



PATIENT

Tuna Mimnaugh

SPECIES

Feline

BREED

Maine Coon

SEX

Neutered Male

AGE

1 Years 4 Months

WEIGHT

7.55 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP (Canine
/ Feline Practice)

IMAGING PERFORMED BY

Dr. Stan Gira

HOSPITAL NAME

Petzoic Emergency

REFERRING VET

Dr. Murray

INVOICE

16385

DATE

05/20/26

PRESENTING CLINICAL SIGNS

Presented for a 4-day history of hyporexia, lethargy, and feeling warm to the touch. The owner also reports one episode of vomiting this morning. The last full meal was yesterday morning. Ate only a few bites of wet food this morning. Is currently refusing all food, including wet food and treats. Vomiting: One episode of vomiting saliva this morning, approximately 2 hours after eating. There was a possible second episode last night, but the owner is uncertain if it was this patient or another cat in the household.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 change were noted.

Normal size and margination was 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 4.8 cm in length. The right kidney measured 4.9 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 cm width.

Spleen

The spleen presented mildly enlarged with homogenous parenchyma and mildly symmetrical medial capsule contour, measuring 1.2 cm to 1.3 cm width level of the mid-spleen.

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 proximal common bile duct was dilated and mild tortuous without overt post hepatic obstruction.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained variably echogenic ingesta with areas of progressive distal acoustic shadowing in the gastric fundus and body. No evidence of mechanical pyloric outflow obstruction. The pylorus wall measured 0.22 cm wall width.



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The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. A mild segmental ileus pattern is present without obstruction or foreign material. The duodenum wall measured 0.26 cm wall width. The jejunum wall measured 0.20 cm wall width. The ileocolic wall measured 0.45 cm wall width.

Normal visible colon wall layers were present with soft to nonformed fecal matter in the proximal colon with concurrent lumen gas.

Pancreas

The pancreas presented with prominent size and capsule asymmetry with mild nonhomogenous hypoechoic parenchyma with mildly prominent pancreatic duct.

Free Abdomen

Focally enlarged jejunocolic lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Mild perilymphatic hyperechoic omentum. An example of lymph node size was 2.5 cm x 0.78 cm. No evidence of peritoneal effusion.

ULTRASONOGRAPHIC FINDINGS

- Mild hypomotile stomach with retained variable echogenic to regionally shadowing gastric ingesta.
- Nonspecific enteritis pattern exhibiting mild segmental non-obstructive duodenojejunal ileus.
- Nonformed fecal matter in colon.
- Jejunocolic lymphadenopathy.
- Suspect mild left limb chronic/chronic active pancreatitis.
- Mild splenomegaly with asymmetrical medial capsule contour.
- Mild non-obstructive common bile duct dilation- possible low-grade cholangitis.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No obvious evidence of mechanical gastrointestinal obstruction, although the potential for a small amount of intermixed foreign material within retained gastric ingesta, i.e. non-obstructive hairball density or similar is not excluded. Suspect mesenteric lymphadenitis secondary to acute inflammatory bowel episode. Splenomegaly secondary to sedation, inflammation, incidental hyperplasia, hematopoiesis are all potentials. Possible emerging occult neoplasia or FIP is thought less likely.

Further assessment may include (assuming normal clotting status using a 25-gauge needle) hepatic and screening splenic FNA cytology. A full GI penultimate PLI, TLI, cobalamin and folate to correlate with the pancreas and to assess for non-structural intestinal disease may be considered. Gastrointestinal support is indicated at this stage with clinical monitoring.

Sonographic reassessment is indicated if continued or non-responsive gastrointestinal signs. Monitoring of liver enzymes given short half-life of hepatic enzymes in cats is suggested.



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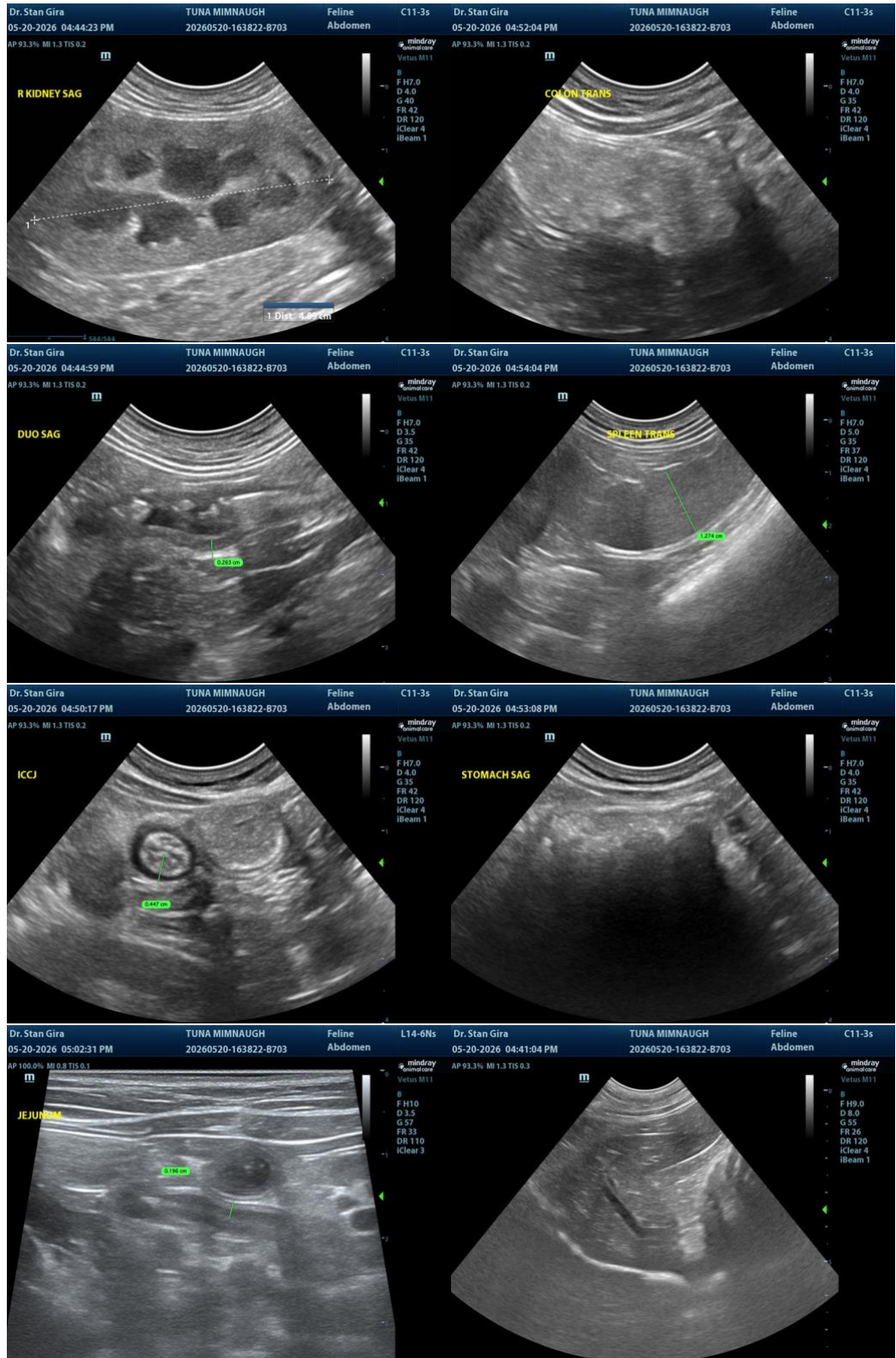
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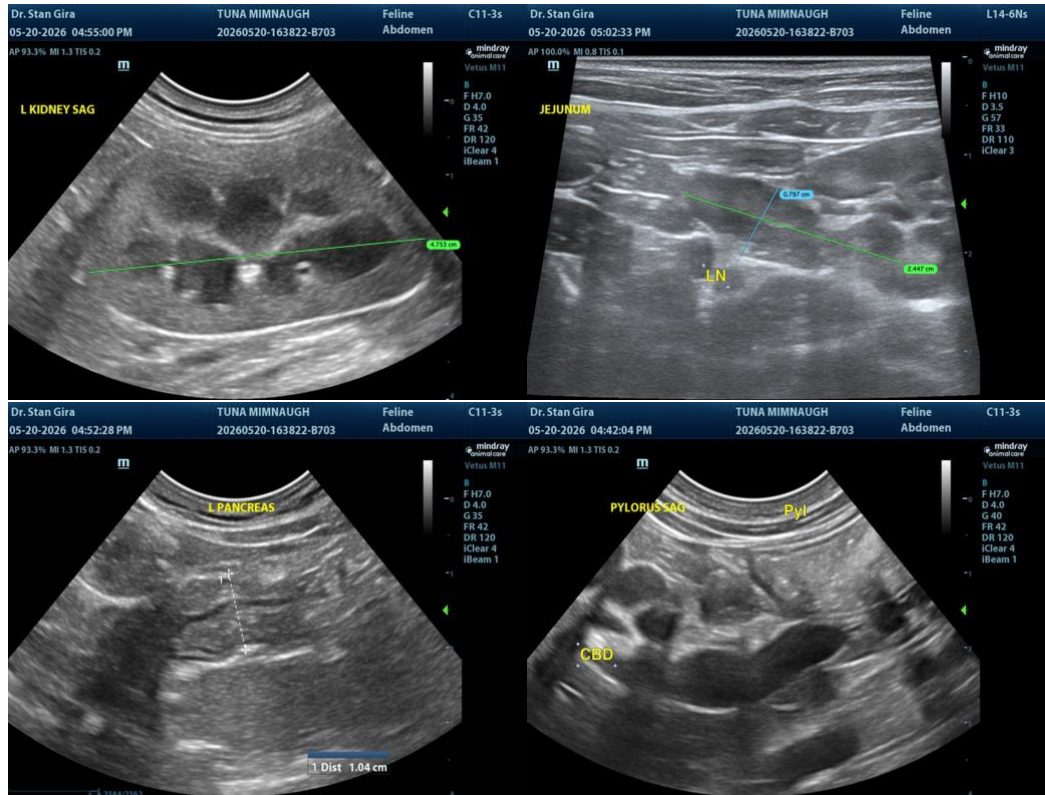
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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