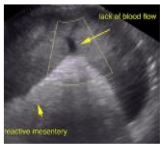
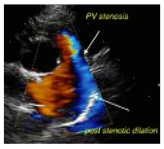
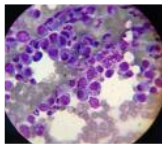
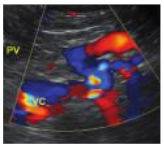
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



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1-800-838-4268 info@sonopath.com

**PATIENT**
Mia Luo

**SPECIES**
Feline

**BREED**
SMH

**SEX**
FS

**AGE**
6 years

**WEIGHT**
6.34 kg.

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

**IMAGING PERFORMED BY**
Dr. Guenther

**HOSPITAL NAME**
Central Island Veterinary Emergency Hospital

**REFERRING VET**
Dr. Lou

**INVOICE**
16494

**DATE**
4/5/23

## PRESENTING CLINICAL SIGNS

**Staff pet** Chronic intermittent vomiting. Current episode of diarrhea.
Abnormal PE/Chem/CBC/UA Results: Normal PE. CBC - wnl (no stress response) Chem - wnl fPL - normal UA - USG 1.035, boring sediment.

## 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. Moderate, particulate sediment, which may indicate cellular debris / protein, crystalline debris, or lipid mucus, 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.

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 4.0 cm in length. The right kidney measured 4.7 cm in length.

### *Adrenal Glands*

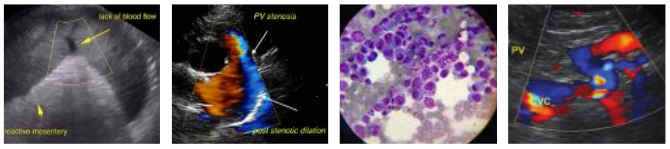
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.30 cm width. No overt pathology was noted in the area of the right adrenal gland.

### *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/ 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. The cystic and common bile ducts were normal.

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### *Gastrointestinal*

The stomach presented intact, overtly normal generalized wall layering. The stomach contained a moderate amount of retained variably echogenic yet non-shadowing ingesta / chyme. No evidence of mechanical pyloric outflow obstruction, shadowing gastric ingesta, or hairball density was noted.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild segmental hyperechoic non-shadowing ingesta / chyme was noted with no evidence of small intestinal obstructive pattern, loss of intestinal wall layering, or intestinal masses.

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

### *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.

### *Free Abdomen*

No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Hypomotile stomach with retained nonshadowing ingesta / chyme
- Sonographically unremarkable small bowel with segmental ingesta / chyme
- Sonographically normal pancreas

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, no evidence of significant visceral, specifically gastrointestinal, or pancreatic pathology was noted. Considerations may include some degree of metabolic / functional gastric stasis, structurally insignificant inflammatory gastroenteropathy, or low-grade pancreatitis, both of which may present as sonographically normal, dietary intolerance / food allergy, and occult parasitism. No evidence of intraabdominal neoplastic criteria was noted.

Small more frequent feedings of a canned hydrolyzed diet, gastroprotectants, +/- prokinetic agents if evidence of continued gastric stasis may prove beneficial. A GI panel to include PLI/TLI/Cobalamin/Folate is warranted to assess for occult intestinal disease or pancreatic inflammation.

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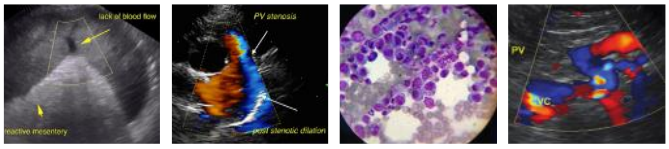


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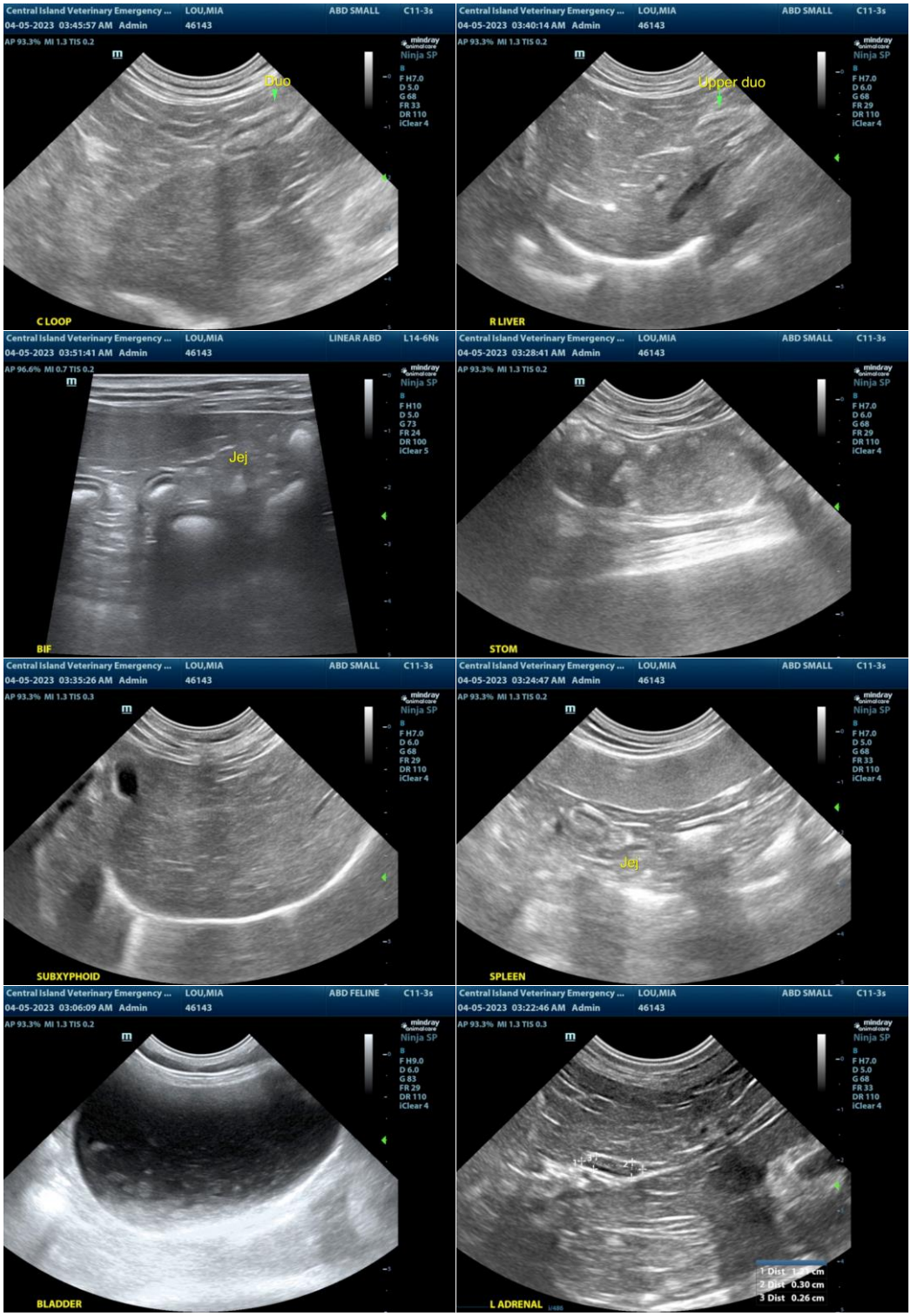

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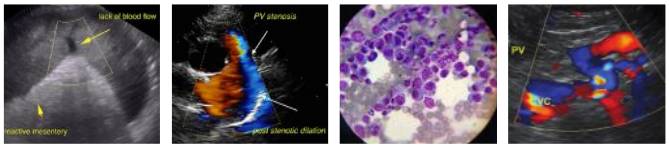


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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**
**info@SonoPath.com**