



PATIENT	PRESENTING CLINICAL SIGNS
Emmie Fifield	History: Chronic vomiting since adopted Emmie and her littermate in March. Acts normal and wants to eat. Vomits after eating.
SPECIES	Abnormal PE/Chem/CBC/UA Results: PE: BCS 3/9, small for age. CBC/Chem (3/24/2022): GGT 3, CI 111.
Feline	
	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
DSH	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 1.0 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 were noted. Aortic trifurcation was normal.
SEX	
Spayed Female	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 3.5 cm in length. The right kidney measured 3.6 cm in length.
AGE	
6 Months	
WEIGHT	Adrenal Glands
5 Pounds	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm.
INTERPRETED BY	No overt pathology in the area of the right adrenal gland.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Spleen
IMAGING PERFORMED BY	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 0.7 cm in width at the level of the hilus.
Dr. Ebersole	
HOSPITAL NAME	Liver
Scanvet	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. Peyser	Gastrointestinal
INVOICE	The stomach presented intact subjective mild prominent wall layering owing to mildly prominent mucosa noted in the fundus, body and pylorus with mild retained anechoic pyloric fluid. The pylorus wall measured 0.27 cm. The ventral gastric antrum wall measured 0.32 cm. No evidence of mechanical pyloric outflow obstruction.
15116	
DATE	
5/9/22	



PATIENT

Emmie Fifield

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 0.19 cm.

SPECIES

Feline

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

Pancreas

BREED

DSH

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.

SEX

Spayed Female

Free Abdomen

Intermittent, mildly prominent to enlarged mesenteric nodes were present primarily in the mid abdomen. 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 lymph node size measured 2.8 cm x 0.88 cm.

AGE

6 Months

Very scant pockets of free fluid were noted adjacent to intermittent intestinal loops. Normal omental echogenicity was noted.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

5 Pounds

- Subjective mild gastritis pattern with mild retained pyloric fluid
- Overtly normal small bowel and pancreas
- Intermittent nonspecific yet subjectively benign mild mesenteric lymphadenopathy- lymphoid hyperplasia, minor reactive lymphadenitis or immunologic immaturity likely.

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant abdominal visceral, specifically gastrointestinal or pancreatic, pathology. Dietary intolerance/food hypersensitivity, occult parasitism (if clinically applicable), mild gastritis +/- mild gastric stasis could be playing a role in the patient chronic vomiting.

IMAGING PERFORMED BY

Dr. Ebersole

A limited antigen hydrolyzed diet trial with initial canned feeding and gastric protectant trial with continued as needed gastrointestinal support and assessment of clinical response would be reasonable. Broad spectrum deworming is suggested (if clinically applicable). Sonographic reassessment primarily of the stomach recommended in 4 weeks if vomiting persists with dietary therapy and conservative support. No evidence of gastrointestinal mechanical obstructive pattern or foreign material.

HOSPITAL NAME

Scanvet

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PATIENT

Emmie Fifield

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

6 Months

WEIGHT

5 Pounds

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IMAGING PERFORMED BY

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REFERRING VET

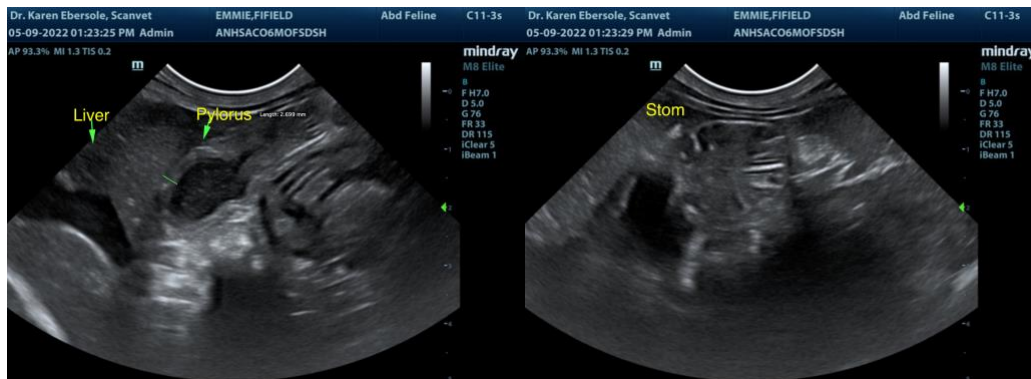
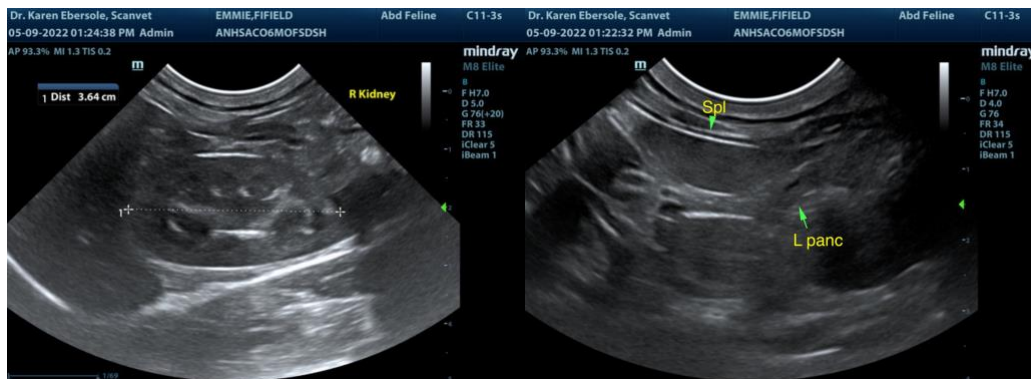
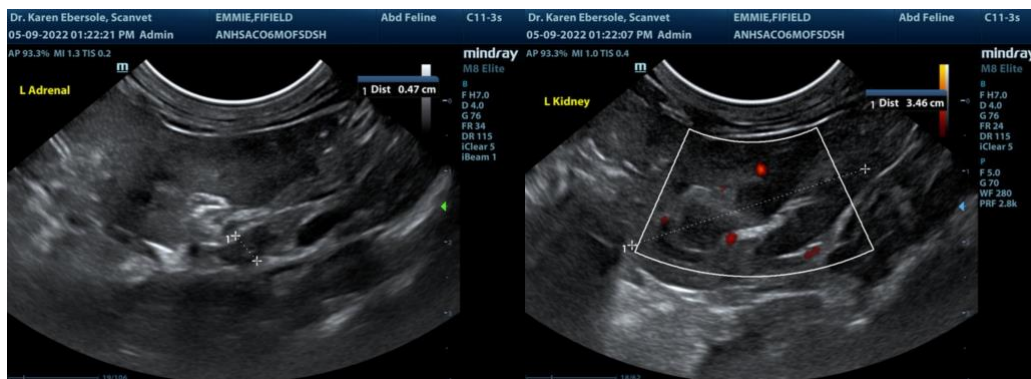
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Emmie Fifield

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Feline

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DSH

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Spayed Female

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WEIGHT

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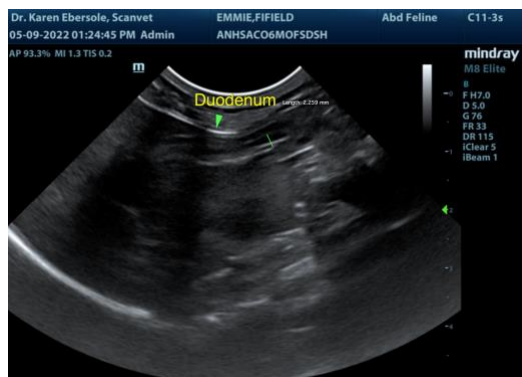
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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