

**PATIENT PRESENTING CLINICAL SIGNS**

Marie Dean Vomiting, suspected linear foreign body. Then next xrays showed some improvement and it was recommended to ultrasound for any recurrent signs. Ursodial, Metronidazole, Sulcrate.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: ELevated GGT and Total bilirubin. U/A Protein ++ and Glucose 1+ and WBCs. Sp. Grav 1.058.

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

Siamese The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 was noted.

**SEX**

FS

**AGE**

2 years

Prominent to mildly enlarged uterine remnant exhibiting focal minor luminal fluid was present dorsal to the urinary bladder and ventral to the distal descending colon. The uterine remnant measured 3.1 cm x 1.1 cm. The area of minor luminal fluid measured approximately 0.75 cm in diameter. Subtle evidence of reactive mesentery was noted around the uterine remnant.

**WEIGHT**

7.6 lbs.

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

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**Adrenal Glands**

**IMAGING PERFORMED BY**

Crystal Hill

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.27 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.26 cm width.

**HOSPITAL NAME**

St. Catharines AH

**Spleen**

**REFERRING VET**

Dr. Masaud

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.

**INVOICE**

13726

**Liver/ Gallbladder**

**DATE**

4/26/22

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 contracted In size with minor anechoic luminal content likely secondary to the presence of gastric ingesta. No overt evidence of post hepatic obstructive pattern was noted.



**PATIENT**

***Gastrointestinal***

Marie Dean

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate, nonshadowing ingesta / chyme. No evidence of gastric foreign material or mechanical pyloric outflow obstruction was noted. The pylorus wall width measured 0.27 cm.

**SPECIES**

Feline

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained echogenic, nonshadowing ingesta consistent with normal food without signs of small intestinal mechanical / metabolic ileus or overt foreign material. The duodenum wall width measured 0.22 cm. The jejunum wall width measured 0.20 cm.

**BREED**

Siamese

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

**SEX**

FS

***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.

**AGE**

2 years

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**WEIGHT**

7.6 lbs.

**ULTRASONOGRAPHIC FINDINGS**

- Sonographically unremarkable gastrointestinal tract with gastric and segmental small intestinal ingesta / chyme
- Prominent to mildly enlarged uterine remnant with focal minor luminal fluid

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The presence of gastrointestinal ingesta may indicate post prandial presentation. Correlation with most recent meal ingestion is suggested. If documented NPO, some degree of persistent metabolic gastrointestinal hypomotility could be considered, yet no sonographic evidence of mechanical obstruction or foreign material. No indication for gastrointestinal surgical intervention was evident. Continued as-needed gastrointestinal supportive care is recommended.

**IMAGING PERFORMED BY**

Crystal Hill

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The clinical significance of the prominent to enlarged uterine remnant exhibiting minor luminal fluid is unclear. This could potentially indicate retained uterine tissue, although the possibility of emerging stump pyometra cannot be excluded. Assessment for evidence of estrus behavior could be considered. Sonographic monitoring of the uterine remnant with potential for exploratory laparotomy and resection of remaining uterine tissue may be indicated if estrus behavior is noted or if clinical signs suggestive of clinical stump pyometra are noted. Overt evidence of retained ovarian tissue was not definitively visualized.

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**PATIENT**

Marie Dean

**SPECIES**

Feline

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Siamese

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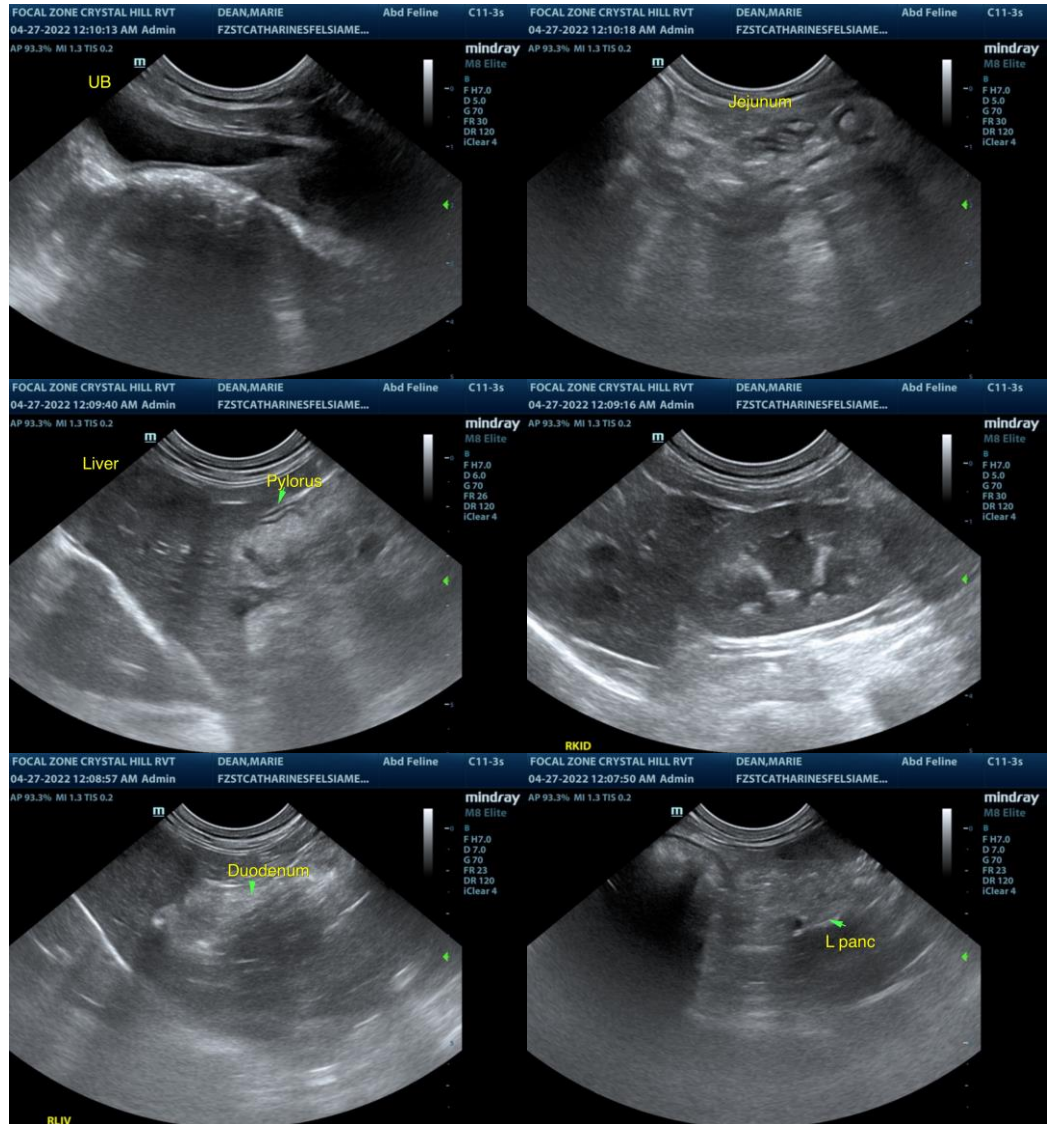
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**PATIENT**

Marie Dean

**SPECIES**

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**BREED**

Siamese

**SEX**

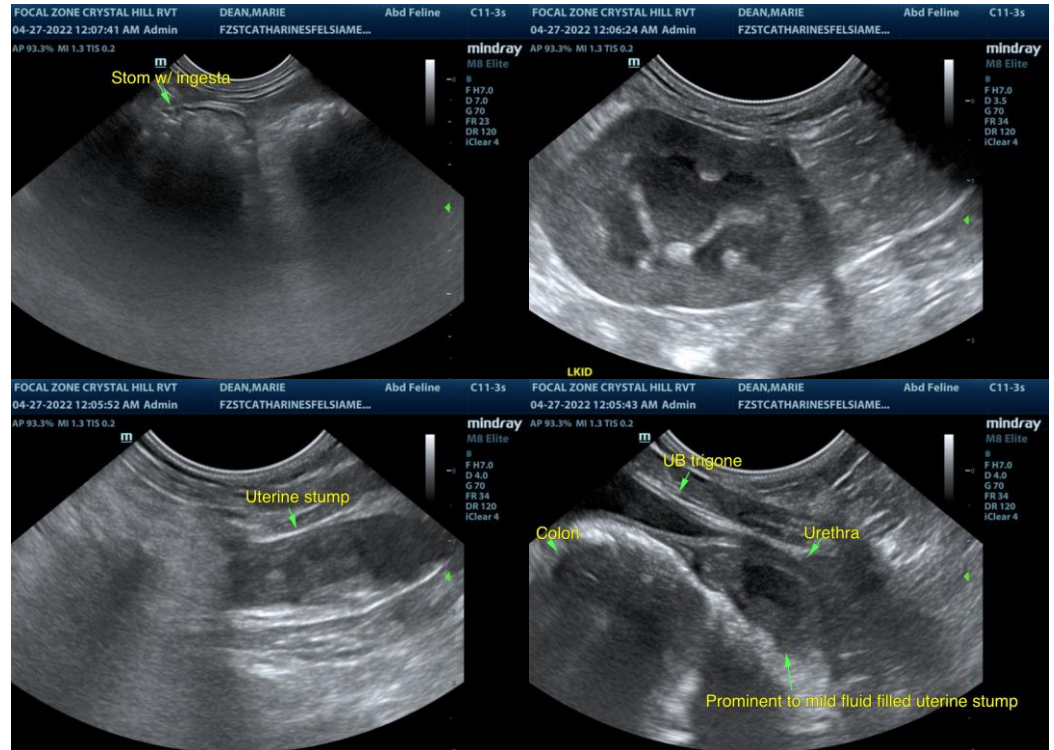
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**WEIGHT**

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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.

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