



PATIENT PRESENTING CLINICAL SIGNS

Tigerlilly Aguirre History: History of anorexia and vomiting. Seen approx 2 weeks ago for acute vomiting and anorexia

SPECIES Abnormal PE/Chem/CBC/UA Results: 3/12 - very normal cbc/chem but abnormal fpl Current Medications Cerenia, Buprenorphine before US

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

DSH 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 were noted.

SEX

Spayed female

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 3.6 cm in length.

AGE

8 years

WEIGHT

3.25 kg

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

INTERPRETED BY

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

The bilateral adrenal glands were indistinctly visualized yet without overt pathology. The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland subjectively measured 0.21 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 cm width.

IMAGING PERFORMED BY

Sara Hansen

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.

HOSPITAL NAME

Banfield South Eugene

Liver

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.

REFERRING VET

Dr. Wayland

INVOICE

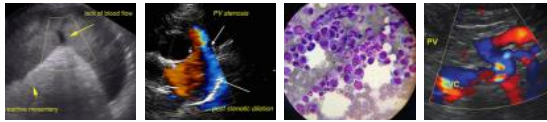
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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained anechoic pyloric fluid with no signs of ileus, obstruction or foreign material. The pylorus wall measured 0.30 cm in width.

DATE

04/08/2022



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio with subjective propensity for segmental to generalized subtly prominent muscularis layer. No evidence of loss of intestinal wall layering, significant intestinal hypertrophy or intestinal masses noted. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.24 cm in width. The jejunum wall measured 0.20 cm in width.

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 was evident.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Possibly low grade to mild inflammatory gastroenteropathy with minor retained pyloric fluid.
- Sonographically unremarkable pancreas.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The minor retained pyloric fluid is nonspecific yet may suggest some degree of gastric inflammation or minor hypomotility. Subjective the SI exhibited very subtle mural changes which may suggest underlying inflammatory disease however given the lack of additional clinical signs such as weight loss, this finding is nonspecific. Dietary indiscretion/food hypersensitivity or occult parasitism if clinically applicable could also be considered. Potential for low grade pancreatitis may be present yet sonographically normal. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

Empirically, a novel protein or hydrolyzed diet trial with as needed gastric protectants and assessment of clinical response would be reasonable. Three view chest radiographs suggested if not done to rule out occult thoracic or esophageal pathology.



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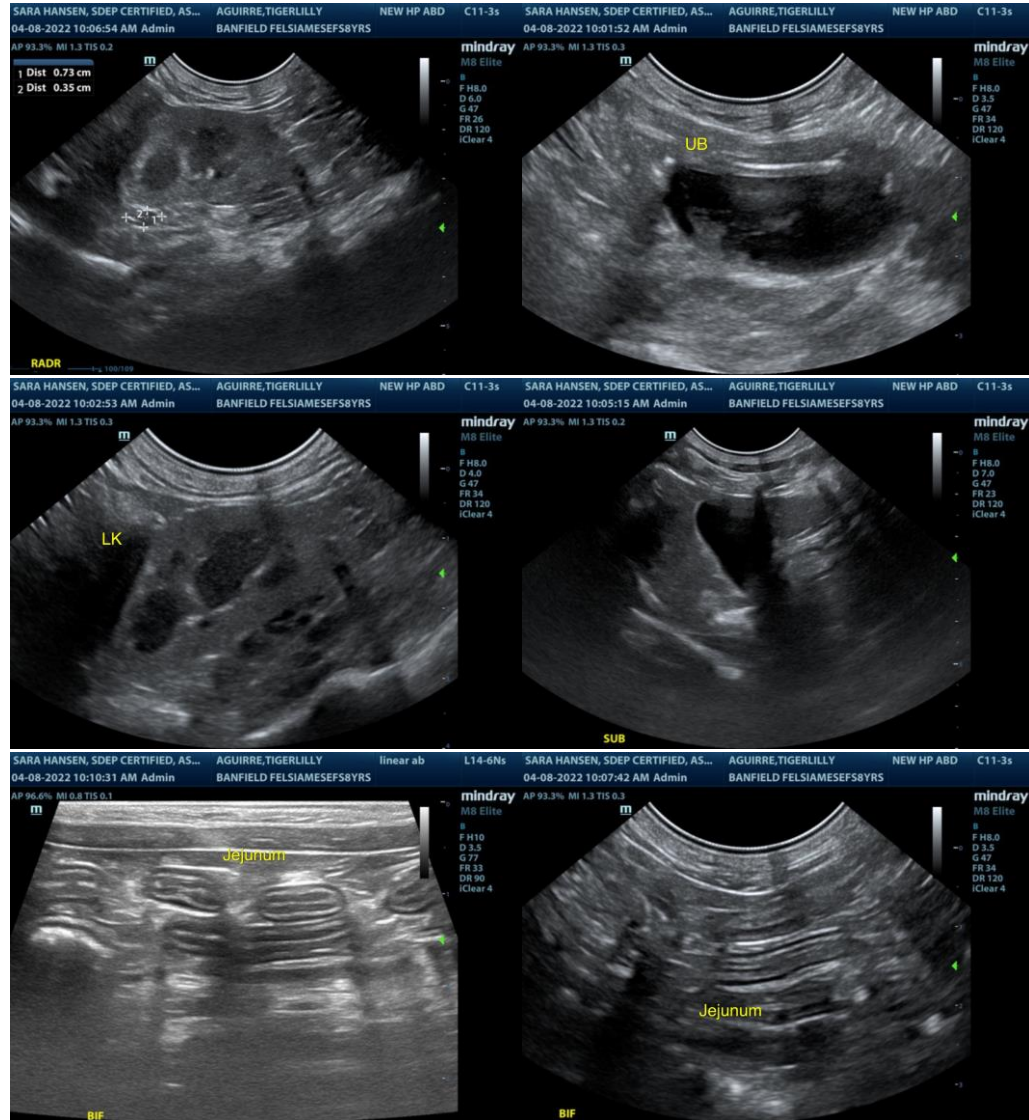
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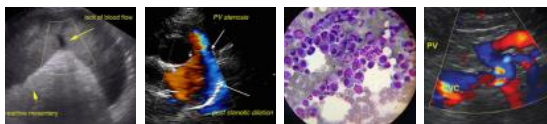
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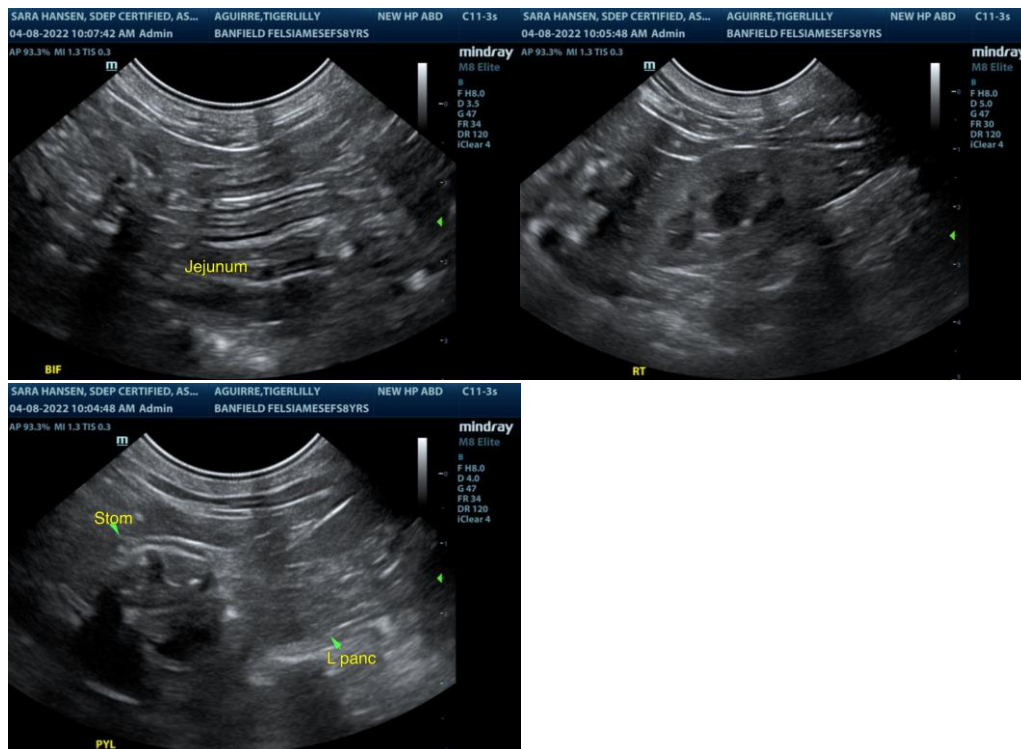
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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 info@SonoPath.com