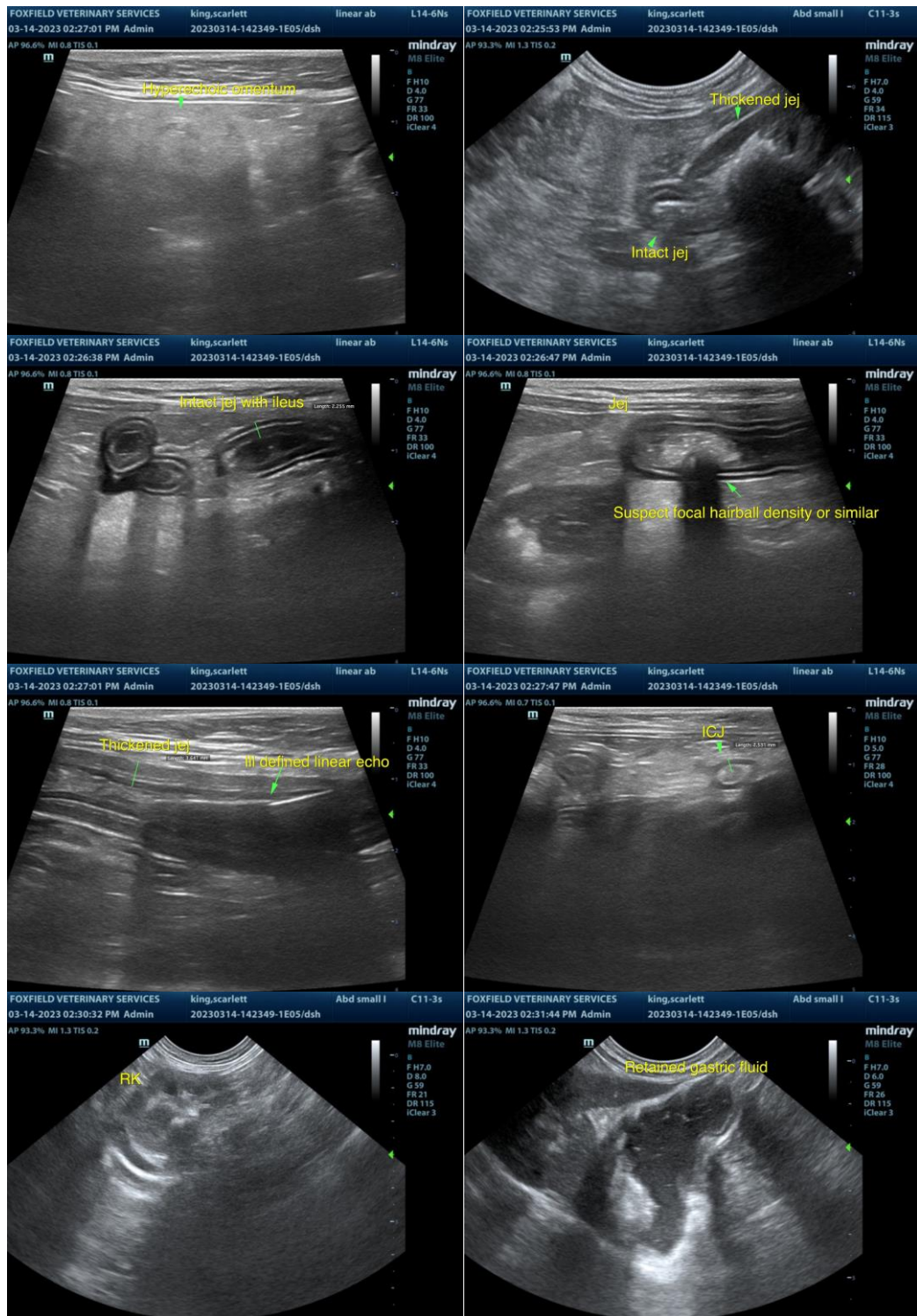
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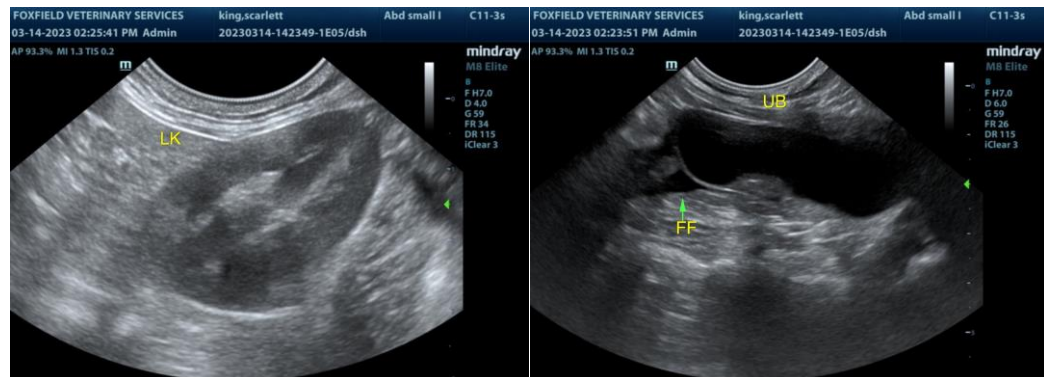
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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