



**PATIENT**

Lula Siegler

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

5yr

**WEIGHT**

9lb 10oz

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr Tudor Suciu

**HOSPITAL NAME**

Animal Clinic of  
Queens

**REFERRING VET**

Dr Tudor Suciu

**INVOICE**

13752ag

**DATE**

05/08/2023

**PRESENTING CLINICAL SIGNS**

Vomiting and diarrhea 4/17, treated symptomatically (Cerenia, metronidazole). She did well until 3 days ago, when she had diarrhea again (responded to metronidazole). Vomited yesterday food, then foam (in the vomit there were pieces of plastic broom bristles she chewed earlier). Ate yesterday and this morning, but later she vomited foam.

Abnormal PE/Chem/CBC/UA Results: Bloodwork done 4/17/23 CBC: normal WBC (13.20), low monocytes high hemoglobin (15.5), hematocrit at high end of normal (43.8%) low platelets (80) CHEM: high ALT 112 (0-100) stress hyperglycemia (160) high cholesterol (208) EPOC: high pO<sub>2</sub>, cSO<sub>2</sub> low ionized Ca 1.20 (1.21-1.51) – R/O NSF stress hyperglycemia (157)

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder was normal in size and tone. The 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 non-dependent particulate sediment along with pinpoint areas of possibly adhered mineral along the ventroapical luminal surface. Possible subtly prominent to irregular ventroapical urinary bladder wall was present.

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 3.4 cm in length. The right kidney measured 4.0 cm in length.

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 0.41 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 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 wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild luminal gas and no signs of ileus, obstruction or foreign material.



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The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio to the level of the ileocolic junction. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material. Possible prominent to hypoechoic cecum noted adjacent to the ileocolic junction and proximal colon.

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Normal visible colon wall layers were present with apparent semi formed to possible soft feces in lumen.

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**Pancreas**

The parenchyma of the left limb, body and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

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**Free Abdomen**

No omental masses or peritoneal effusion was present.

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Intermittent mildly prominent mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was present. An example of lymph node size was ~1.0 cm in diameter.

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**ULTRASONOGRAPHIC FINDINGS**

- Urinary bladder sediment with pinpoint possibly adhered mineral, potential minor ventroapical cystitis.
- Probable mild mesenteric lymphadenitis-suspect secondary to inflammatory bowel episode.
- Possible typhlitis.

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of GI obstructive criteria or overt foreign material. The small intestine exhibited subtle mural changes suggestive of suspected acute inflammation and associated minor mesenteric lymphadenitis. No overt indication for immediate surgical intervention unless gastroenterocolic biopsies are deemed necessary.

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Further assessment of the intestine may include a GI panel to include PLI/TLI/Cobalamin/Folate as well as to assess for evidence of low grade pancreatitis which may present sonographically normal as a contributing factor. A fresh fecal analysis is recommended to rule out parasitic ova/giardia.

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Empirically GI support with therapy for mild mesenteric lymphadenitis which may include antibiotic trial such as metronidazole/zithromax combination or compounded enrofloxacin.

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Sonographic reassessment recommended if persistent GI signs despite recommended empirical therapy.

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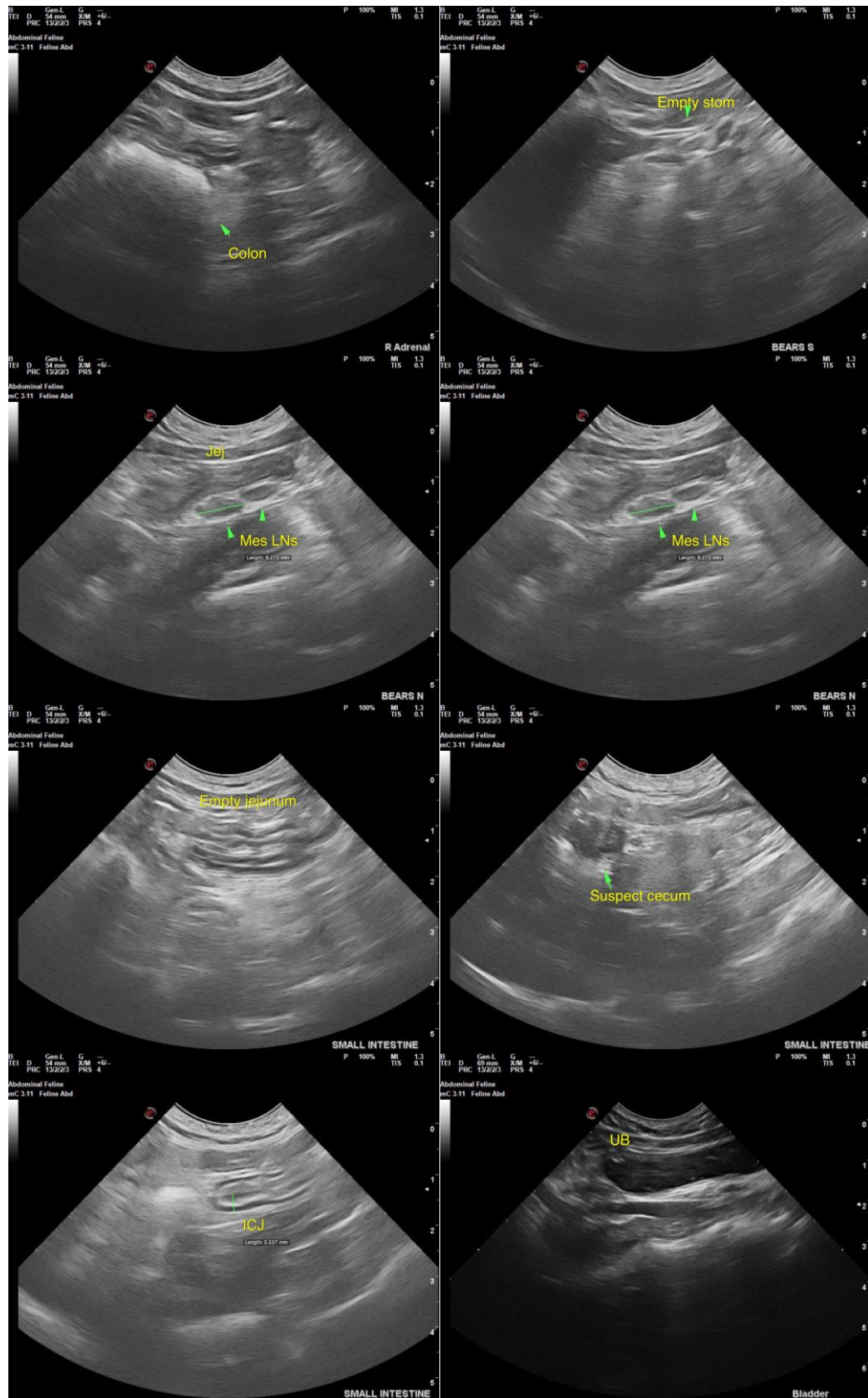
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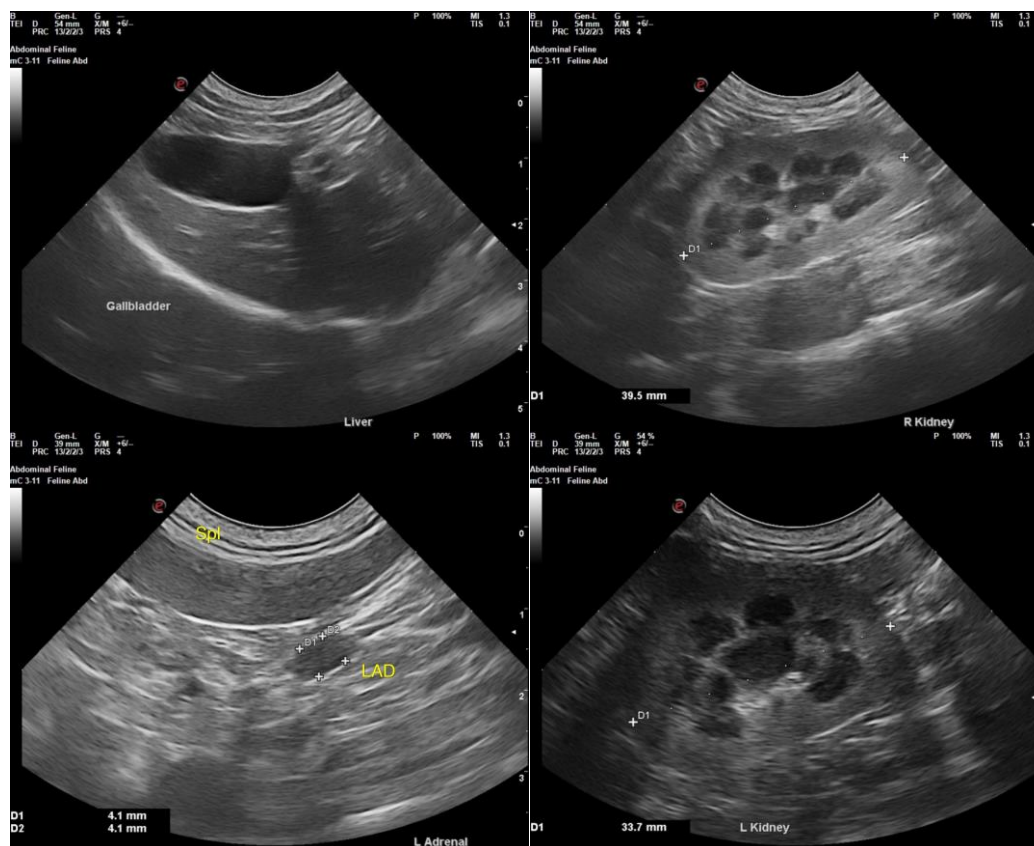
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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