



PATIENT

Jumanji Ballew

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

3 Years

WEIGHT

6.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Kacie Edwards

HOSPITAL NAME

Boren Vet Medical
Teaching Hospital

REFERRING VET

Dr. Fadel

INVOICE

46192

DATE

3/27/23

PRESENTING CLINICAL SIGNS

PERTINENT CLINICAL HISTORY: Jumanji is a 3-year-old neutered male DSH presenting to OSU-VTH ECC for acute vomiting since 9:30 AM yesterday (3/26) - he vomited 7 times yesterday. On physical exam, he is apparently healthy. **LEADING DIFFERENTIAL/DIAGNOSIS:** FB (hair tie) vs GE

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. Moderate non-dependent, mildly swirling particulate sediment was present without evidence of calculus formation, which may indicate cellular debris/protein, crystalline debris, lipid or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

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 4.1 cm. The right kidney measured 4.2 cm.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 cm. The right adrenal gland measured 0.37 cm.

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

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 generalized intact wall layering with subjective borderline to minor prominent wall layering in area of the pylorus. Pylorus wall measured 0.34 cm. Ventral gastric body wall measured 0.25 cm. The stomach was empty with mild luminal gas. No evidence of gastric retained ingesta, fluid, or foreign material.

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. Duodenum wall measured 0.24 cm. Jejunum wall measured 0.24 cm. Ileocolic wall measured 0.29 cm.

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



PATIENT

Jumanji Ballew

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

3 Years

WEIGHT

6.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Kacie Edwards

HOSPITAL NAME

Boren Vet Medical
Teaching Hospital

REFERRING VET

Dr. Fadel

INVOICE

46192

DATE

3/27/23

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 was evident.

Free Abdomen

Regional mild primarily perigastric hyperechoic omentum noted in the cranial abdomen. No evidence of omental masses, peritoneal effusion, or omental lymphadenopathy.

PRIMARY FINDINGS

- Empty stomach with intact subjective borderline to mild prominent pylorus walls
- Sonographically unremarkable small bowel – no small bowel obstructive pattern or foreign material.
- Sonographically normal pancreas.
- Subjective mild reactive perigastric omentum.

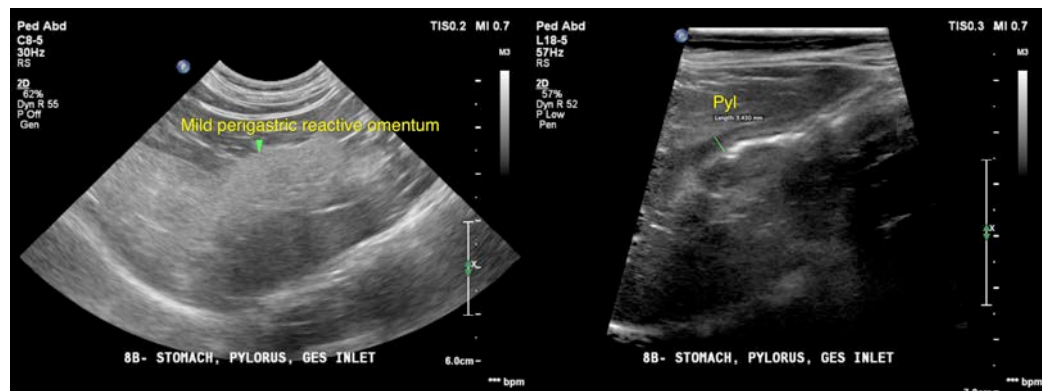
SECONDARY FINDINGS

- Urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of gastrointestinal foreign material, obstructive pattern, or gastrointestinal/intraabdominal neoplastic criteria. Sonographically, the appearance of the stomach suggests mild mural inflammatory criteria. Potential for low-grade pancreatitis, which may present sonographically normal, may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation.

Correlation with spec fPL could be considered. No indication for surgical intervention. Supportive care for gastritis/gastroenteritis should prove beneficial. Sonographic reassessment of the gastrointestinal tract and pancreas may be considered if evidence of persistent or recurrent vomiting. Urinalysis +/- culture and sensitivity suggested if evidence of inflammatory sediment.





PATIENT

Jumanji Ballew

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

3 Years

WEIGHT

6.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Kacie Edwards

HOSPITAL NAME

Boren Vet Medical
Teaching Hospital

REFERRING VET

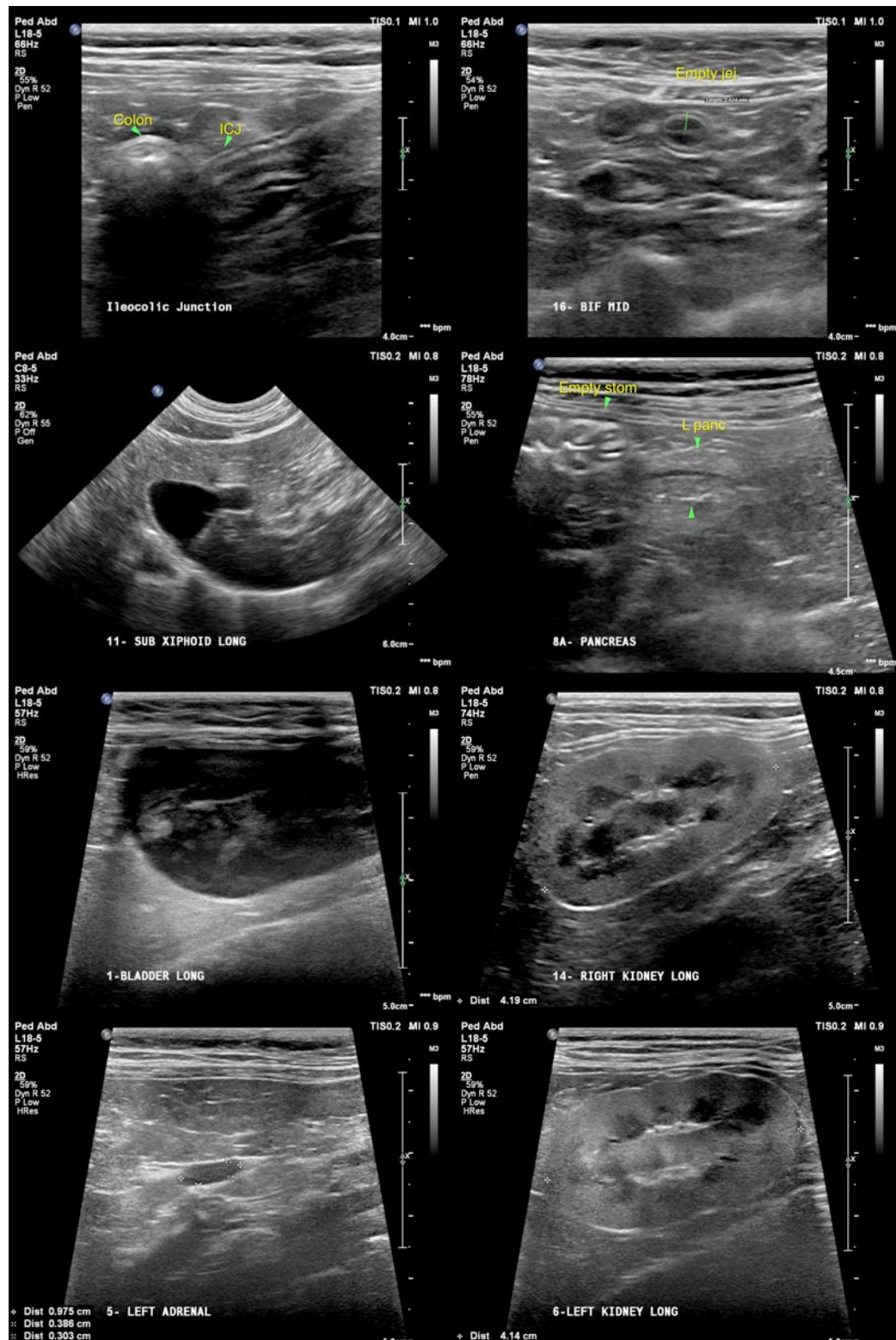
Dr. Fadel

INVOICE

46192

DATE

3/27/23





PATIENT

Jumanji Ballew

SPECIES

Feline

BREED

DLH

SEX

Neutered Male

AGE

3 Years

WEIGHT

6.6

INTERPRETED BY

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

IMAGING PERFORMED BY

Kacie Edwards

HOSPITAL NAME

Boren Vet Medical
Teaching Hospital

REFERRING VET

Dr. Fadel

INVOICE

46192

DATE

3/27/23



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