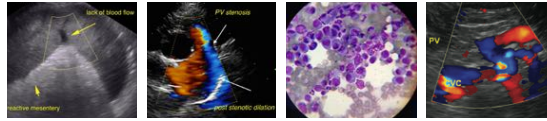
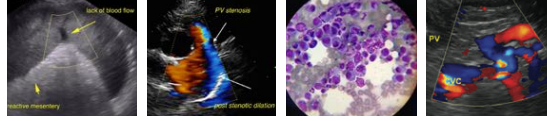


PATIENT	PRESENTING CLINICAL SIGNS
Joe Hallden	Acute onset vomiting 4/8, with progressive anorexia. Vomited partially digested food on 4/8 and 4/9, 5+ hours after eating. Declining energy. Abdominal discomfort upon palpation is increasing. History of IBD patterns (no biopsy; hx of elevated folate in 2016 with vomiting managed with diet + prednisolone beginning in 2016). Weaned off of prednisone in early 2021 Current Medications Maropitant 16 mg, Gabapentin 100 mg, sc Fluids Primary Question/Differential to Be Answered in This Exam Screening for neoplasia, other cause of signs.
SPECIES	
Feline	
BREED	
DSH	Abnormal PE/Chem/CBC/UA Results: ALT on 3/10 = 348 and inflammatory leukogram (16K neutrophils, with tWBC 17.8L). Calcium 11 mg/dL (8.2-10.8 normal range)
SEX	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Neutered Male	Urinary System
AGE	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 was noted.
15y	
WEIGHT	The area of the aortic trifurcation was free of pathology.
11.25lbs	Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. Pinpoint medullary mineral was noted. No evidence of pelvic dilation was present. The left kidney measured 4.0 cm in length. The right kidney measured 4.5 cm in length.
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.46 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.48 cm.
IMAGING PERFORMED BY	Spleen
Jenna Walsh, CVT	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.
HOSPITAL NAME	Liver/ Gallbladder
VC Salem	The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. A solitary non-disruptive cystic appearing intraparenchymal nodule was noted adjacent to the gallbladder measuring 0.70 cm in diameter.
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DATE	
4/13/2023	The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



PATIENT	<i>Gastrointestinal</i>
Joe Hallden	The stomach presented marked distention with retained anechoic to echogenic fluid and mild chyme. Overtly normal gastric wall layering without obvious evidence of mechanical pyloric out flow obstruction.
SPECIES	
Feline	The small intestine exhibited concurrent normal appearing empty small bile. Exhibiting intact wall layering along with segmental mildly thickened intestinal walls exhibiting indistinct wall layer detail and variable duodenojejunal hypomotility. Normal appearing small intestine measures 0.21 cm wall width, by comparison mildly thickened small intestine measured up to 0.31 cm. No overt pathology at the level of the ileocecolic junction.
BREED	
DSH	
SEX	Normal visible colon wall layers were present with apparent formed feces in lumen.
Neutered Male	<i>Pancreas</i>
AGE	The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. Suspect distal left pancreatic limb thinly walled cyst containing anechoic fluid. Potential for a peripancreatic omental cyst or cystic lymph node is possible. No signs of active inflammation or neoplasia.
15y	
WEIGHT	<i>Free Abdomen</i>
11.25lbs	No evidence of significant lymphadenopathy. No omental masses or evidence of peritoneal effusion was present.
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP	<i>Primary Findings</i>
IMAGING PERFORMED BY	<ul style="list-style-type: none"> • Significant gastric distention with retained fluid/chyme • Segmental mildly thickened small bowel with variable duodenojejunal hypomotility, concurrent segmental empty small bowel exhibiting intact wall layering. • Nondisruptive cystic hepatic intraparenchymal nodule/consistent with probable benign cystic biliary adenoma • Heterogenous pancreas with suspect distal left pancreatic limb cyst, potential for peripancreatic cystic lymph node or omental cyst/benign • Intestinal presentation consistent with chronic enteropathy in conjunction with patient's clinical signs, which may include chronic inflammatory enteropathy.
Jenna Walsh, CVT	
HOSPITAL NAME	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
VC Salem	The intestinal presentation is consistent with chronic enteropathy in conjunction with patients' clinical signs, which may include chronic inflammatory enteropathy. The possibility of neoplastic infiltrative enteropathy, which may present in similar sonographic manner, cannot be definitively excluded. The gastric and segmental duodenojejunal hypomotility may indicate significant to variable metabolic/functional hypomotility without a definitive area of mechanical obstruction or obstructive intestinal mural pathology obvious. However, given concurrent segmental empty small intestine, potential for non-visualized or non-evident of mechanical obstruction within the intestinal tract cannot be definitively excluded.
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4/13/2023	



PATIENT

Joe Hallden

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15y

WEIGHT

11.25lbs

INTERPRETED BY

R. McKenzie
Daniel, DVM,
DABVP

IMAGING PERFORMED BY

Jenna Walsh,
CVT

HOSPITAL NAME

VC Salem

REFERRING VET

Dr. Hallden

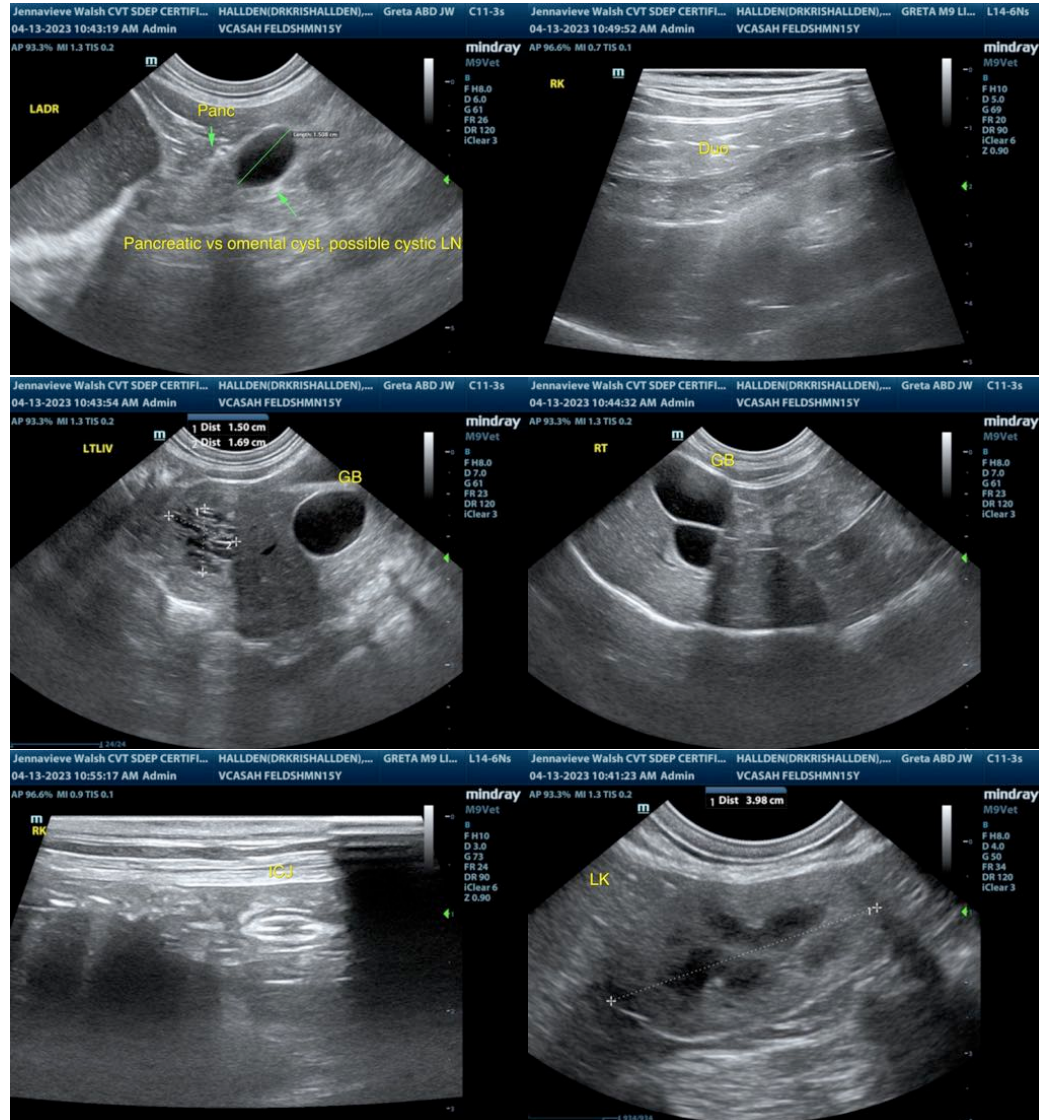
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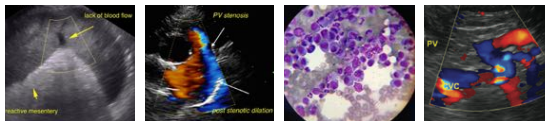
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Potential triad disease could be a possibility in this patient given the ALT elevation. Given this presentation exploratory laparotomy with gross inspection of the intestine and with intestinal +/- hepatic biopsies considered essential, is warranted. Hospitalization with IV fluid therapy and gastrointestinal support with sonographic reassessment of the stomach and small intestine in 18-24 hours would be a more conservative approach.





PATIENT

Joe Hallden

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

15y

WEIGHT

11.25lbs

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

VC Salem

REFERRING VET

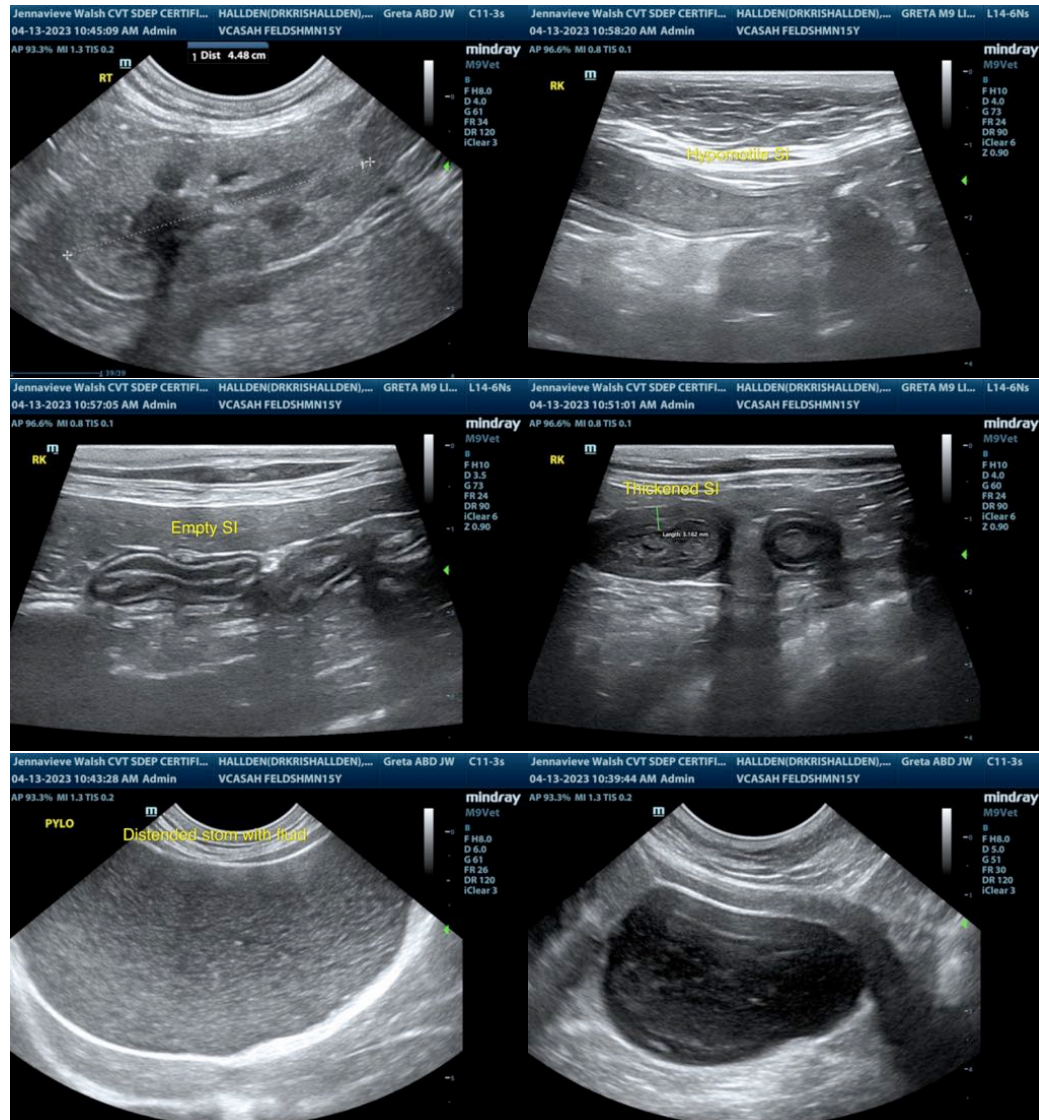
Dr. Hallden

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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