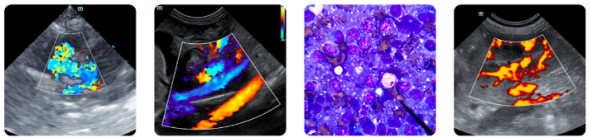

PATIENT

Tyler Regner

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

3y

WEIGHT

9.68 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Anshu Gupta

HOSPITAL NAME

Liverpool Village AH

REFERRING VET

Anshu Gupta

INVOICE

13375

DATE

4/3/26

PRESENTING CLINICAL SIGNS

History: Presented at the start of the week for not eating and vomiting. Improved with cerenia and subcutaneous fluids. Grossly enlarged heart on radiographs, normal GIT, but small liver. Concern for diaphragmatic hernia/PPDH.

Abnormal PE/Chem/CBC/UA Results: Normal CBC/Chem Normal PE- historic HL amputation

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, echogenic to particulate non-dependent sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

Normal size and margination was 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 3.6 cm in length.

Adrenal Glands

No obvious pathology visualized in the area of the left and right adrenal glands.

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.

Liver

The liver exhibited overtly normal size and contour with normal vascular volume. The liver was visualized within the abdominal cavity with subjective concurrent symmetrical diaphragm. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, variably echogenic, non-shadowing ingesta without signs of obstruction to pyloric outflow.

The visualized segments of the small intestine presented intact wall layering with maintained 1:3 muscularis/mucosa ratio with non-thickened intestinal wall. Concurrent, segmental, similar appearing intestinal ingesta without obstructive pattern to the level of the colon. Small intestine wall measured 0.22 cm.

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

Pancreas

The area of the pancreas presented sonographically normal.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

Heart

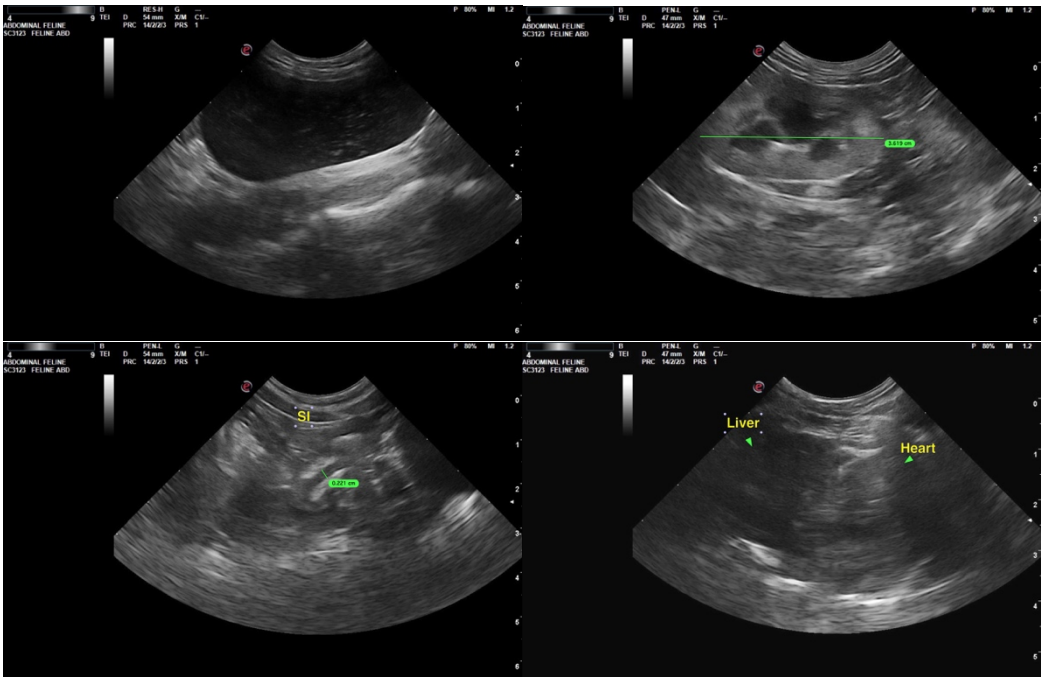
Brief sonographic assessment of the thorax and heart including one video exhibited concurrent liver adjacent to the heart and suspected within the pericardial space. No overt visualized pleural or pericardial effusion.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable liver visualized within cranial abdomen and pericardial space – consistent with pericardial peritoneal diaphragmatic hernia
- Sonographically unremarkable gastrointestinal tract with non-shadowing gastrointetsinal ingesta – consistent with food echogenicity

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given limited sonographic assessment of the heart and pericardial space, thoracic CT would be ideal for further confirmation of the pericardial peritoneal diaphragmatic hernia and surgical planning. Gastrointestinal support indicated without overt evidence of gastrointetsinal pathology or obstructive pattern.



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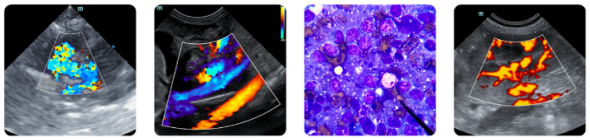

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

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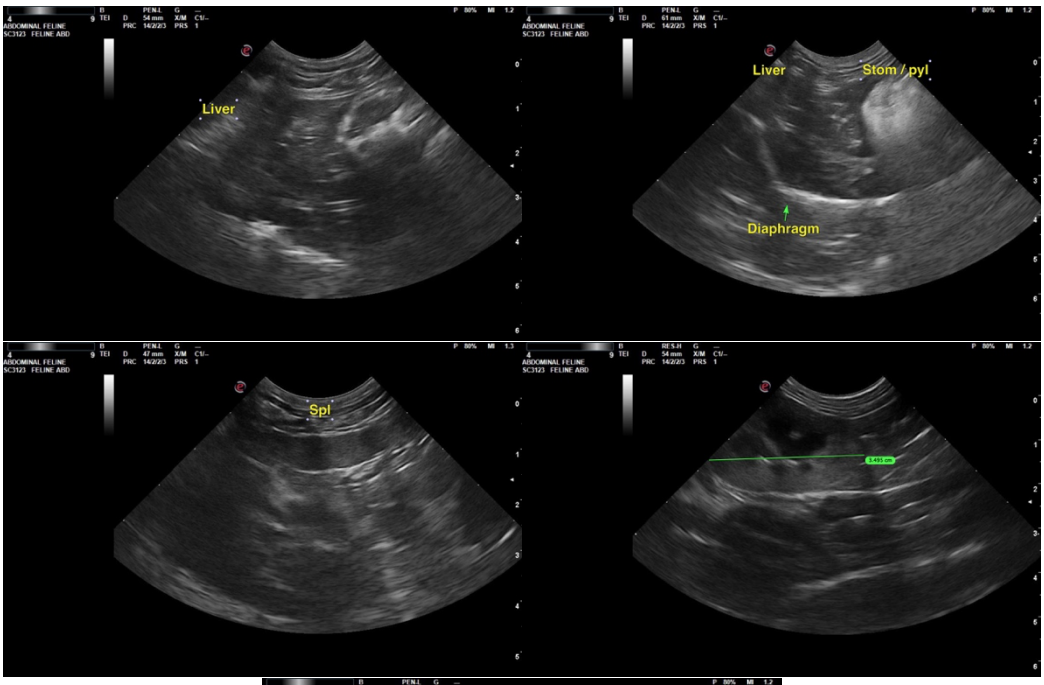

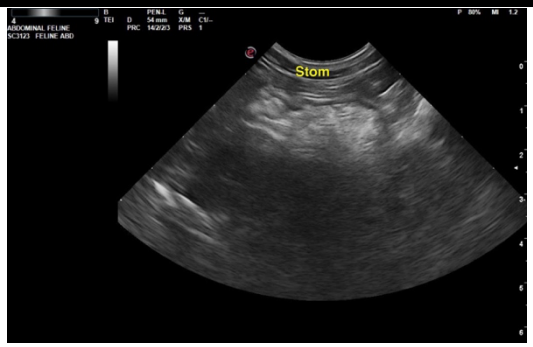

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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