

PATIENT PRESENTING CLINICAL SIGNS

Yara Temple
History foreign body surgery. Presents with recent onset vomiting and diarrhea.

SPECIES LIMITED ULTRASONOGRAPHIC EXAMINATION

Feline ***Gastrointestinal***

BREED

Maine Coon

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic, nonshadowing ingesta and pockets of luminal gas, most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. Gastric body wall measured 0.25 cm.

SEX

Spayed Female

The small intestine presented primarily intact wall layering with maintained 1:3 muscularis/mucosa ratio. A focal segment of mildly thickened jejunum was noted adjacent to the ileocolic junction, exhibiting minor focal mural hypertrophy and indistinct wall layer detail. No obstructive pattern. Intact ileocolic walls without evidence of ileocolic mural pathology. Intact duodenojejunal wall measured 0.25 cm. Focally thickened jejunum wall measured 0.27 cm. Ileocolic wall measured 0.35 cm.

AGE

1 Year 11 Months

The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. The colon was generally empty with mild semiformal fecal matter, consistent with patient history.

WEIGHT

10.12 Pounds

Pancreas

The pancreas was normal in size and contour with subtle non-homogeneous, hypoechoic parenchyma compared to adjacent non-reactive peripancreatic omentum.

INTERPRETED BY

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

Free Abdomen

No effusion.

Intermittent, mildly prominent to enlarged mesenteric node were present. Example measured 1.0 cm x 0.45 cm. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

ULTRASONOGRAPHIC FINDINGS

HOSPITAL NAME

East Boston AH

- Normal stomach with mild gastric ingesta
- Overall normal intact small bowel wall layering with focal mild mid to distal jejunal mural hypertrophy.
- Colitis
- Intermittent minor benign/reactive mesenteric lymph nodes
- Subtle hypoechoic pancreas

REFERRING VET

Dr. Raman Chopra

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Minor focally thickened jejunum is non-specific and may indicate previous area of enterotomy. Potential for focal jejunal inflammation or more generalized, primarily non-structural intestinal disease combined with colitis, with contributing factors including dietary intolerance/food allergy, occult parasitism, or low-grade pancreatitis. Potential for focal to more generalized infiltrative neoplasia thought less likely. However, sonographic monitoring of the intestinal tract, specifically the area of the focal jejunal mural thickening for evidence of progression is suggested.

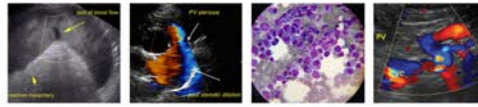
INVOICE

46180

DATE

3/25/23

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.



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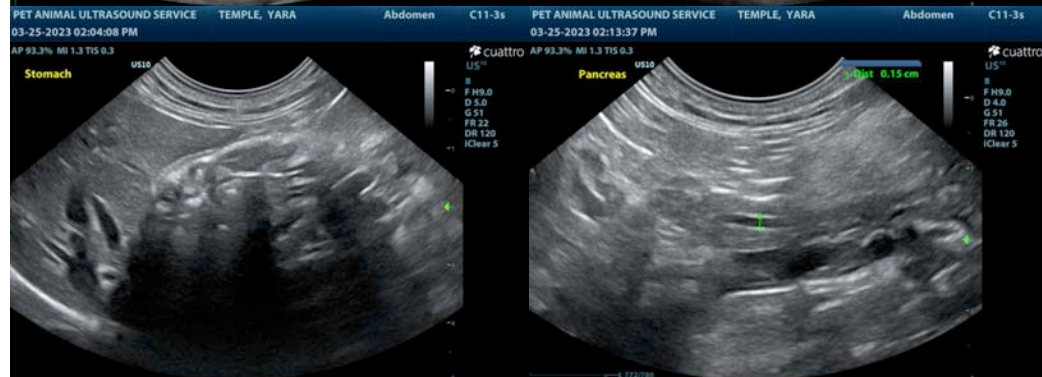
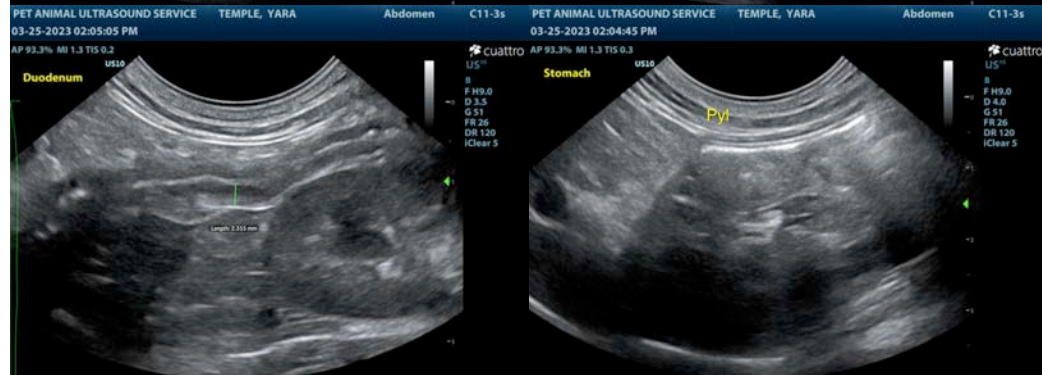
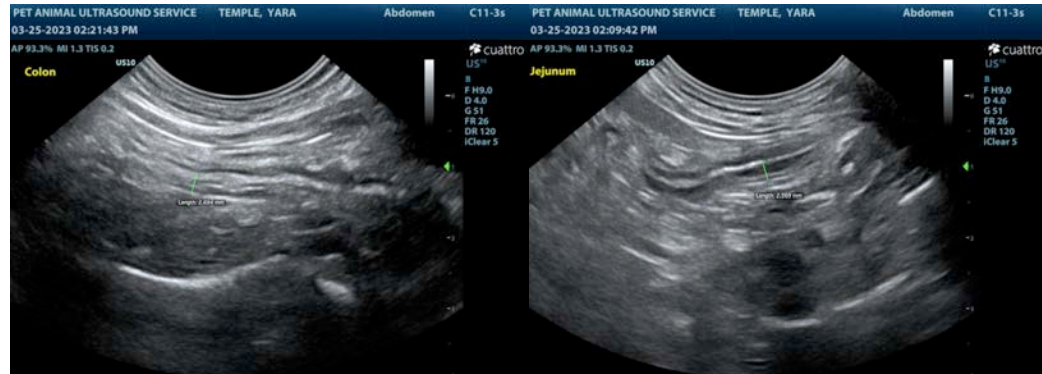
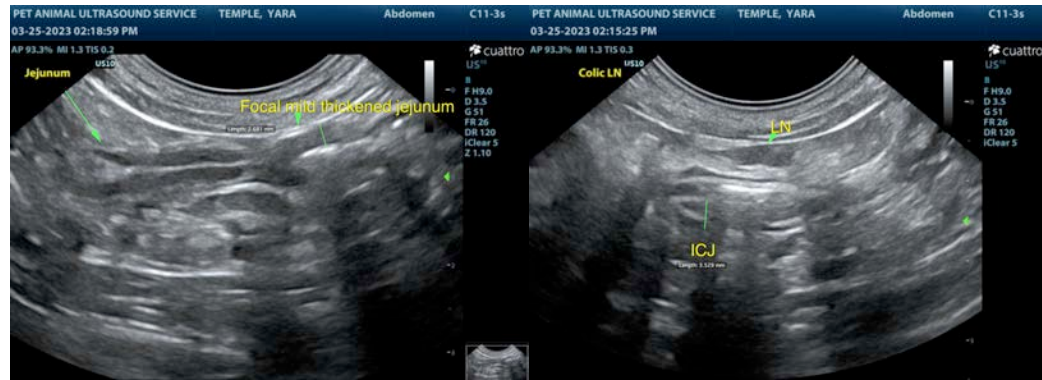
Dr. Raman Chopra

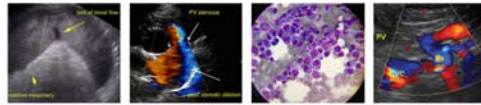
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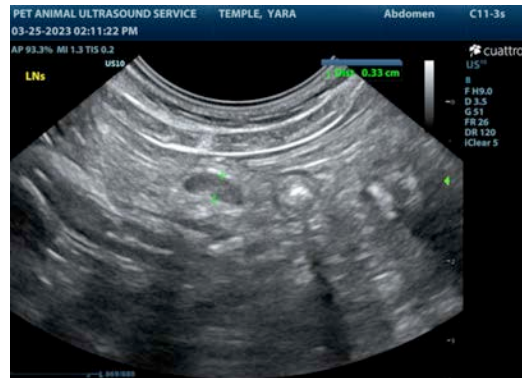
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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