



PATIENT

Penny Schneider

SPECIES

Feline

BREED

13 lbs.

SEX

FS

AGE

8 years 6 months

WEIGHT

13 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Samantha L Hudgins,
DVM

HOSPITAL NAME

Petvacx Animal
Hospital

REFERRING VET

Samantha L Hudgins,
DVM

INVOICE

16326

DATE

3/9/23

PRESENTING CLINICAL SIGNS

History of intermittent vomiting. Presented to emergency vet 1/23/23 and a metal foreign body was seen on abdominal rads. Not present on repeat rads today. Previously diagnosed with ovarian remnant - has not been treated yet.

Abnormal PE/Chem/CBC/UA Results: Physical exam - Within Normal Limits

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. Mild, non-dependent, particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted. The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

No overt evidence of pathology was noted in the area of the uterine remnant or area of the left/right ovaries. A definitive ovarian remnant was not obviously visualized.

The area of the aortic trifurcation was free of pathology.

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. Right kidney cranial medial cortical infarct is noted. The left kidney measured 3.9 cm in length. The right kidney measured 4.3 cm in length.

Adrenal Glands

The left adrenal gland was overtly normal in size, position, and shape. The left adrenal gland subjectively measured 0.46 cm width. The right adrenal gland was not definitively visualized.

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. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented overtly normal wall layering. The lumen of the stomach contained mild to moderate ingesta exhibiting areas of progressive to distal acoustic shadowing, along with mild luminal gas. No evidence of mechanical pyloric outflow obstruction or obstructive pyloric mural pathology was noted. The pylorus wall width measured 0.25 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The small intestine exhibited generalized empty lumen with no signs of mechanical / metabolic ileus, obstruction, or foreign material. The jejunum wall width measured 0.20 cm.

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

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 were evident.

Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

ULTRASONOGRAPHIC FINDINGS

- Mild urinary bladder sediment
- Right kidney cortical infarct
- Intact normal gastric wall layering with mild to moderate shadowing ingesta
- Sonographically unremarkable small bowel / pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presence of shadowing gastric ingesta may indicate recent meal ingestion. Correlation with most recent meal is suggested. If documented NPO, some degree of potential metabolic or functional gastric hypomotility, hairball density, or similar could be possible. Ideally, sonographic monitoring for gastric emptying following documented NPO is recommended.

Dietary intolerance / food hypersensitivity, low-grade inflammatory gastroenteropathy or pancreatitis, which may present as sonographically normal, occult parasitism, all potentials. Gastric foreign material or hairball density, if no clinical history of hairballs, may be considered less likely if not persistent vomiting or inappetence. No evidence of gastrointestinal mechanical obstruction or definitive intestinal foreign material was noted. A canned novel protein or hydrolyzed diet with as needed gastroprotectants may prove beneficial.



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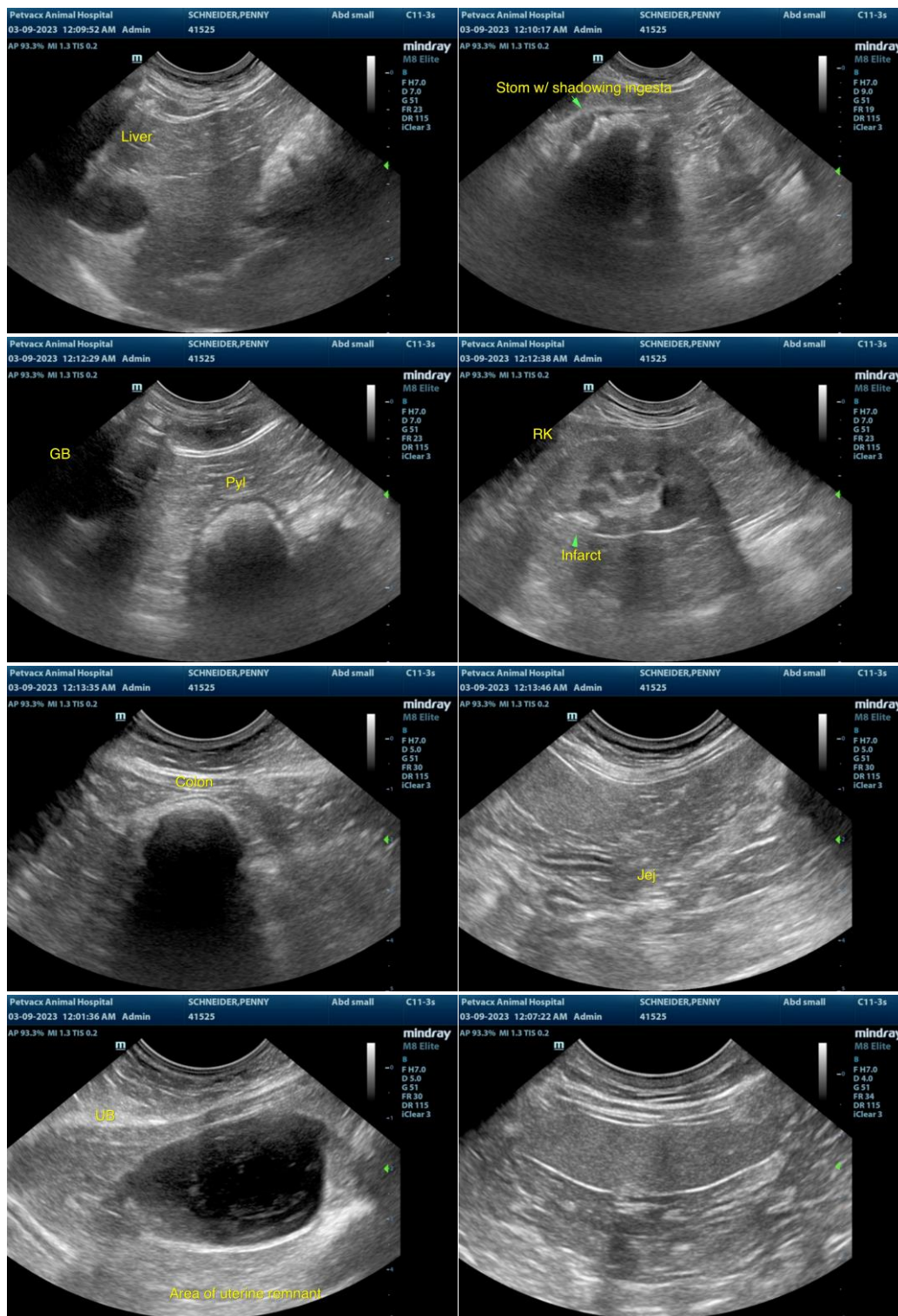
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com