

**PATIENT**

Leo Milner

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

4 years

WEIGHT

7.9 pounds

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP (Canine
and Feline)**IMAGING
PERFORMED BY**

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging Michigan

REFERRING VETUnion Lake Veterinary
Hospital**INVOICE**

10459ag

DATE

04/27/2022

PRESENTING CLINICAL SIGNS

History: Vomiting, dry heaving, not eating

Abnormal PE/Chem/CBC/UA Results: Potential blockage found on abdominal rads. See attached rads for review.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

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 was noted.

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 3.0 cm in length. The right kidney measured 3.3 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.30 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.29 cm width.

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 0.73 cm in width at the level of the hilus.

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 and mild nondependent particulate debris extending mildly into the dilated cystic biliary duct and proximal common bile duct. The dilated common bile duct did not appear to extend to the level of the duodenal papilla containing anechoic content without evidence of ductal calculi or mucus. The CBD dilation measured 0.3 cm – 0.4 cm.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach was mildly distended containing retained anechoic fluid with no signs of ileus, obstruction, or foreign material. The pylorus wall measured 0.22 cm in width. The ventral gastric body wall measured 0.24 cm in width.

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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 0.28 cm in width. The jejunum wall measured 0.22 cm in width. The ileocolic wall measured 0.29 cm in width.

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

Pancreas**BREED**

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The left limb of the pancreas exhibited normal size and contour with subtle hypoechoic parenchyma when compared 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.

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Free Abdomen

Focally enlarged colic 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 0.45 cm in width.

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No omental masses or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Hypomotile stomach-potential mild hypomotile gastritis.
- Overtly normal small bowel-no evidence of mechanical/metabolic small bowel ileus pattern.
- Suspect minor colic lymphadenitis-potentially secondary to inflammatory bowel episode.
- Possible low grade to minor pancreatitis.
- Mild gallbladder debris with mild proximal nonobstructive CBD dilation.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**IMAGING PERFORMED BY**

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Without evidence of mechanical GI obstructive pattern or overt foreign material, no indication for immediate surgical intervention is recommended at this time. Considerations in this case include acute inflammatory bowel episode, dietary indiscretion, occult parasitism if the patient is indoor/outdoor, low grade to minor pancreatitis, IBD or other gastroenteropathy. Potential for low grade pancreatitis would be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation is present. Correlation with a SpecFPL or a GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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The mild gallbladder debris and mild nonobstructive CBD dilation are nonspecific and of unclear clinical significance yet may be secondary to fasting and inappetence in this patient. Potential for low grade cholangitis cannot be definitively excluded. Correlation with CBC/Chemistry panel +/- UA is recommended if not done. Empirical therapy for acute inflammatory bowel episode and potential low-grade pancreatitis would be reasonable and should prove beneficial. Sonographic reassessment of the abdomen may be considered if persistent/progressive GI signs continue despite conservative therapy.

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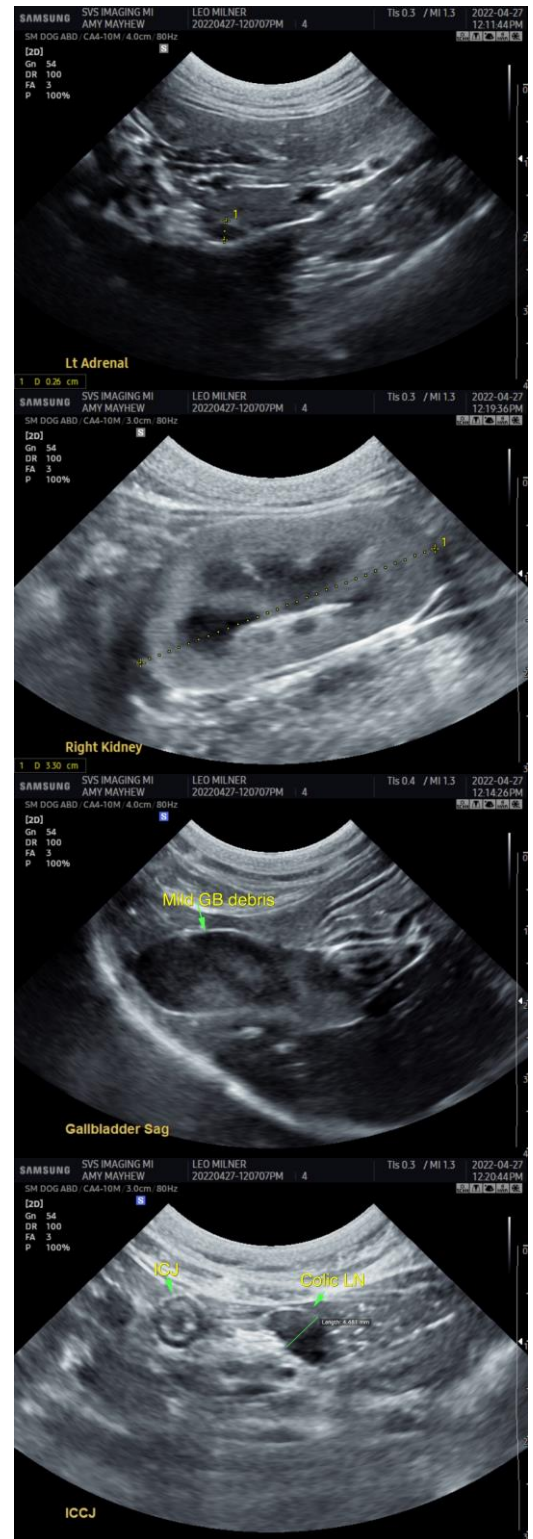
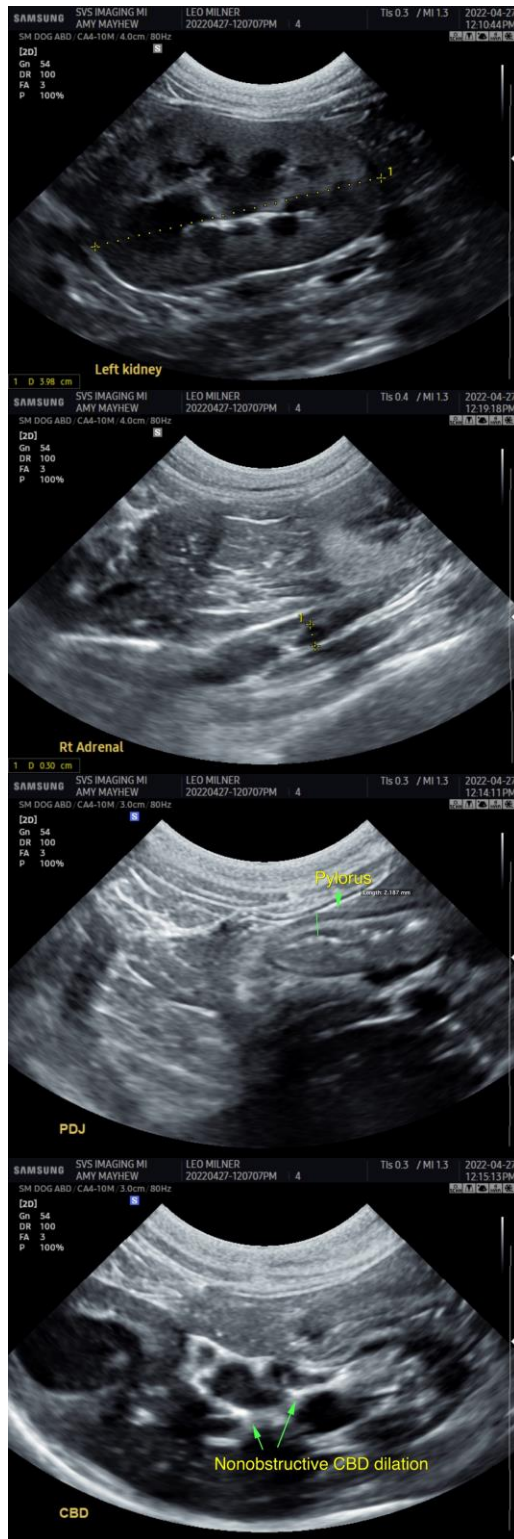
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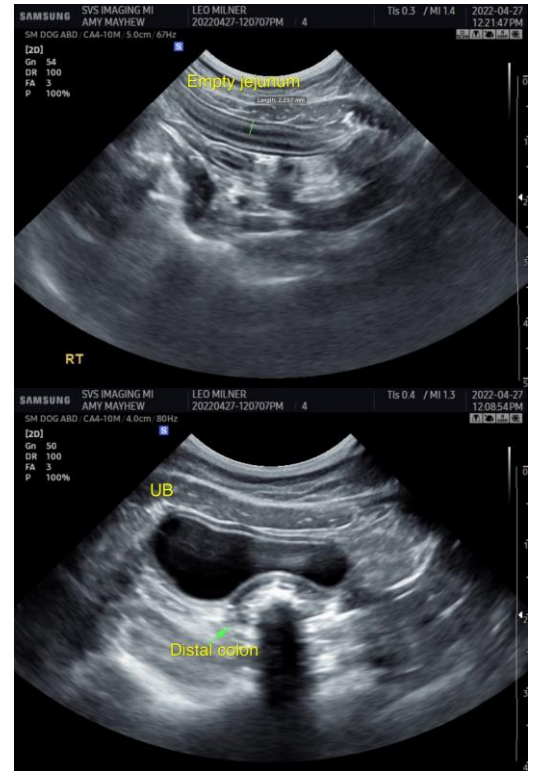
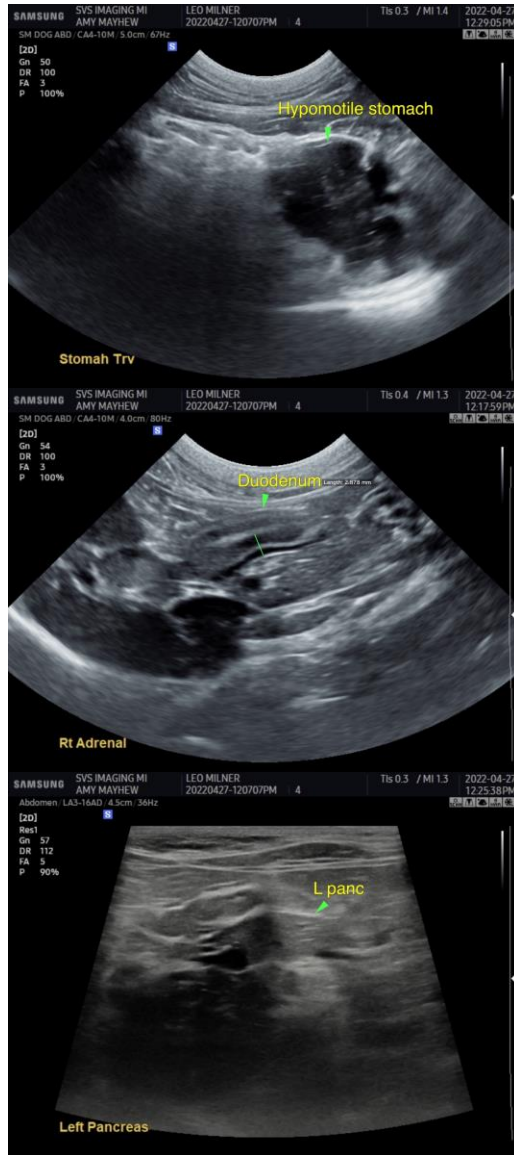
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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