



PATIENT

George Woodall

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

8 years

WEIGHT

4.72 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Grand River Veterinary
Hospital

REFERRING VET

Robinson

INVOICE

16527

DATE

4/6/23

PRESENTING CLINICAL SIGNS

Was fasted today and given some sedation for the ultrasound. Has been on 3 small meals daily of z/d for suspected food allergies/IBD. Vomiting ongoing, usually vomits several hours after a meal. Was on Metacam but was weaned off a while ago to start Codeine, Mirtazipine, Sulcrate and gave Cerenia and Dexamethasone injection. Started oral Prednisolone. Gets Pred in the PM. Not eating and seems depressed. Continues to vomit.

Abnormal PE/Chem/CBC/UA Results: Rads taken were suggestive of gastritis or low grade IBD.

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. Minor, non-dependent, particulate sediment, which may indicate minor cellular debris / protein, crystalline debris, lipid, or 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 3.7 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

The left and right adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.46 cm width and the right adrenal gland measured 0.38 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.

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

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The stomach presented intact, sonographically unremarkable gastric wall layering. The stomach contained a mild amount of retained anechoic fluid. The pylorus wall width measured 0.25 cm. No evidence of mechanical pyloric outflow obstruction was noted.

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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 small intestinal mechanical / metabolic ileus, loss of intestinal wall layering, intestinal masses, obstruction, or foreign material. The duodenum wall measured 0.21 cm width. The jejunum wall measured 0.20 cm width.

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

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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.

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Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

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ULTRASONOGRAPHIC FINDINGS

- Minor urinary bladder sediment
- Structurally unremarkable gastrointestinal tract with mild retained gastric fluid
- Sonographically unremarkable pancreas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Sonographically, there is no evidence of significant visceral, specifically gastrointestinal or pancreatic pathology.

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Potentially, previous and current steroid administration may be masking gastrointestinal mural changes. Some degree of metabolic / functional gastric stasis is suspected. Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation, which may allude to low-grade pancreatitis which may present as sonographically normal, is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate to assess for an occult intestinal or pancreatic disease may be considered. If not done, three-view chest radiographs are suggested.

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Continued gastroprotectant protocol which may include Omeprazole 1.0 mg/kg PO SID, with continued canned hydrolyzed diet with possible diet rotation, if continued vomiting, with as-needed gastrointestinal support, would be reasonable. Upper gastrointestinal endoscopy may be indicated if continued vomiting despite dietary and supportive care.

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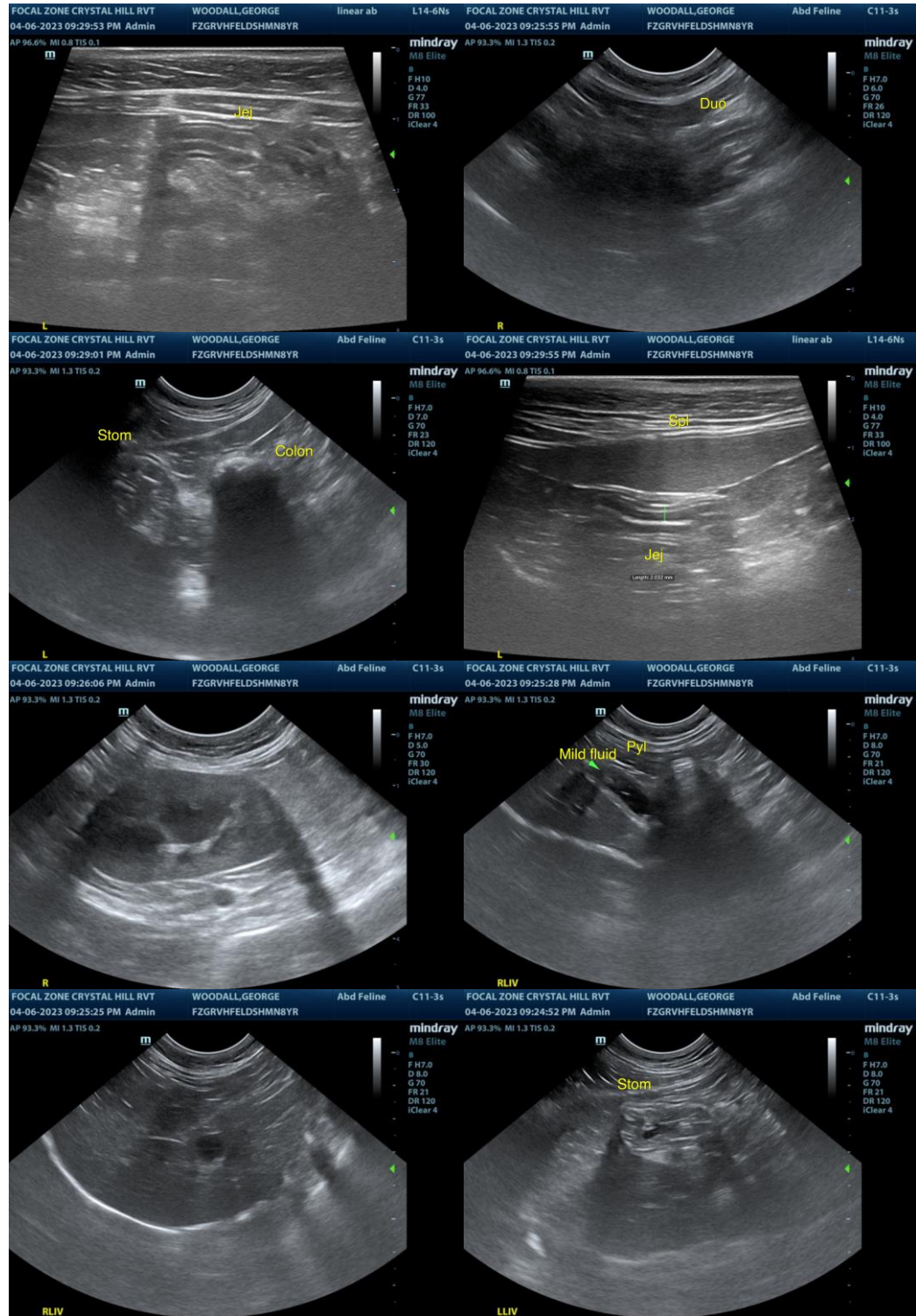
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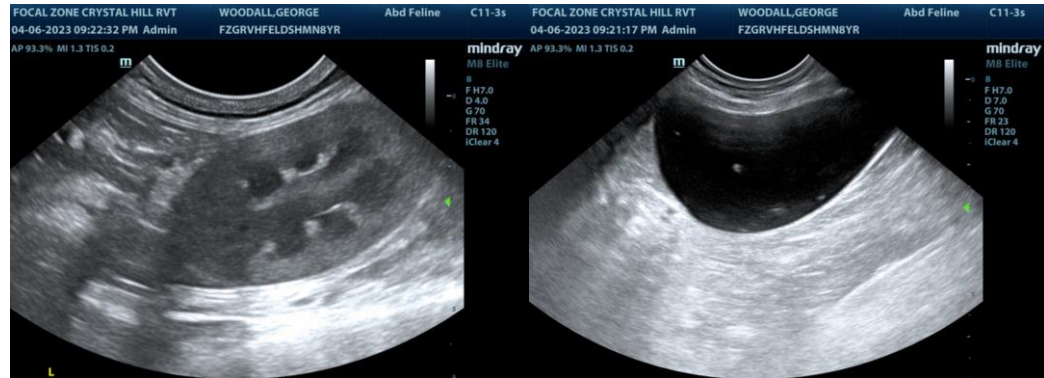
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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