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Clinical Sonography & Telecytology
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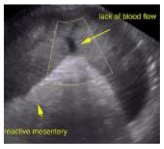
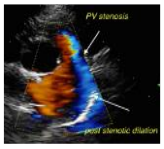
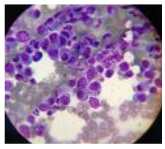
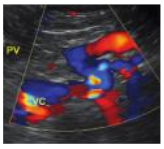




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Peggy Jeneau

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

3.5 years

WEIGHT

15 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

Tranquility VC

REFERRING VET

Dr. Blackman

INVOICE

13627

DATE

4/7/22

PRESENTING CLINICAL SIGNS

Drooling, anorexic and seems uncomfortable. Hx of constipation. Current meds: Cerenia, Famotidine, simbadol, IVF
Abnormal PE/Chem/CBC/UA Results:

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended in size yet subjective normal tone containing anechoic urine primarily with mild nondependent, particulate sediment. The urethra exhibited subtle urine distention to a depth of 2.0 cm, yet normal structure.

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 mild pyelectasia in both kidneys. The left kidney measured 4.0 cm in length. The right kidney measured 4.1 cm in length.

Adrenal Glands

The bilateral adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.25 cm width. The right adrenal gland measured 0.45 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 0.80 cm width at the level of the splenic hilus.

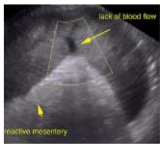
Liver/ Gallbladder

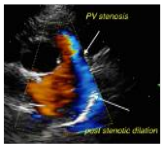
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

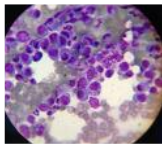
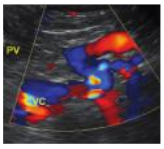
Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained anechoic pyloric fluid was present in the stomach. The gastric body wall width measured 0.21 cm.

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





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width measured 0.24 cm. The jejunum wall width measured 0.24 cm. The ileocolic wall width measured 0.31 cm.

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

Several, mildly prominent 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 0.55 cm width.

Potential concurrent splenic lymph node was present medial to the spleen. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 0.44 cm diameter. This lymph node was also noted in the area of the colon potentially Indicative of previously noted minor colic lymphadenopathy. No effusion was present. A subjective increased amount of intra-abdominal fat was present.

ULTRASONOGRAPHIC FINDINGS

- Mildly distended urinary bladder and visible proximal urethra with mild urinary bladder sediment
- Bilateral normal kidneys exhibiting mild pyelectasia
- Sonographically unremarkable gastrointestinal tract with minor retained pyloric fluid
- Subjectively benign / reactive colic and possible focal splenic lymphadenopathy - not consistent with inflammatory / neoplastic criteria

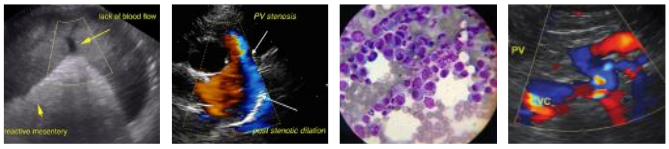
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant visceral pathology was noted.

Potential for mild gastric stasis or structurally insignificant inflammatory gastroenteropathy or low-grade to chronic pancreatitis, both of which may present as sonographically normal, could be present given the patient's gastrointestinal signs and reported potential abdominal discomfort. Correlation with a Spec fPL could be considered.

The bilateral mild pyelectasia along with distended urinary bladder and mild distended proximal urethra is suspected to be secondary to IV fluids.

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.



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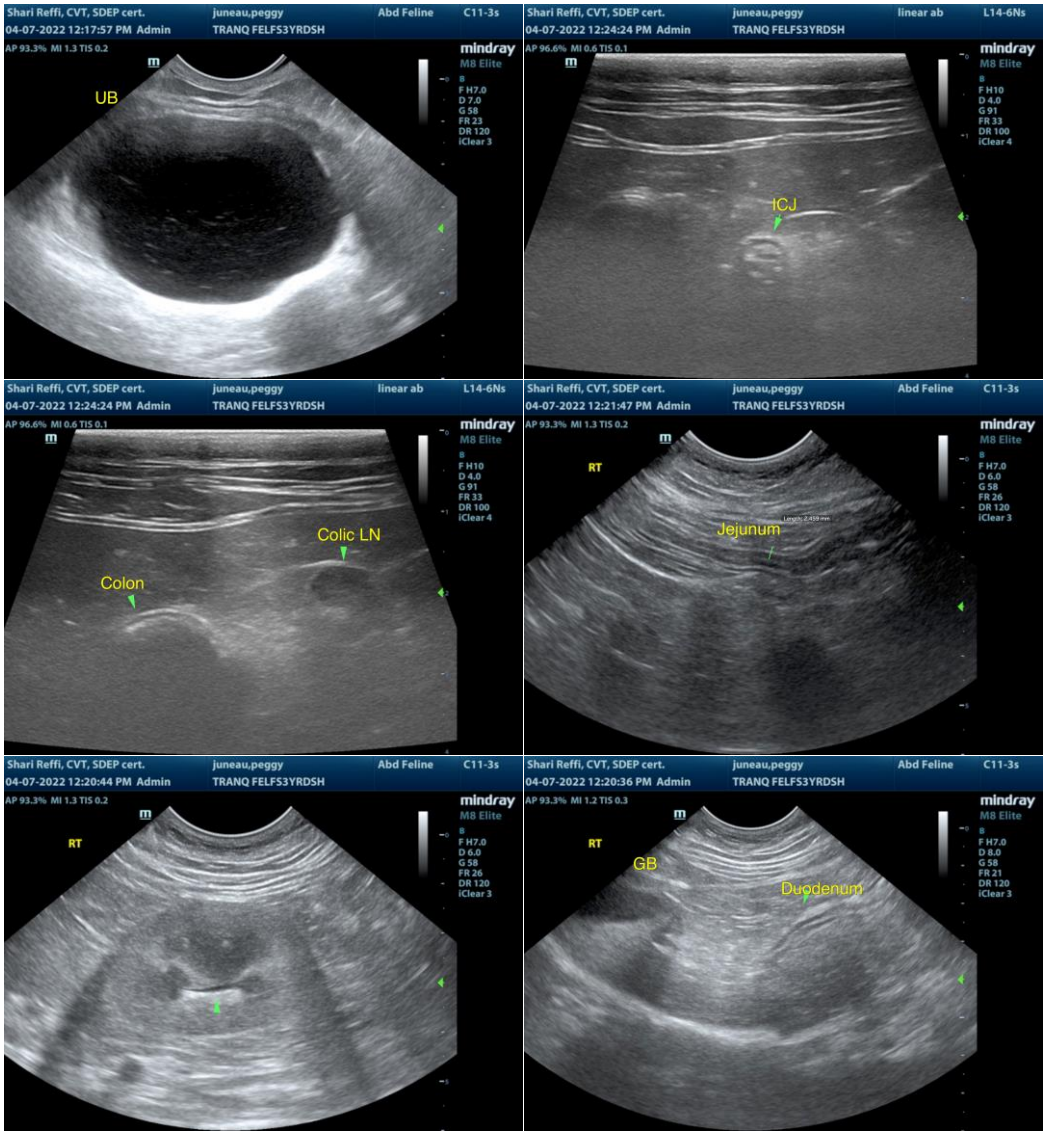
If not done, three view chest radiographs and a thorough oral exam to rule out occult pathology are recommended.

Empirically, continued supportive care for possible inflammatory bowel episode / gastroenteritis would be reasonable.



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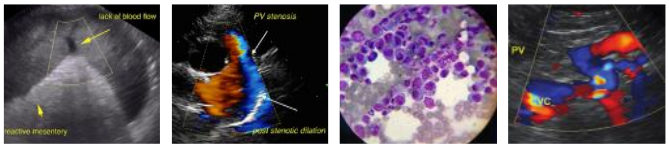

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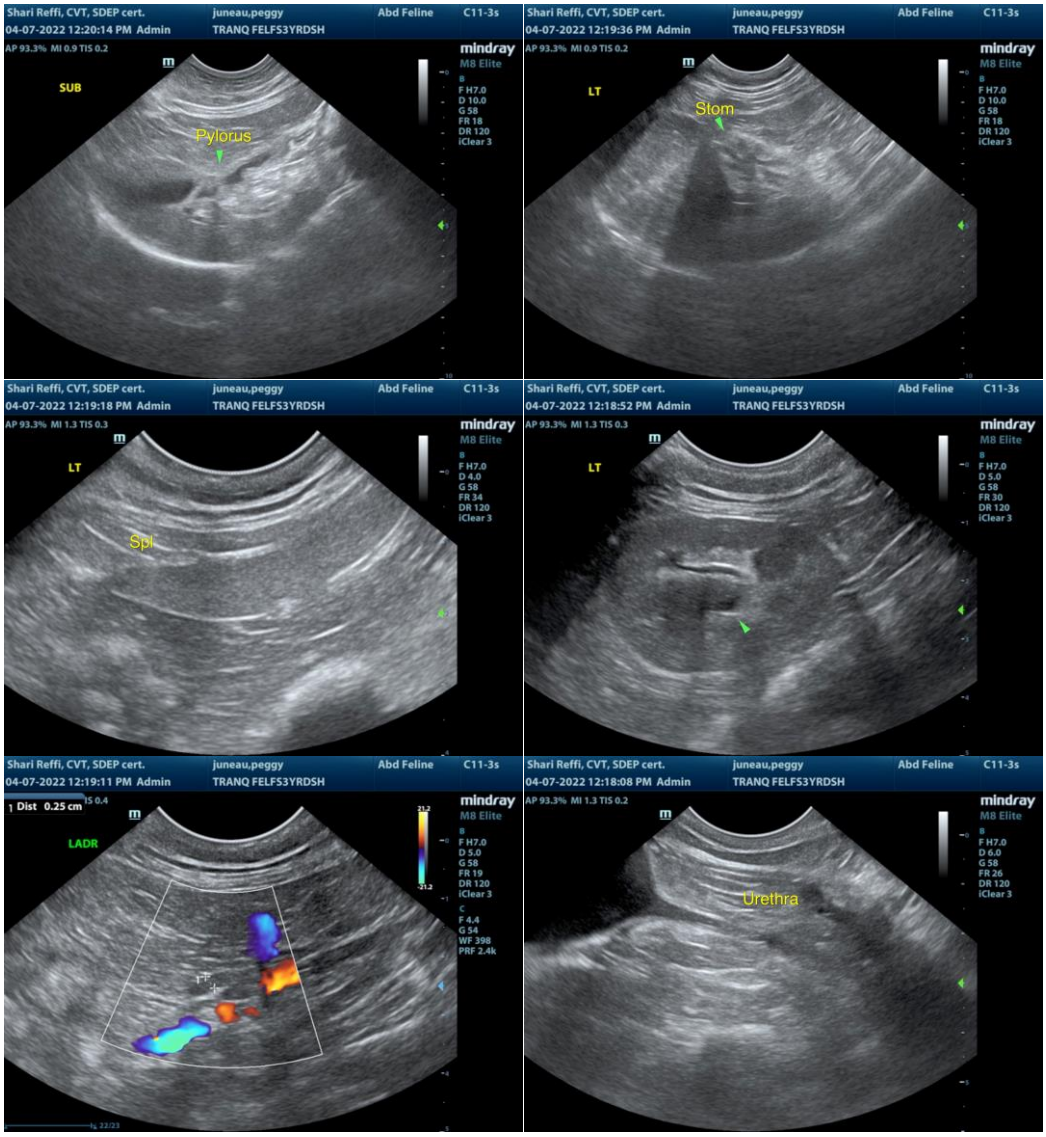

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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