



PATIENT

Poppet Appleyard

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

5yr

WEIGHT

11.6lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Schanche

HOSPITAL NAME

Total Bond Veterinary
Hospital

REFERRING VET

Schanche

INVOICE

13309ag

DATE

03/27/2023

PRESENTING CLINICAL SIGNS

Pt presented for chronic vomiting. Has been going on for years and is now vomiting up to 10x/day. Vomit is typically bile (+/- food, minimal hair). Normal appetite, no diarrhea. Abdomen soft and nonpainful on exam. Currently still vomiting multiple times per day - directly after food is undigested food, bile - liquid and yellow rest of day. Energy the same. Elevated food and water bowl. Currently eating lam's indoor hairball dry cat food. Main blood work findings 3/14/23: Chem: albumin 4.0 high, creatinine 1.7, SDMA 15.0 mild incr CBC: wnl T4: 2.7 UA: USG 1.066, protein 1+ UPC 0.1 wnl

Abnormal PE/Chem/CBC/UA Results: Main blood work findings 3/14/23: Chem: albumin 4.0 high, creatinine 1.7, SDMA 15.0 mild incr CBC: wnl T4: 2.7 UA: USG 1.066, protein 1+ UPC 0.1 wnl

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 minor non-dependent particulate sediment. The sediment 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 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 3.4 cm in length. The right kidney measured 0.33 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.30 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 with minor echogenic debris (considered incidental if no evidence of cholestasis and likely secondary to fasting). The cystic and common bile ducts were normal.

Gastrointestinal



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The stomach presented intact borderline to mild prominent wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained anechoic fluid with no signs of ileus, obstruction or foreign material. The ventral gastric body wall measured 0.35 cm in width.

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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 0.25 cm width. The jejunum wall measured 0.23 cm width.

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

BREED

Pancreas

DSH

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

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

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ULTRASONOGRAPHIC FINDINGS

- Mild gastritis pattern, sonographically unremarkable small bowel.
- Normal pancreas.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, there is no overt evidence of significant abdominal visceral pathology. No evidence of significant GI mural pathology or active pancreatitis. The appearance of the stomach is suggestive of mild inflammatory criteria. No current evidence of hairball density or GI mechanical obstruction. Mild gastritis, dietary intolerance / food hypersensitivity, occult parasitism, structurally insignificant inflammatory gastroenteropathy or low grade to chronic pancreatitis both of which may appear sonographically normal are all potentials.

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Given lack of reported weight loss or diarrhea in the patient, as needed gastroprotectants and canned hydrolyzed diet trial with small more frequent feedings and as needed hairball therapy with assessment of clinical response is suggested.

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Three view chest radiographs are recommended if not done to assess for occult thoracic/esophageal pathology. A spec fPL could be considered if evidence of cranial abdominal/subxiphoid discomfort on palpation.

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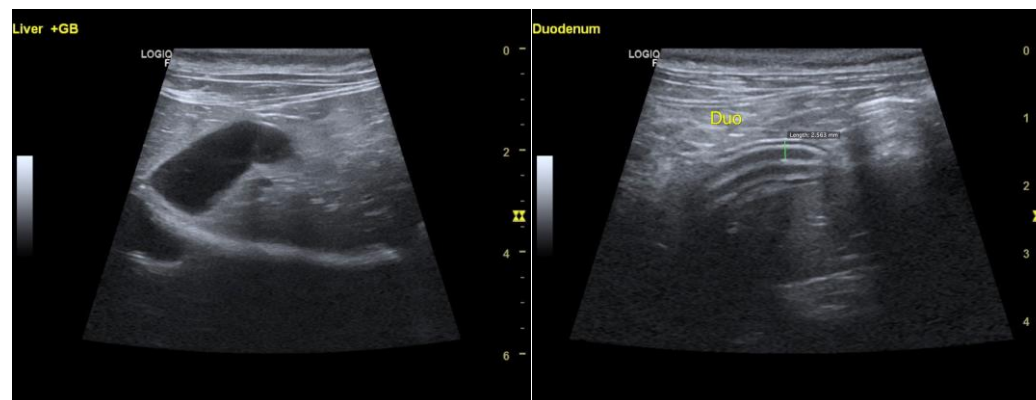
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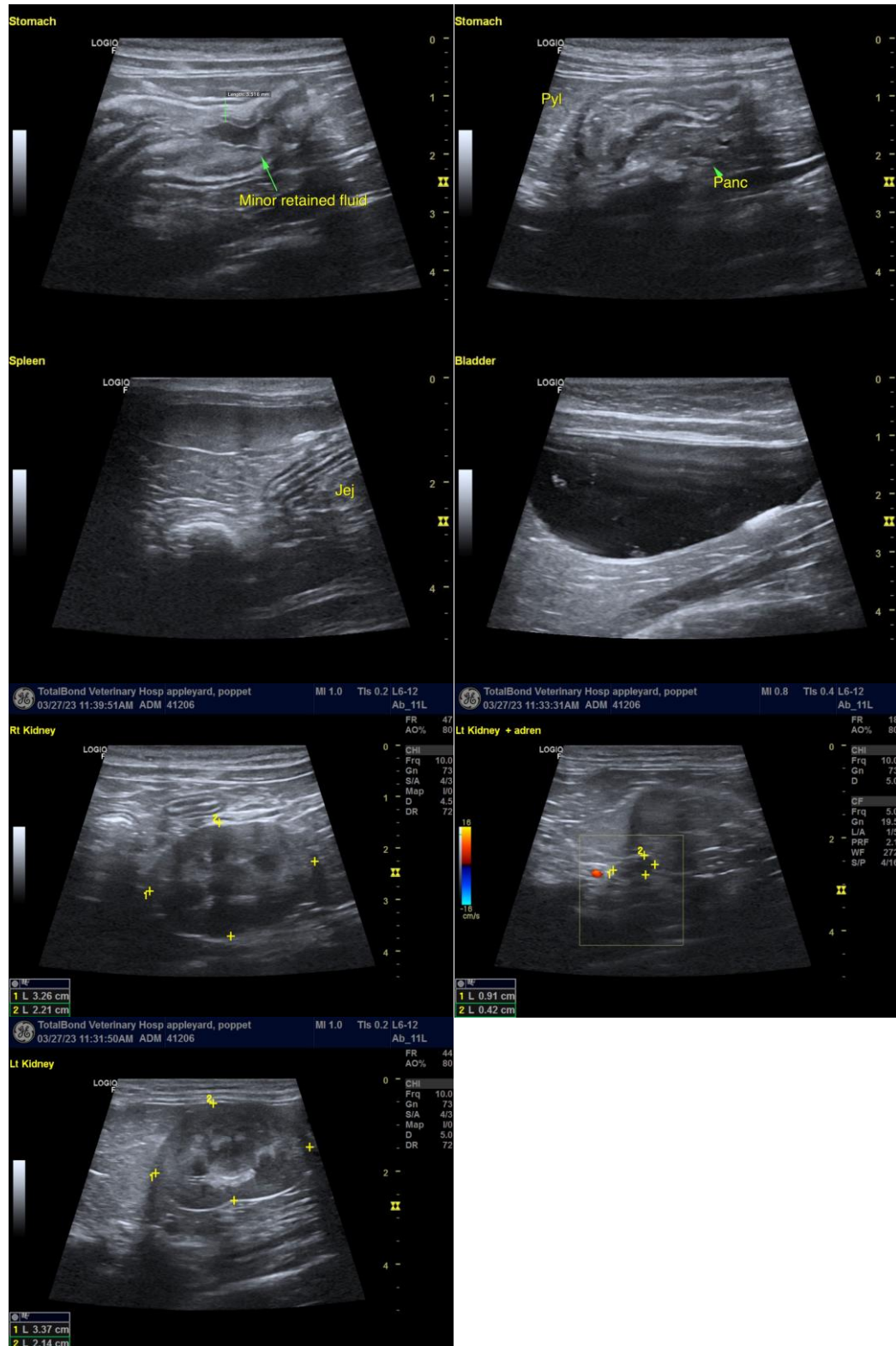
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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mac.daniel@sonopath.com

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