



PATIENT

Jean Mellon

PRESENTING CLINICAL SIGNS

History: Chronic, intermittent vomiting. Has been on hydrolyzed diet and was doing well but vomiting resumed. Resolved with SQ Cerenia but then started again. BW all WNL.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of – 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 were noted.

BREED

Domestic Shorthair

SEX

Spayed Female

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 3.5 cm in length.

AGE

4 Years

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.31 cm.

WEIGHT

9.5 Pounds

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.31 cm.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Pamela Harrigan, RDMS

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.

HOSPITAL NAME

VCA Palmer AH

Gastrointestinal

REFERRING VET

Dr. Joyce Melon,
DVM

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.25 cm.

INVOICE

14235

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 jejunum wall measured 0.20 cm. The duodenum wall measured 0.24 cm. The ileocolic wall measured 0.28 cm.

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

DATE

2/7/22

Pancreas



PATIENT

Jean Mellon

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.

SPECIES

Feline

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of abdominal visceral, specifically gastrointestinal or pancreatic pathology as an obvious cause of the patients recurrent chronic to intermittent vomiting. Considerations may include dietary intolerance/food hypersensitivity (even with previous hydrolyzed diet), occult parasitism (if the patient is indoor/outdoor), structurally insignificant inflammatory gastroenteropathy, low-grade to potential chronic pancreatitis (both of which may present sonographically unremarkable).

AGE

4 Years

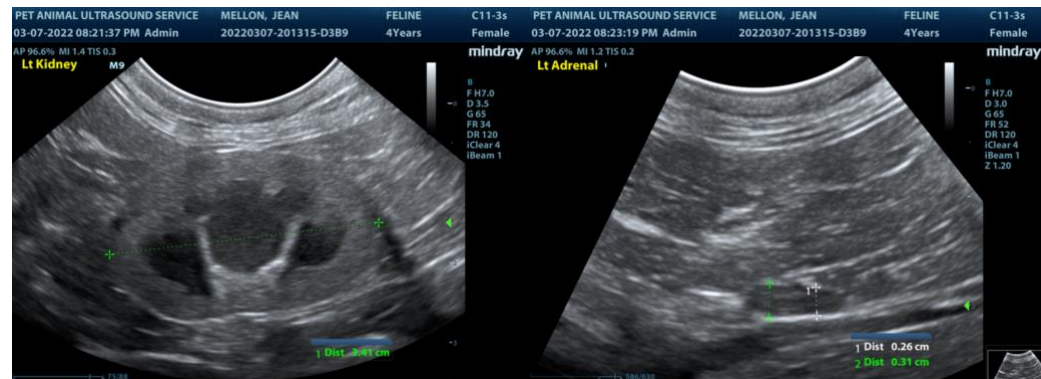
Potential diet rotation and as needed gastroprotectants may prove beneficial. Rotation between limited protein or bland diet with as needed anti-nausea or antiacid medications, such as omeprazole could be considered. Three-view chest radiographs recommended (if not done) to rule out occult thoracic or esophageal pathology. Broad spectrum deworming recommended, even if fecal testing is negative. Lastly, if clinically indicated, heart-worm antigen antibody test could be considered in this patient, as cats with heartburn disease often exhibit chronic vomiting.

WEIGHT

9.5 Pounds

INTERPRETED BY

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

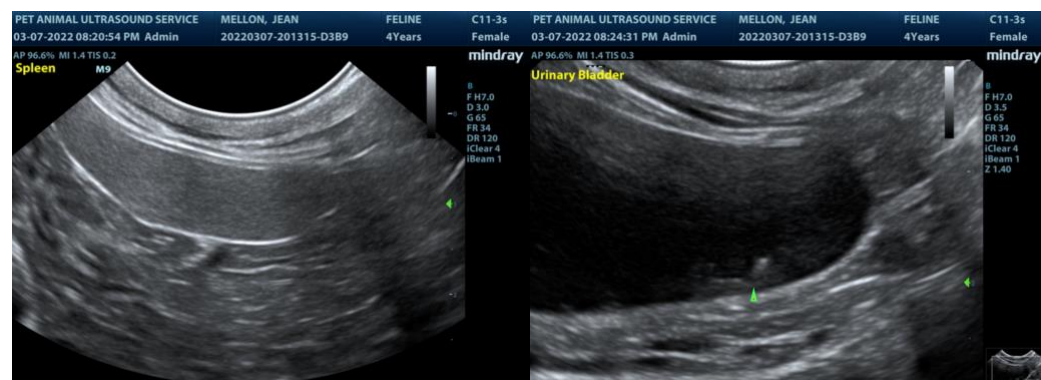


IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

VCA Palmer AH



REFERRING VET

Dr. Joyce Melon,
 DVM

INVOICE

14235

DATE

2/7/22



PATIENT

Jean Mellon

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Spayed Female

AGE

4 Years

WEIGHT

9.5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

VCA Palmer AH

REFERRING VET

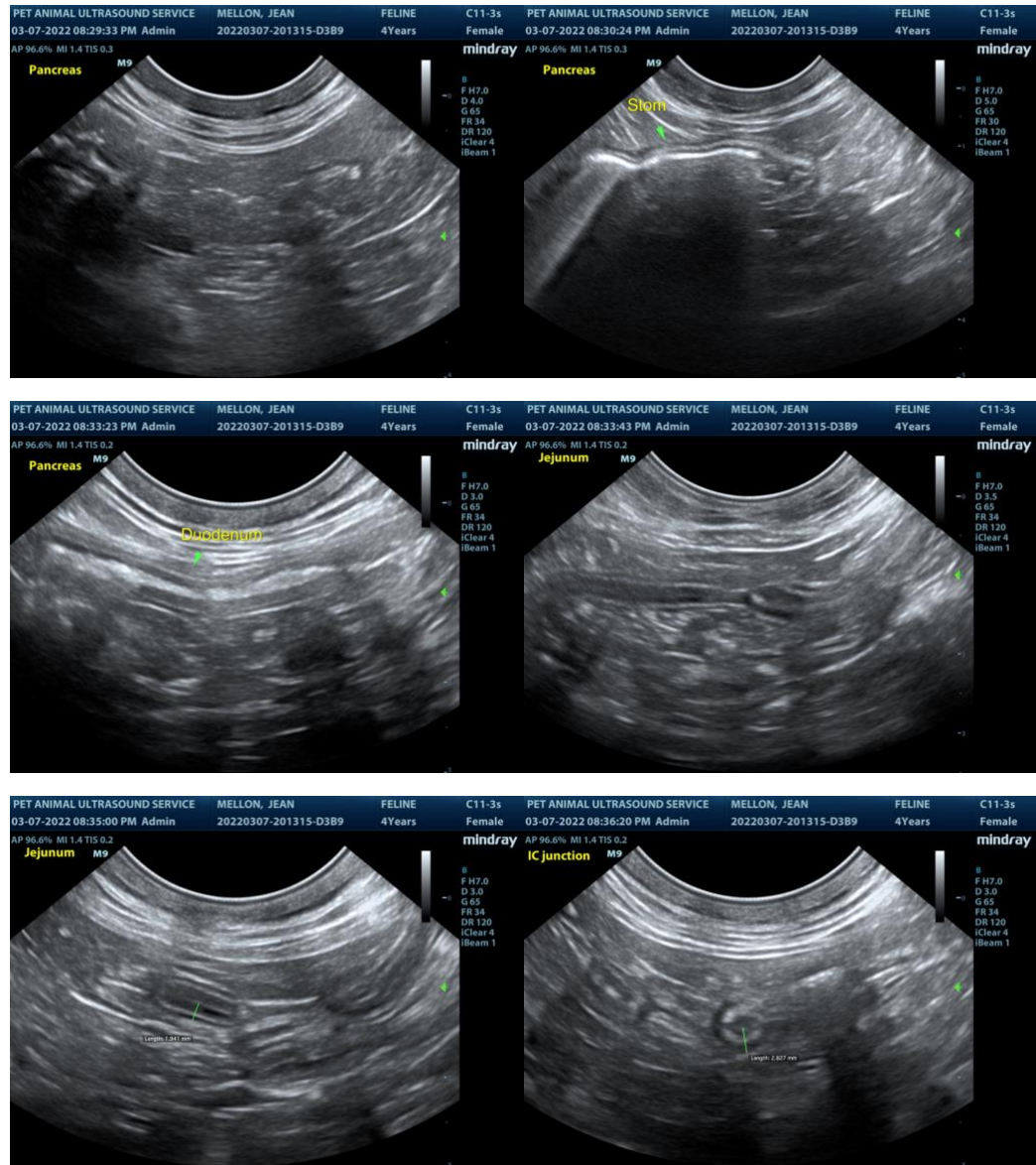
Dr. Joyce Melon,
 DVM

INVOICE

14235

DATE

2/7/22



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