



PATIENT PRESENTING CLINICAL SIGNS

Ollie Delicati History of constipation, controlled with RC Fiber diet, occasional vomiting Pepcid, IVF

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline **Urinary System**

BREED

DSH

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. Mild, nondependent, particulate sediment 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.

SEX

MN

The area of the aortic trifurcation was free of pathology.

AGE

2015

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 4.0 cm in length.

WEIGHT

9.1

Adrenal Glands

The bilateral adrenal glands were normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age-related finding and not pathological. The left adrenal gland measured 0.33 width and the right adrenal gland measured 0.35 width.

INTERPRETED BY

R. McKenzie Daniel,
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(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

Rebekah Jakum, CVT
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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.

REFERRING VET

Dr. Eckman

Gastrointestinal

INVOICE

13864

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material. The gastric body wall width measured 0.25 cm.

DATE

5/12/22



PATIENT Ollie Delicati
 The small intestine presented intact wall layering with primarily maintained 1:3 muscularis/mucosa ratio with segmental propensity for mildly prominent muscularis layer. No evidence of intestinal masses or loss of intestinal wall layering was noted. The jejunum wall width measured up to 0.28 cm. The ileocolic wall width measured 0.37 cm.

SPECIES Feline
 The colon exhibited overtly normal generalized wall layering. The colon exhibited generalized moderate distention with primarily nonformed to focally shadowing feces present in the proximal transverse, and descending colon into the colorectum.

BREED *Pancreas*

DSH The pancreas was normal in size and contour with heterogeneous to potential subtle hypoechoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

SEX *Free Abdomen*

MN Small pockets of scant peritoneal free fluid were present. Intermittent jejunocolic lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a jejunal lymph node measured 0.58 cm width.

AGE 2015

ULTRASONOGRAPHIC FINDINGS

- WEIGHT** 9.1
- Overtly normal colon walls with generalized colonic distention containing primarily nonformed to focally shadowing feces
 - Potential inflammatory enteropathy, sonographically unremarkable stomach
 - Intermittent subjectively benign / reactive jejunocolic lymph nodes - lymphoid hyperplasia or minor reactive lymphadenitis likely
 - Mild urinary bladder sediment
 - Intermittent small pockets of scant peritoneal free fluid

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine exhibited subjective subtle mural changes which may be a normal patient variant but may suggest the possibility of mild underlying inflammatory enteropathy. However, given only occasional vomiting without additional gastrointestinal signs i.e., weight loss, this finding is nonspecific. Likewise, the possibility of low-grade to chronic pancreatitis as a potential contributing factor to the occasional vomiting could be present yet sonographically normal.

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Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. Continued therapy for constipation, if constipation signs are present as opposed to the possibility of diarrhea, given the nonformed feces present in the mild generalized distended colon, would be reasonable.

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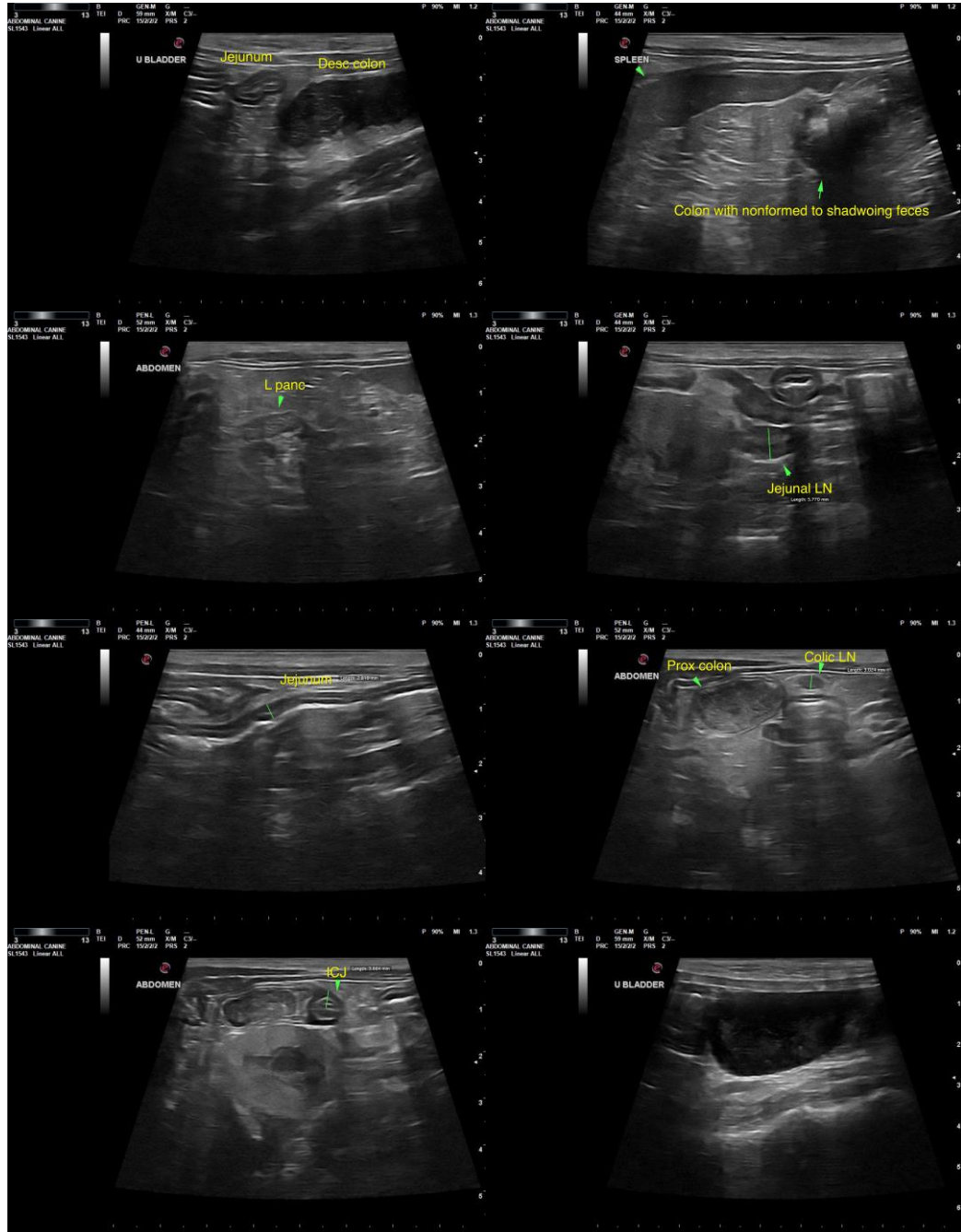
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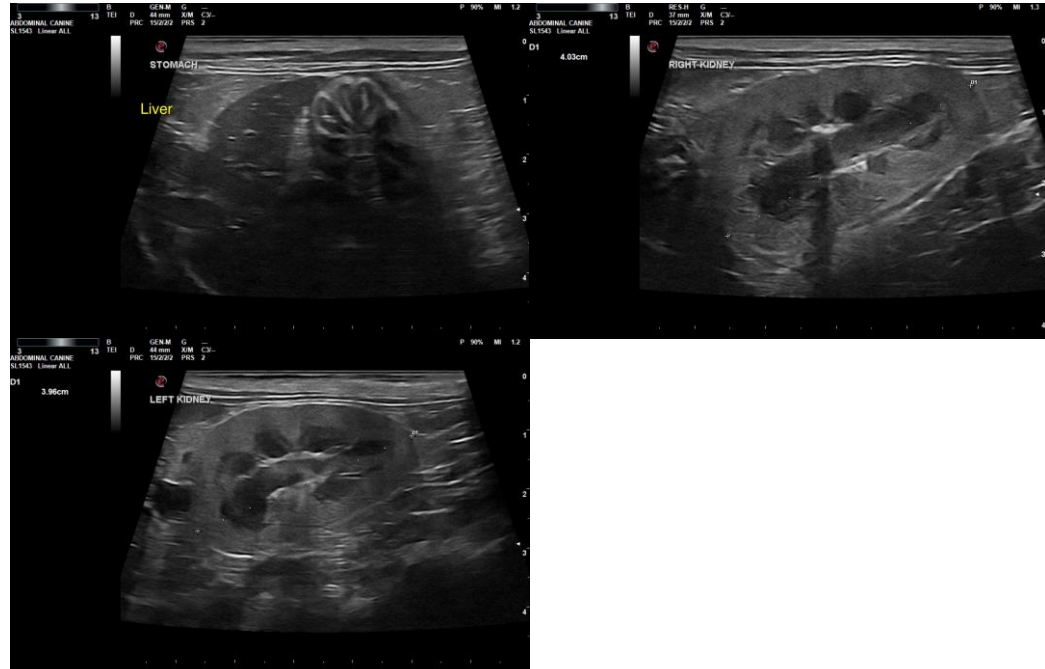
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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