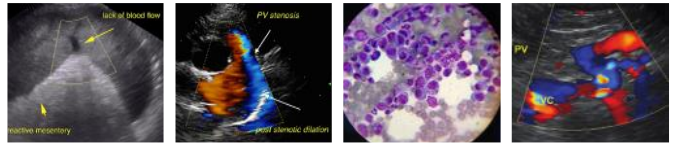




<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Squeaky Simoneau	CC: not improving since outpatient dx and care w rDVM (Dr. Baker at Cypress), had rads yesterday that were strikingly airfilled from stomach to colon;
<b>SPECIES</b>	Note prior to ultrasound, under sedation, I did pass an orogastric tube aspirated a lot of air and about 20 mL green fluid.
Feline	Also under sedation checked carefully under tongue and in dorsal soft palate for evidence of fb or polyp- nsf noted
<b>BREED</b>	<b>Abnormal PE/Chem/CBC/UA Results</b>
DLH	Rad report from 4/15 from rDVM:
<b>SEX</b>	1. Severe gastrointestinal functional ileus with megacolon. No evidence of gastrointestinal mechanical obstruction is detected at this time.
FS	Underlying gastroenteritis, inflammatory bowel disease, or infiltrative gastrointestinal neoplasia is not excluded. For further evaluation, abdominal ultrasound is recommended.
<b>AGE</b>	2. Decreased peritoneal serosal detail. Consider organ crowding secondary to gastrointestinal dissension, low volume peritoneal effusion, or abdominal lymphadenopathy. For further evaluation, abdominal ultrasound is recommended.
10yr	3. Normal thoracic radiographs. No evidence of thoracic metastatic disease is seen.
<b>WEIGHT</b>	Report created through Asteris Keystone Teleconsultation Page 1 of 2
2.5kg	4. L5 – L6 and L6 – L7 intervertebral disc mineralization, in situ.
	5. Possible L4 – L5 intervertebral disc degeneration.
<b>INTERPRETED BY</b>	CBC normal, chems normal other than slight elev gluc and elev TP 8.4
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Mod dental disease mms pink, crt normal, tacky BCS 5/9, ambulatory Air filled GI palpated/visualized through abd wall
<b>IMAGING PERFORMED BY</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Dr. Callihan	<b>Urinary System</b>
<b>HOSPITAL NAME</b>	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.
Animal Emergency Care	<b>REFERRING VET</b>
<b>REFERRING VET</b>	Normal size and margination were 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 mild to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.7 cm in length. The right kidney measured 3.7 cm in length.
Dr. Baker Cypress Veterinary	<b>INVOICE</b>
<b>INVOICE</b>	The area of the aortic trifurcation was free of pathology.
13486ag	<b>Adrenal Glands</b>
<b>DATE</b>	The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.
04/15/2023	



<b>PATIENT</b>	<b>Spleen</b>
Squeaky Simoneau	The spleen exhibited normal size and subtle parenchyma heterogeneity. A solitary non-disruptive well demarcated hyperechoic module was present in the caudolateral spleen measuring 0.42 cm. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The spleen measured 0.75 cm in width at the level of the hilus.
<b>SPECIES</b>	
Feline	<b>Liver/Gallbladder</b>
<b>BREED</b>	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 proximal common bile duct was mildly dilated and tortuous without overt post hepatic obstruction. The proximal common bile duct measured 0.2 cm diameter.
DLH	
<b>SEX</b>	
FS	<b>Gastrointestinal</b>
<b>AGE</b>	The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. The gastric body wall measured 0.25 cm width. Mild gastric distension with mild retained primarily anechoic fluid was present.
10yr	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 0.21 cm width. The jejunum wall measured 0.20 cm width.
<b>WEIGHT</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
2.5kg	
<b>INTERPRETED BY</b>	<b>Pancreas</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left pancreatic limb was mildly prominent in size with minor capsule asymmetry and heterogenous mildly hypoechoic parenchyma compared to the adjacent omental fat. Mild pancreatic duct dilation was present.
<b>IMAGING PERFORMED BY</b>	<b>Free Abdomen</b>
Dr. Callihan	No omental masses, overt lymphadenopathy or peritoneal effusion was present.
<b>HOSPITAL NAME</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
Animal Emergency Care	<ul style="list-style-type: none"> <li>• Gastroenteropathy with gastric stasis - no mechanical obstruction, inflammatory criteria with possible occult neoplasia.</li> <li>• Chronic active pancreatitis pattern.</li> <li>• Minor hepatic parenchymal remodeling.</li> <li>• Mild chronic renal changes.</li> <li>• Nonobstructive proximal CBD dilation - age related, possible low grade cholangitis.</li> <li>• Non-disruptive well demarcated hyperechoic splenic nodule-benign myelolipoma.</li> </ul>
<b>REFERRING VET</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Dr. Baker Cypress Veterinary	The GI tract presentation may suggest acute or subacute inflammatory criteria if no previous history of GI signs or weight loss. The potential for occult infiltrative intestinal neoplasia which may present sonographically similar cannot be definitively excluded. Chronic active pancreatitis may be considered if there is evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a spec fPL or a GI panel to include PLI/TLI/Cobalamin/Folate is recommended. No evidence of mechanical
<b>INVOICE</b>	
13486ag	
<b>DATE</b>	
04/15/2023	



**PATIENT**

Squeaky Simoneau

obstruction with suspect functional gastric stasis. No indication for immediate surgical intervention unless GI biopsies are elected.

**SPECIES**

Feline

**BREED**

DLH

**SEX**

FS

**AGE**

10yr

**WEIGHT**

2.5kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Callihan

**HOSPITAL NAME**

Animal Emergency Care

**REFERRING VET**

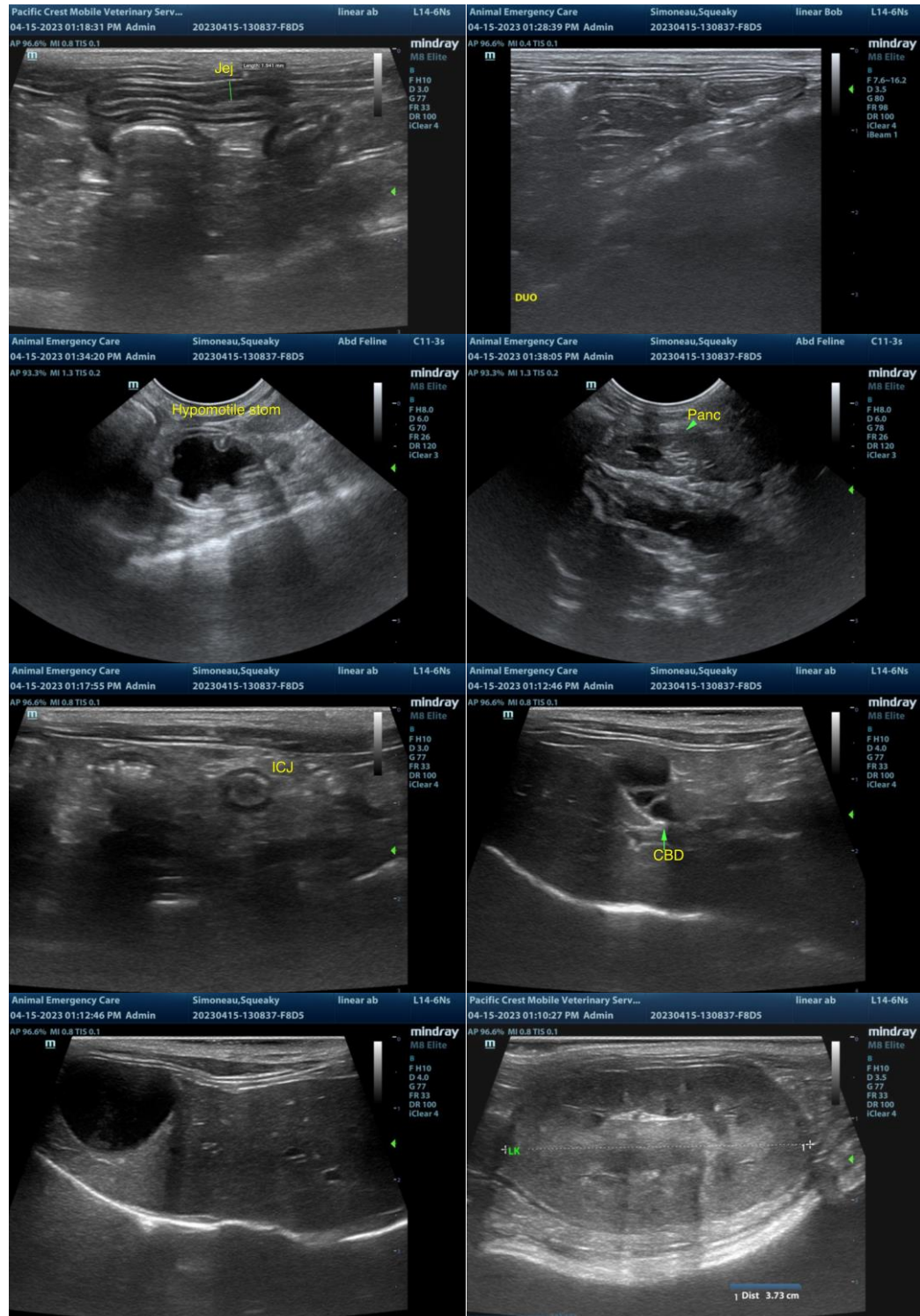
Dr. Baker Cypress  
Veterinary

**INVOICE**

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**DATE**

04/15/2023





**PATIENT**

Squeaky Simoneau

**SPECIES**

Feline

**BREED**

DLH

**SEX**

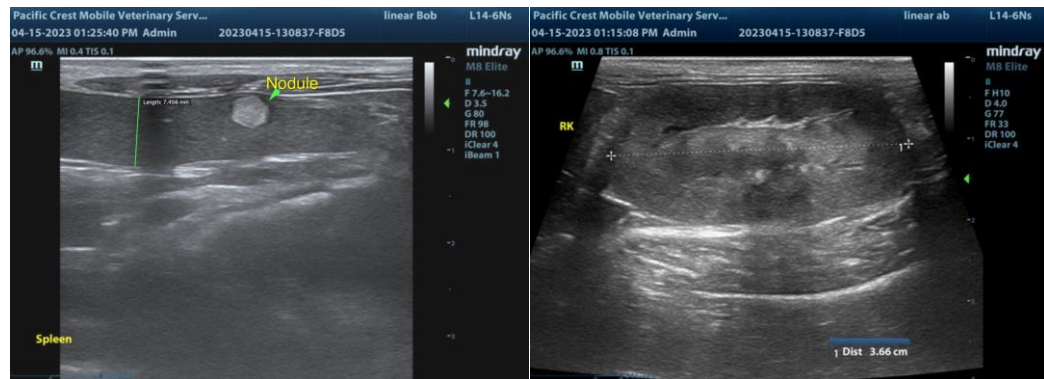
FS

**AGE**

10yr

**WEIGHT**

2.5kg



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)  
[mac.daniel@sonopath.com](mailto:mac.daniel@sonopath.com)

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Callihan

**HOSPITAL NAME**

Animal Emergency  
Care

**REFERRING VET**

Dr. Baker Cypress  
Veterinary

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**DATE**

04/15/2023