**PATIENT**

Christopher Foster

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

1 year

WEIGHT

10 lbs.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP (Canine
and Feline)**IMAGING
PERFORMED BY**

Amy Mayhew LVT

HOSPITAL NAMESVS Imaging MI
REFERRING VETWixom Family Pet
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DATE

5/25/22

PRESENTING CLINICAL SIGNS

Maropitant 8mg PO last night, revolution plus Patient History: Vomited food over the weekend, vomited bile Monday afternoon and yesterday at some point, partially digested food Monday. Seems interested to eat, but just chewed the food this morning, did not eat last night. Loose, odorous stool in litter box last night. Can't r/o FB exposure. JF

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 very minor particulate urinary bladder sediment, which may indicate cellular or crystalline debris or mild mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the aortic trifurcation was free of pathology.

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 3.8 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 0.41 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.47 cm width.

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.

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.

Gastrointestinal

The stomach presented intact yet mild prominent wall layering with a minor amount of retained anechoic fluid present in the gastric lumen. No evidence of retained gastric ingesta or foreign material was noted. The gastric body wall width measured 0.25 cm.

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The small intestine presented intact wall layering and maintained a 1:3 muscularis/mucosa ratio. The small intestine was primarily empty with mild segmental jejunal ileus along with segmental hyperechoic jejunal ingesta. No overt evidence of small intestinal mechanical obstructive pattern, loss of intestinal wall layering or other mural pathology.

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Normal visible colon wall layers were present with subjective semi-formed to potential soft feces in the descending colon.

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Pancreas

The pancreas exhibited subjective normal size and contour yet subtle to mild hypoechoic parenchyma compared to adjacent mild reactive peripancreatic and perigastric omentum. No free fluid was noted.

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Free Abdomen

Intermittent gastric and jejunocolic lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of a gastric lymph node measured 0.66 cm in diameter. An example of a colic lymph node measured 0.52 cm diameter.

AGE

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ULTRASONOGRAPHIC FINDINGS**WEIGHT**

10 lbs.

- Gastroenteritis pattern with mild gastro-jejunal retained fluid and segmental jejunal ingesta - no overt evidence of mechanical obstructive pattern
- Possible low-grade pancreatic inflammation
- Intermittent mild gastric and jejunocolic lymphadenopathy - suspect mild lymphadenitis owing to inflammatory bowel episode

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**IMAGING PERFORMED BY**

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Overall, the gastrointestinal presentation is suggestive of acute inflammatory bowel episode. Technically, the possibility of a small amount of nonobstructive to passing foreign material, i.e., hair, stuffing, or similar, cannot be definitively excluded, yet given this presentation, no overt immediate indication for surgical intervention.

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The loose odorous stool likely coincides with concurrent colonic inflammation, dietary indiscretion/food intolerance, infectious disease, gastro-enterotoxic insult, and occult parasitism are possible. Supportive care is recommended and should prove beneficial. Broad-spectrum antibiotics as part of supportive therapy are recommended given the neutropenia and suspected lymphadenitis. Recheck sonogram is recommended if persistent / progressive gastrointestinal signs are noted despite conservative therapy.

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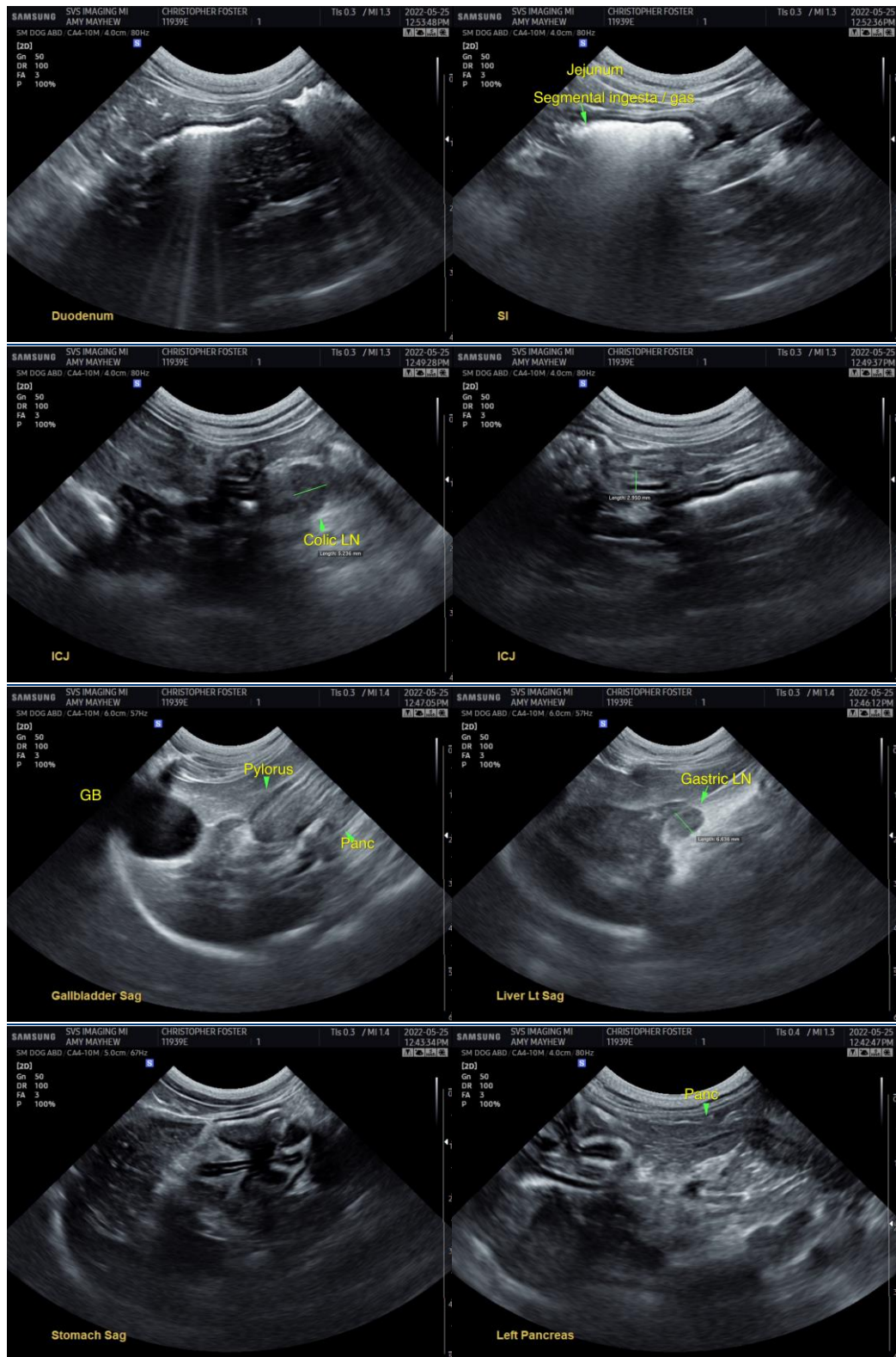
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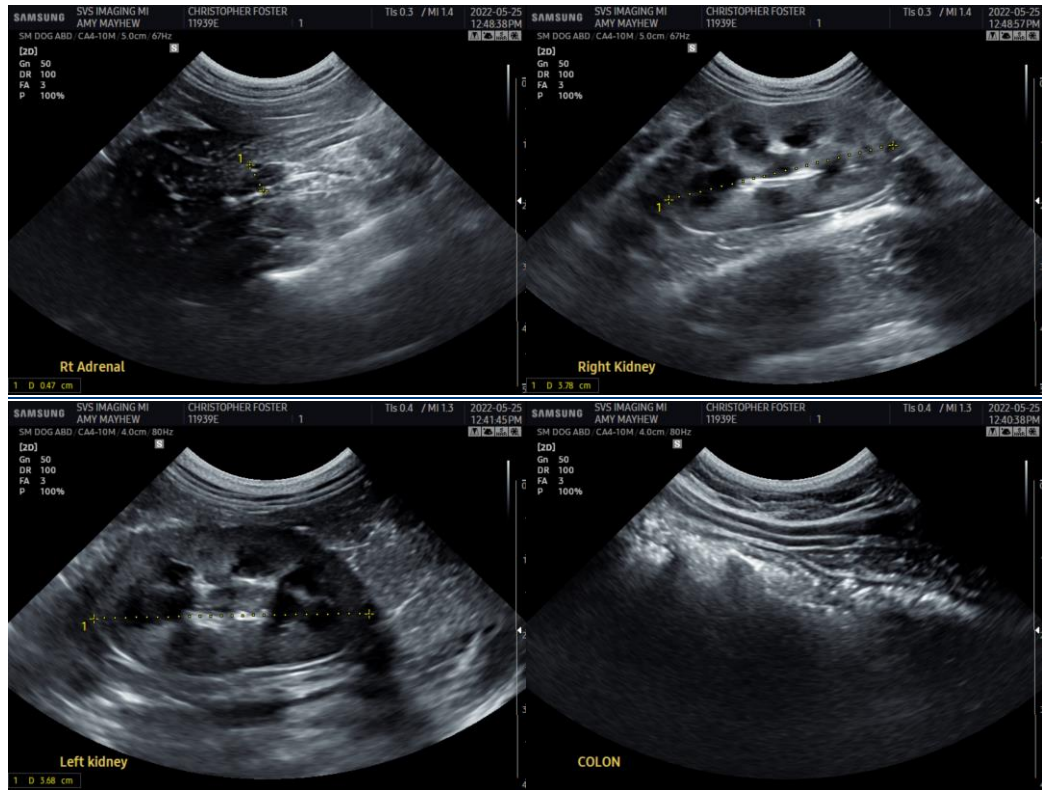
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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