



PATIENT PRESENTING CLINICAL SIGNS

Panda Stephenson History: Vomiting. Anorexia. Lethargy. Azotemia. opaque focus seen on AXR at RUQ.

Abnormal PE/Chem/CBC/UA Results

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline

Urinary System

BREED 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 minor nondependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

DLH

SEX

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. Nonspecific bilateral increased medullary echogenicity was present. A nonmineralized hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding.

MN

AGE

9 months

The left kidney measured 3.8 cm in length. The right kidney measured 3.8 cm in length.

WEIGHT

5.1 kg

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.34 cm. No overt pathology in the area of the right adrenal gland.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY
Dave Stasiuk

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 and mild debris. The cystic and common bile ducts were normal.

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Resolution Veterinary
Ultrasound

REFERRING VET

McKnight Veterinary
Hospital

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained a moderate amount of retained primarily anechoic fluid with concurrent mild retained echogenic to hyperechoic ingesta exhibiting areas of progressive to focal distal acoustic shadowing primarily in the area of the antrum and pylorus.

INVOICE

10575ag

DATE

05/11/2022

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. A segment of mid to cranial abdominal jejunum exhibited mildly thickened walls with indistinct wall layering along with segmental jejunal ileus. A segment of jejunum contained a mild amount of nonspecific hyperechoic



PATIENT

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focally shadowing content that did not overtly appear to be obstructive. Subtle evidence of regional peri intestinal reactive mesentery noted around the thickened segments of jejunum and areas of mild jejunal ileus.

SPECIES

Feline

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

Pancreas

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

BREED

DLH

Free Abdomen

SEX

No overt lymphadenopathy or peritoneal effusion was present.

MN

ULTRASONOGRAPHIC FINDINGS

AGE

9 months

- Retained gastric fluid and mild progressive focally shadowing ingesta
- Segmental jejunitis with segmental nonobstructive ileus pattern and mild hyperechoic to focally shadowing luminal content
- Subjective low grade to mild pancreatitis
- Bilateral nonspecific renal medullary rim sign with increased medullary echogenicity
- Minor urinary bladder sediment
- Mild gallbladder debris-likely secondary to fasting

WEIGHT

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Concern for nonobstructive yet passing and potentially irritative foreign material present in the stomach and segmental jejunum such as hair, fabric density or similar suspected. Overt evidence of definitive mechanical obstruction was not present yet segmental intestinal inflammation potentially owing to the passing of small amounts of foreign material is suspected. Underlying primary intestinal inflammatory process ie segmental enteritis or less likely IBD is possible. Concurrent low grade pancreatitis may be a contributing factor to the patient's clinical signs. Depending upon stabilization of azotemia, exploratory laparotomy for gross inspection of the GI tract with potential for gastrotomy, enterotomy and intestinal biopsies considered essential would be warranted. Full urinary workup to assess for pre renal vs renal azotemia +/- C/S given the presence of minor UB sediment is recommended prior to potential surgical considerations. Hospitalization with IVF, GI support and sonographic monitoring of the stomach and small intestine with reassessment of azotemia would be a more conservative approach.

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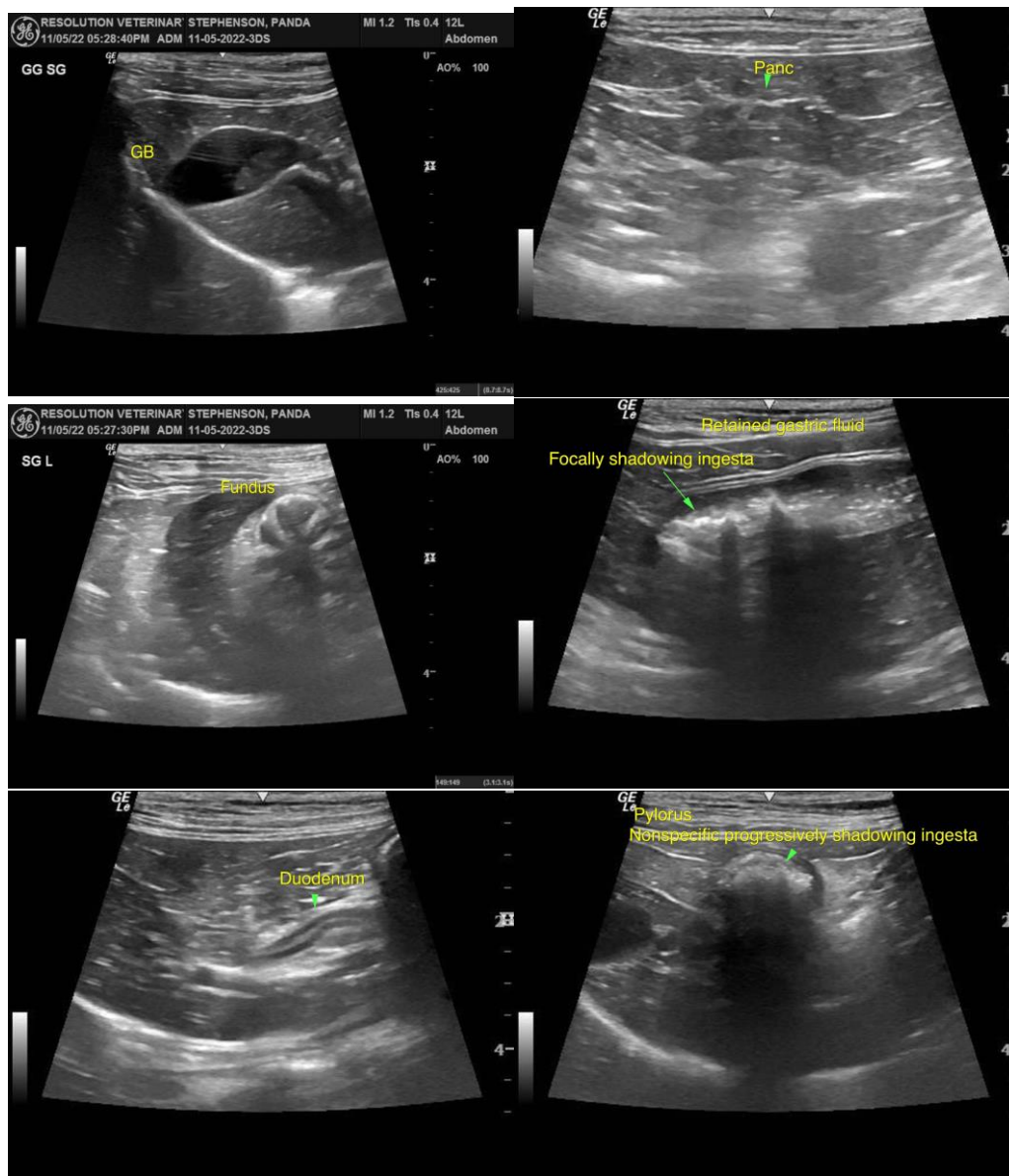
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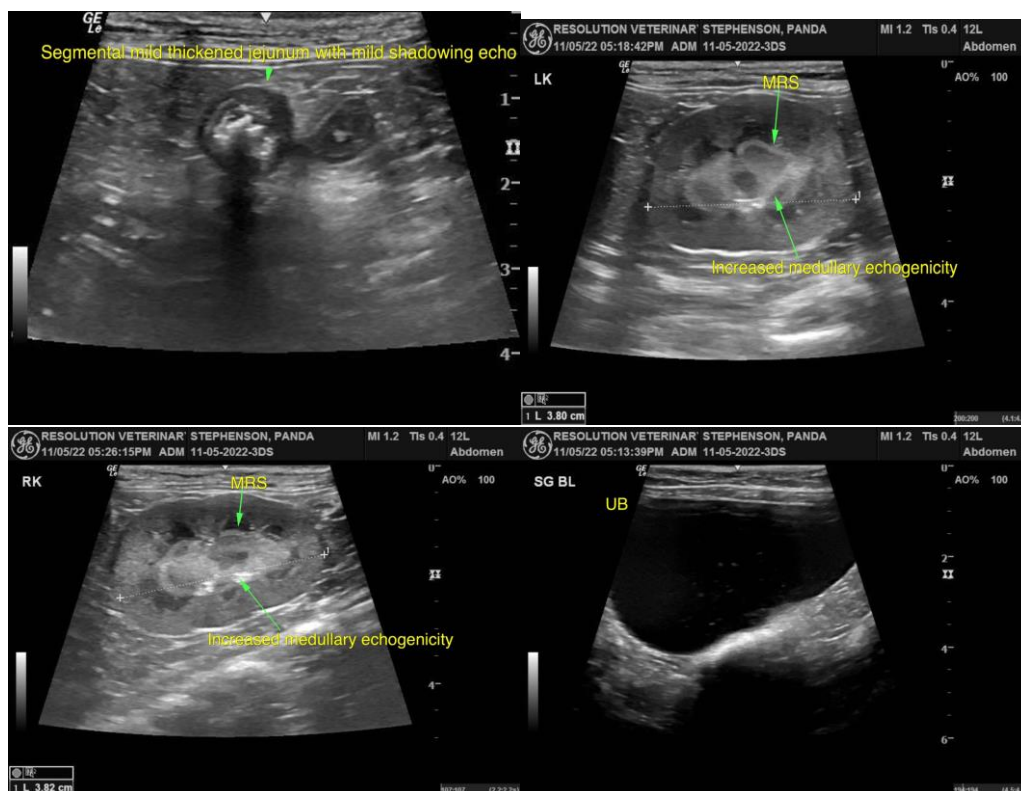
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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