



PATIENT PRESENTING CLINICAL SIGNS

Zoey Srenaski Chronic vomiting intermittent but has been vomiting every 4 to 5 days prior to last night. P seems normal otherwise. P may have soft stool.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline

Urinary System

BREED

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 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.

DSH

SEX

FS

AGE

9yr

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 3.5 cm in length. The right kidney measured 3.7 cm in length.

WEIGHT

12.8lb

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 0.44 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 cm width.

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. The spleen measured 0.76 cm in width at the level of the hilus.

IMAGING PERFORMED BY

Jenna Walsh CVT

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.

HOSPITAL NAME

West Salem Animal
Clinic

REFERRING VET

Dr. Crane

Gastrointestinal

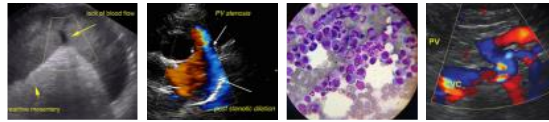
The stomach presented intact borderline prominent wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material. Intact mildly prominent pylorus wall was present measuring 0.28 cm in width. The ventral gastric body wall measured 0.33 cm in width. Ill-defined thickened distal esophagus to gastroesophageal junction was present measuring ~ 1.0 cm in diameter at the level of the gastroesophageal junction.

INVOICE

13441ag

DATE

04/10/2023



PATIENT	The small intestine presented generalized intact wall layering with 1:3 muscularis/mucosa ratio. Segmental mildly prominent muscularis layer was present without evidence of intestinal mural hypertrophy, loss of intestinal wall layering or intestinal masses. Mildly prominent wall layering was present at the level of the ileum and ileocolic junction. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.27 cm width. The jejunum wall measured 0.27-0.28 cm width. The ileocolic wall measured 0.39 cm width.
Zoey Srenaski	
SPECIES	Normal visible colon wall layers were present with apparent formed feces in lumen.
Feline	
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.
SEX	Free Abdomen
FS	No omental masses or peritoneal effusion was present.
AGE	Intermittent mildly prominent enlarged mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 0.4 cm in diameter.
9yr	
WEIGHT	
12.8lb	
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none">Moderate retained non-shadowing gastric ingesta/chyme, no evidence of mechanical pyloric outflow obstruction.Subjective thickened distal esophagus/gastroesophageal junction-esophagitis or similar, emerging infiltrative neoplastic criteria possible. Sliding gastroesophageal intussusception possible.Suspect mild inflammatory enteropathy with possible mild ileitis, associated mild benign/reactive mesenteric lymph nodes.Sonographically unremarkable pancreas.
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Jenna Walsh CVT	Potential metabolic/functional gastric hypomotility is suspected without mechanical pyloric or upper intestinal obstruction if the patient is documented NPO. Endoscopic assessment +/- biopsies of the distal esophagus and gastroesophageal junction is likely ideal. Full thickness intestinal biopsies are likely required for a definitive diagnosis.
HOSPITAL NAME	Empirically canned hydrolyzed diet with smaller more frequent feedings, gastroprotectant protocol i.e., omeprazole 1 mg/kg PO SID and as needed GI support with assessment of clinical response and sonographic monitoring of the stomach and small intestine would be a more conservative approach.
West Salem Animal Clinic	
REFERRING VET	
Dr. Crane	
INVOICE	
13441ag	
DATE	
04/10/2023	



PATIENT

Zoey Srenaski

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

9yr

WEIGHT

12.8lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh CVT

HOSPITAL NAME

West Salem Animal
Clinic

REFERRING VET

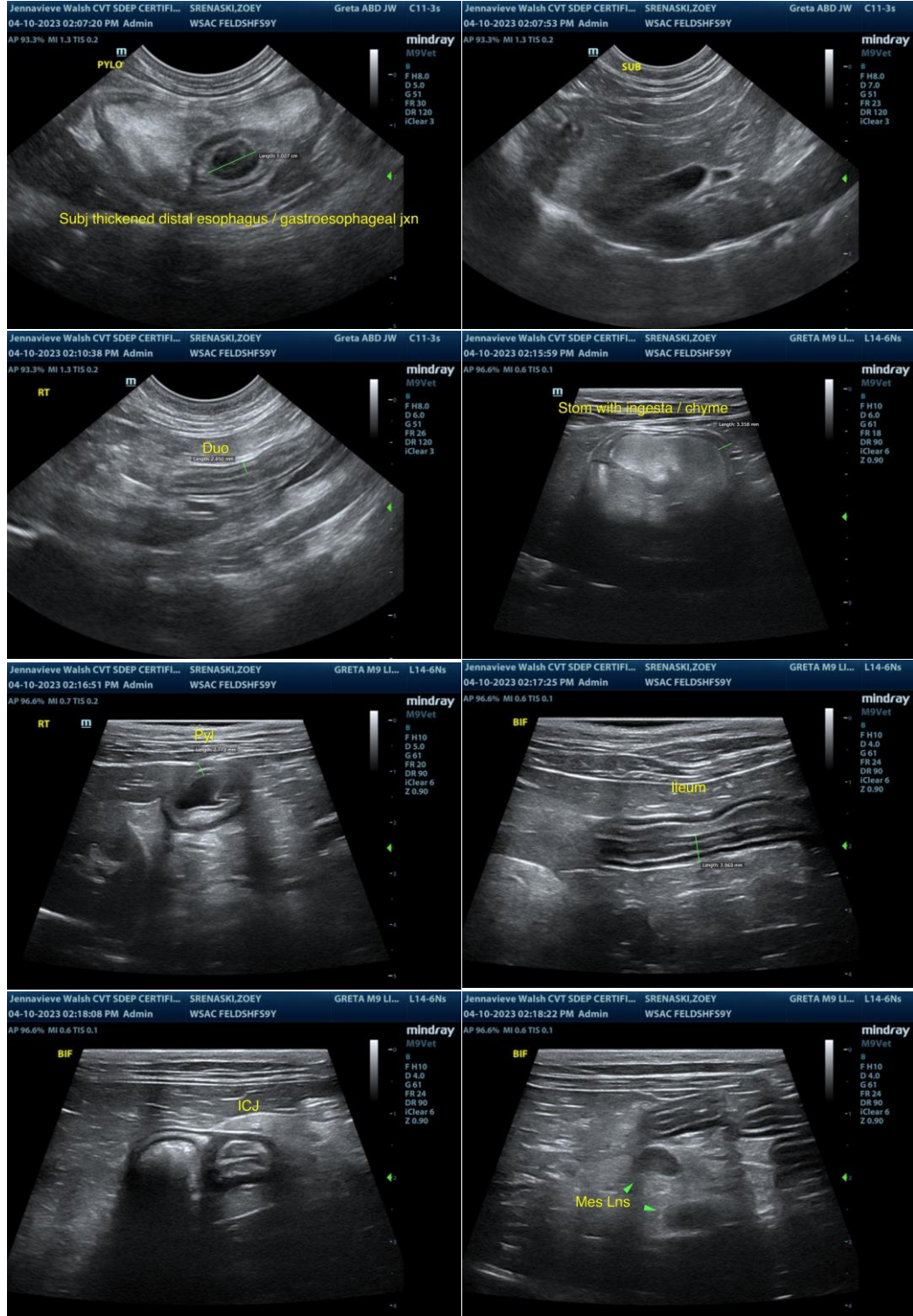
Dr. Crane

INVOICE

13441ag

DATE

04/10/2023





PATIENT

Zoey Srenaski

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

9yr

WEIGHT

12.8lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh CVT

HOSPITAL NAME

West Salem Animal
Clinic

REFERRING VET

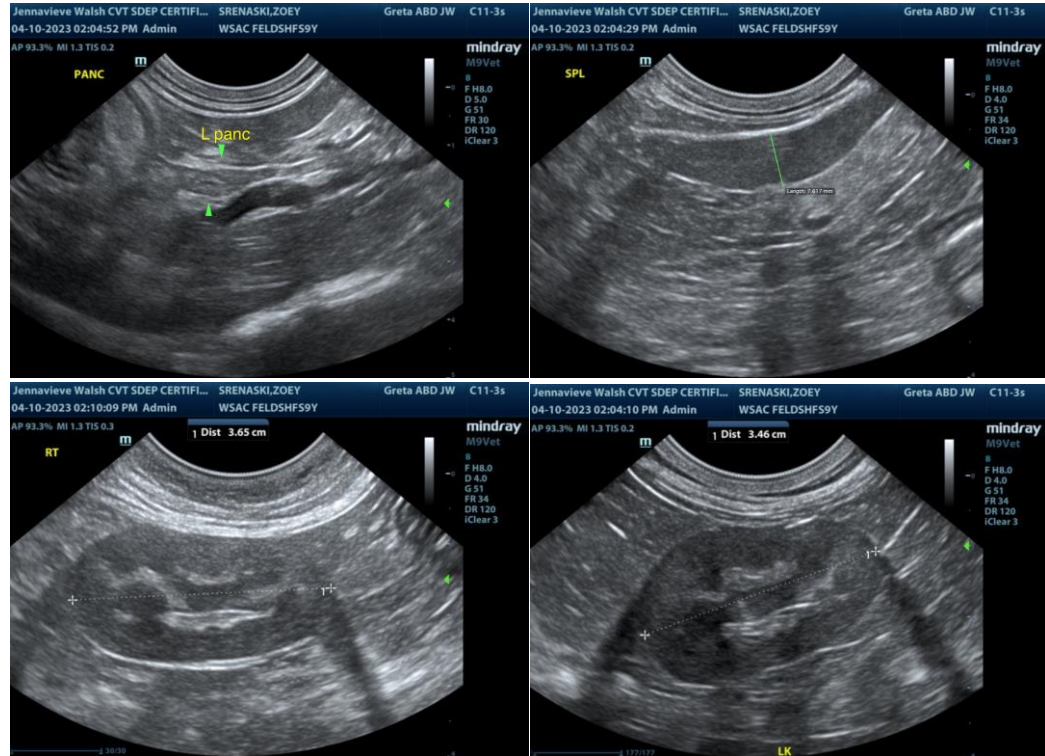
Dr. Crane

INVOICE

13441ag

DATE

04/10/2023



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