

PATIENT

Bubba Marr

PRESENTING CLINICAL SIGNS

History: tense abdomen during scan- PAWS Request Form: Chief Concern / Provisional Diagnosis: ~Abnormal ABD Rads - bunching effect. Need to evaluate for masses, linear FBs~ Relevant Medical History and Physical Exam findings: ~Recently been PU/PD, mucoid stool. Started vomiting yesterday.~ Recent Diagnostics: Relevant Laboratory Results / Abnormalities: ~FLP all WNLs~ Abnormal PE/Chem/CBC/UA Results:

SPECIES

Feline

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

MN

The urinary bladder, 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 mild nondependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

AGE

10 yr

Normal size and subtle asymmetric renal margination was 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 4.6 cm in length. The right kidney measured 4.6 cm in length.

WEIGHT

22.5 lb

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

INTERPRETED BY

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

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.33 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 cm.

Spleen

IMAGING BY

Loetitia Saint-Jacques,
LVT

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. A focal subtle nondisruptive mildly hyperechoic nodule was present likely consistent with small to emerging benign myelolipoma. 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 0.95 cm width at the level of the hilus.

HOSPITAL NAME

Mountain View Animal
Hospital

Liver

REFERRING VET

Dr. Mendoza

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.

INVOICE

10775ag

DATE

06/10/2022



Portable Animal Wellness Sonography, Inc.

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pawsonography@gmail.com 530-786-8340

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Bubba Marr **Gastrointestinal**

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.25 cm in width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental mild small intestinal corrugation in the area of the distal duodenum and proximal jejunum was noted. Concurrent areas of nonobstructive jejunal ileus were present. The lumen of the small intestine was empty with no signs of obstruction or foreign material. The small intestinal wall measured 0.22 cm in width. The ileocolic wall measured 0.39 cm width.

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

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.

Free Abdomen

Focal to intermittent mildly prominent to enlarged mesenteric nodes were present. 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 a lymph node measured 1.6 cm x 0.53 cm.

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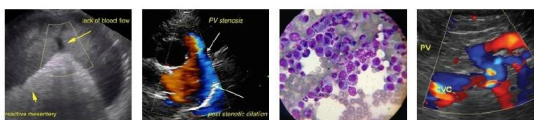
ULTRASONOGRAPHIC FINDINGS

- Intact overtly normal small intestinal wall layering with segmental mild corrugation and non-obstructive ileus pattern
- Focal to intermittent subjectively benign prominent mesenteric lymph nodes
- Normal stomach
- Mild chronic renal changes
- Mild urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of GI foreign material obstructive pattern or neoplastic criteria was present. The segmental small intestinal corrugation and mild non obstructive ileus is suspected to be secondary to an inflammatory bowel episode i.e. gastroenteritis. Potential for IBD if previous or persistent history of GI signs. Potential for areas of segmental intestinal hypercontractility or spasming is possible. As needed GI supportive care with monitoring of clinical response recommended.

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.



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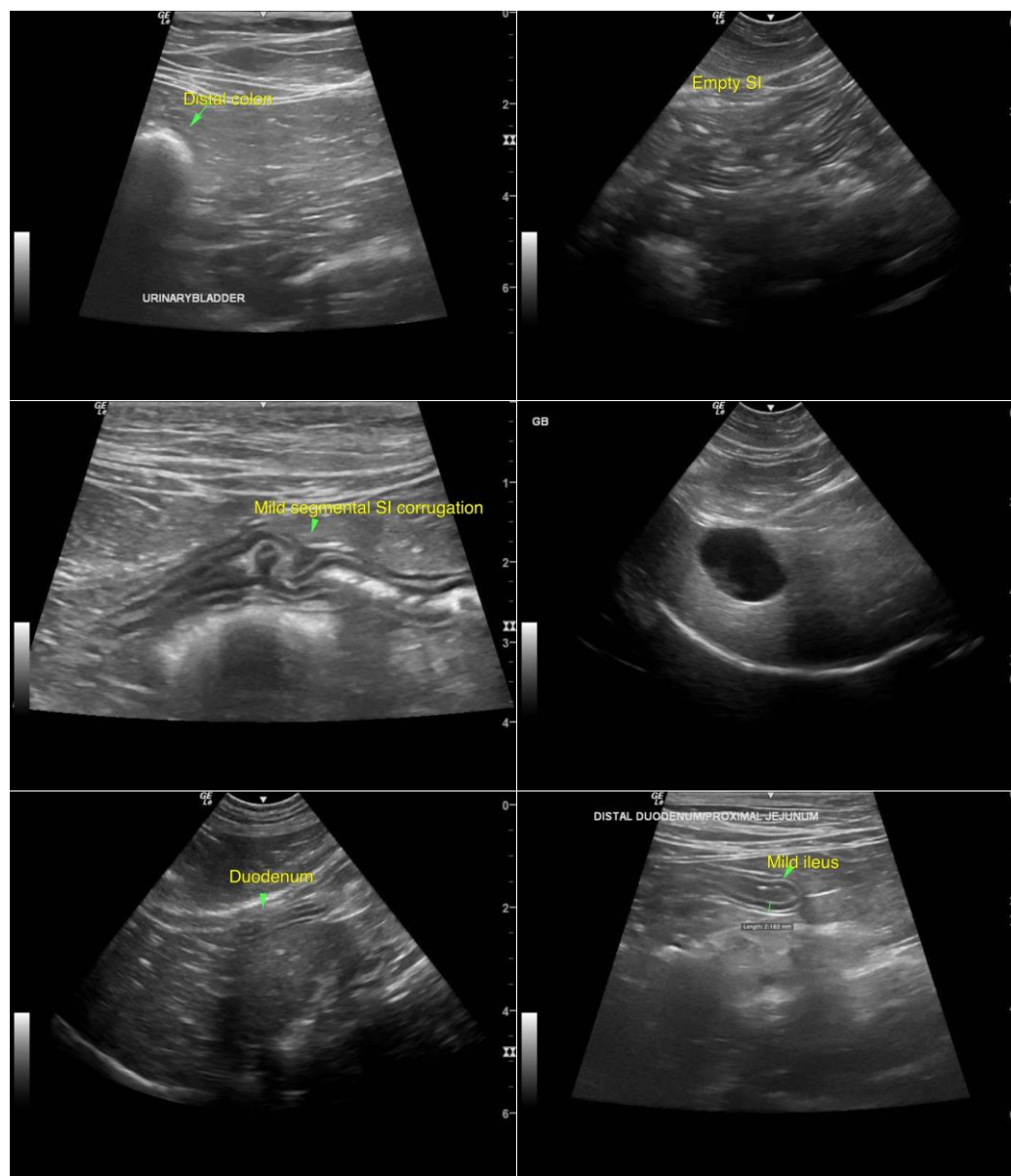
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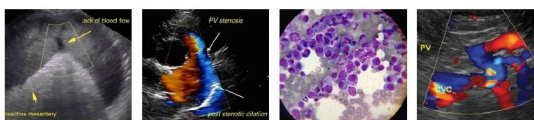
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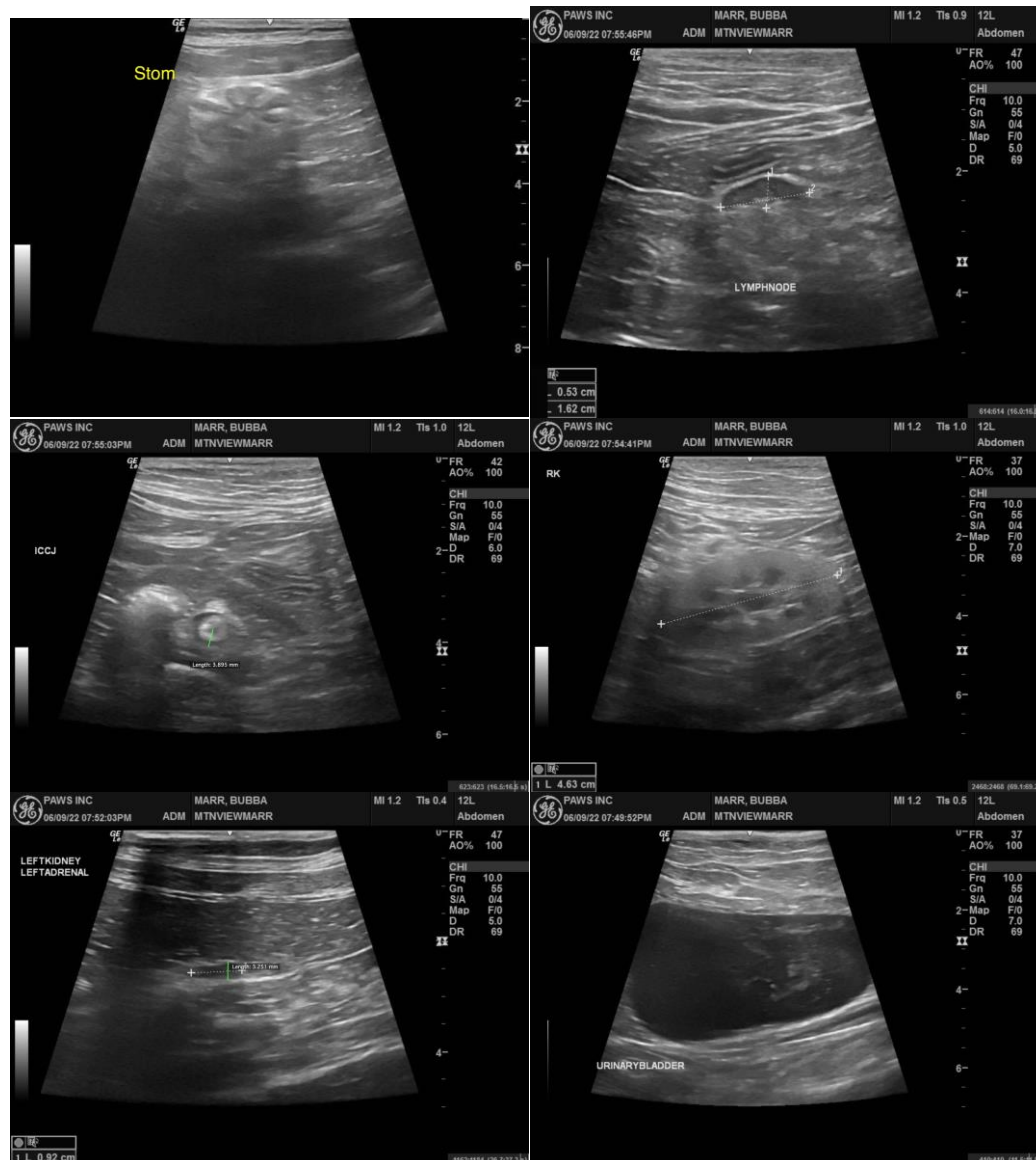
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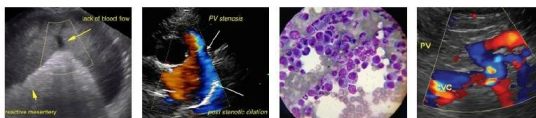
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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