



PATIENT

Wally Polefka

PRESENTING CLINICAL SIGNS

Intermittent vomiting, follow up from Nov. 2021. Currently on HA diet and prednisolone.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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. 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 was noted.

SEX

MN

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.7 cm in length. The right kidney measured 4.0 cm in length.

AGE

8 years

WEIGHT

15.2 lbs.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.30 cm.

INTERPRETED BY

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

No overt pathology in the area of the right adrenal gland.

Spleen

IMAGING PERFORMED BY

Kelly Vazquez

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 1.0 cm in width at the level of the hilus.

Liver/ Gallbladder

HOSPITAL NAME

Animal General on
Hudson

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. Karen Zelinski

Gastrointestinal

INVOICE

15248

The stomach presented intact yet prominent to echogenic wall layering. Mild retained anechoic gastric fluid was present, extending into the area of the pylorus. No evidence of retained ingesta, foreign material or mechanical pyloric outflow obstruction. The gastric body wall measured 0.35 cm. The pylorus wall measured 0.30 cm.

DATE

5/18/22

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 measured 0.23 cm. The jejunum wall measured 0.20 cm.

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



PATIENT

Wally Polefka

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

8 years

WEIGHT

15.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Animal General on
Hudson

REFERRING VET

Dr. Karen Zelinski

INVOICE

15248

DATE

5/18/22

Pancreas

The pancreas was normal in size and contour with subtle hypoechoic parenchyma compared to adjacent nonreactive or inflamed peripancreatic omentum.

Free Abdomen

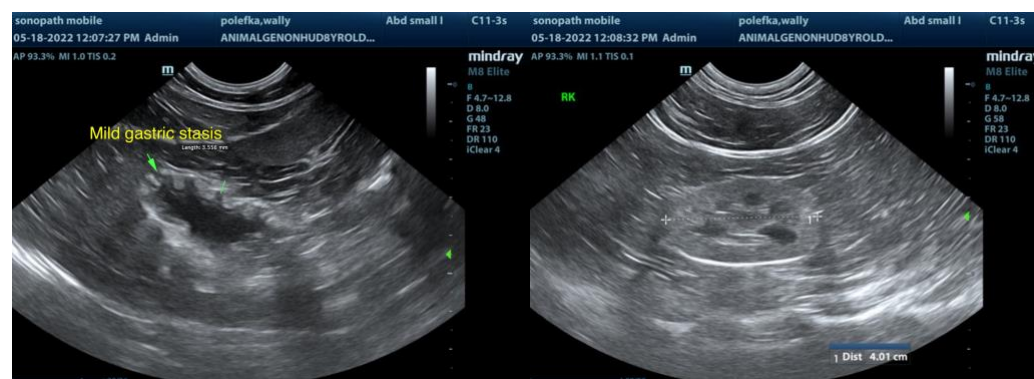
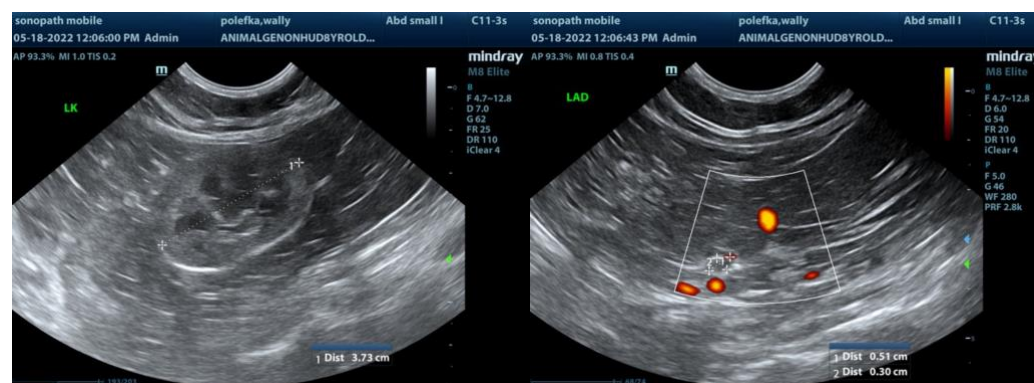
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Chronic gastritis pattern with mild gastric hypomotility
- Sonographically unremarkable small bowel
- Subtle hypoechoic pancreas- nonspecific, patient variant- potential for low-grade pancreatitis, which may present sonographically normal possible.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary cause of the patients intermittent to chronic vomiting is suspected to be secondary to chronic gastritis and mild secondary gastric hypomotility. Potential for low-grade to chronic pancreatitis could be considered as a contributing factor if evidence of cranial abdominal or subxiphoid discomfort on palpation or elevated spec FPL. Potentially, Prednisolone may be masking gastrointestinal mural changes. In addition to dietary therapy, gastroprotectant protocol and assessment of clinical response may prove beneficial.





PATIENT

Wally Polefka

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

8 years

WEIGHT

15.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Kelly Vazquez

HOSPITAL NAME

Animal General on
Hudson

REFERRING VET

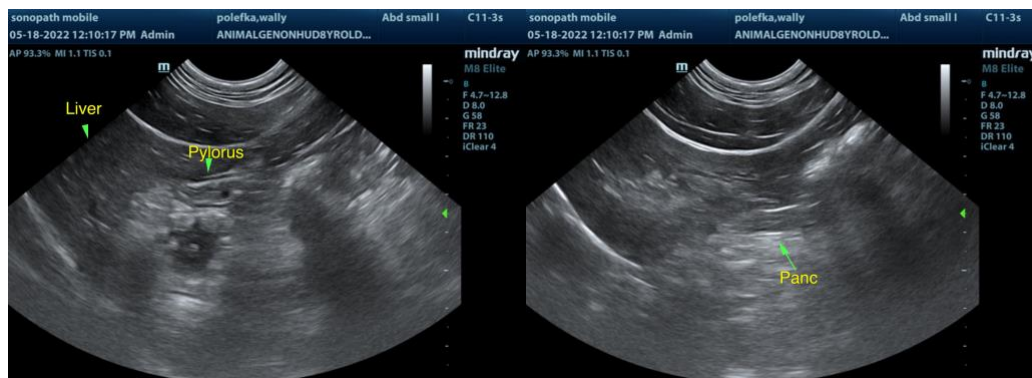
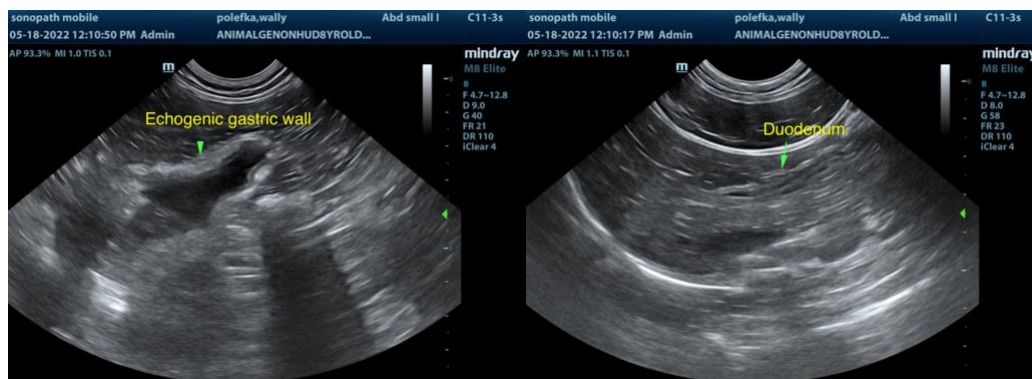
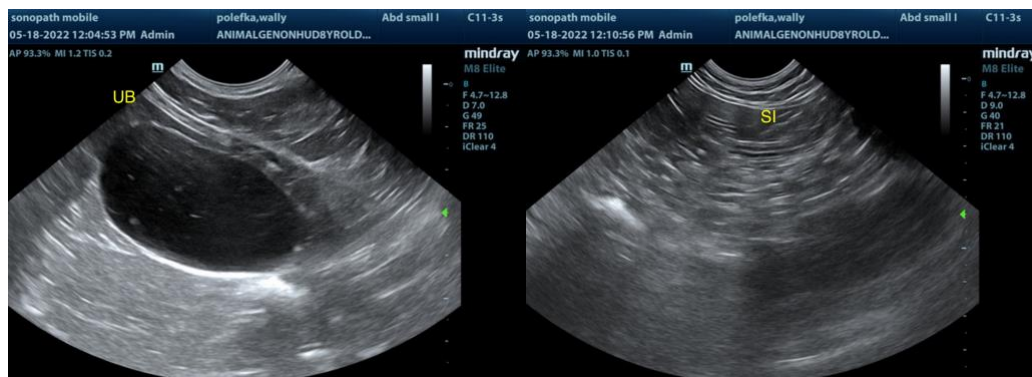
Dr. Karen Zelinski

INVOICE

15248

DATE

5/18/22



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