

**PATIENT**Jeffrey Foster
Dr. Pet**SPECIES**

Feline

BREED

DSH

SEX

MN

AGE

1 years

WEIGHT

11.6 lbs.

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

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VETWixom Family Pet
Practice**INVOICE**

14063

DATE

6/10/22

PRESENTING CLINICAL SIGNS

Current Medications: Cerenia 8mg PO last night, Revolution plus Patient History: Vomited a large amount of digested food and a piece of balloon yesterday afternoon, then vomited a large amount of liquid last night and a small amount this morning. Not eating, drank a little yesterday, no BM's, very lethargic.

Abnormal PE/Chem/CBC/UA Results: Dehydrated, painful mid cranial abdomen. BW attached.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System**

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, nondependent, particulate sediment was present without evidence of calculus formation. The sediment is likely indicative of minor cellular debris/protein, crystalline debris, or possible mucus. This is likely incidental unless urinary signs are present. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were 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 corticomodullary 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 4.0 cm in length.

Adrenal Glands

No overt pathology was noted in the area of the left or right adrenal glands.

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 and sonographically normal wall layering with moderate gastric distention with retained primarily anechoic fluid. The fluid extended into the area of the pyloric outflow tract and upper duodenum. No evidence of gastro-pyloric foreign body was noted.

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Concurrent fluid distention of the upper duodenum extending caudally to a strongly shadowing echo within the subjective mid duodenum measuring approximately 2.0-2.5 cm in diameter. Empty distal duodenum was noted, as well as jejunum and ileum exhibiting intact sonographically unremarkable wall layering and maintained a 1:3 muscularis/mucosa ratio to the level of the ileocolic junction.

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

Pancreas

The pancreas base and right pancreatic limb presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

Free Abdomen

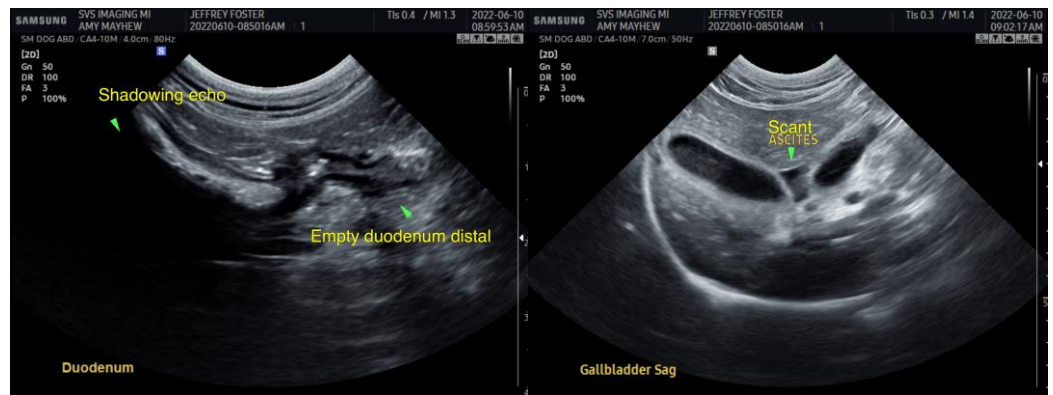
Regional peripancreatic and periduodenal reactive mesentery were present. Small pocket of scant free fluid was noted adjacent to the pylorus, pancreas base, and caudal liver margins.

ULTRASONOGRAPHIC FINDINGS

- Duodenal foreign body with secondary upper duodenal and gastric obstructive pattern, empty normal-appearing small intestine distal
- Probable concurrent mild pancreatitis
- Regional peripancreatic to periduodenal reactive mesentery with small pocket of scant periduodenal free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Laparotomy with expectation towards duodenotomy is recommended. Post-surgical supportive care and therapy for subjective mild pancreatitis are recommended.



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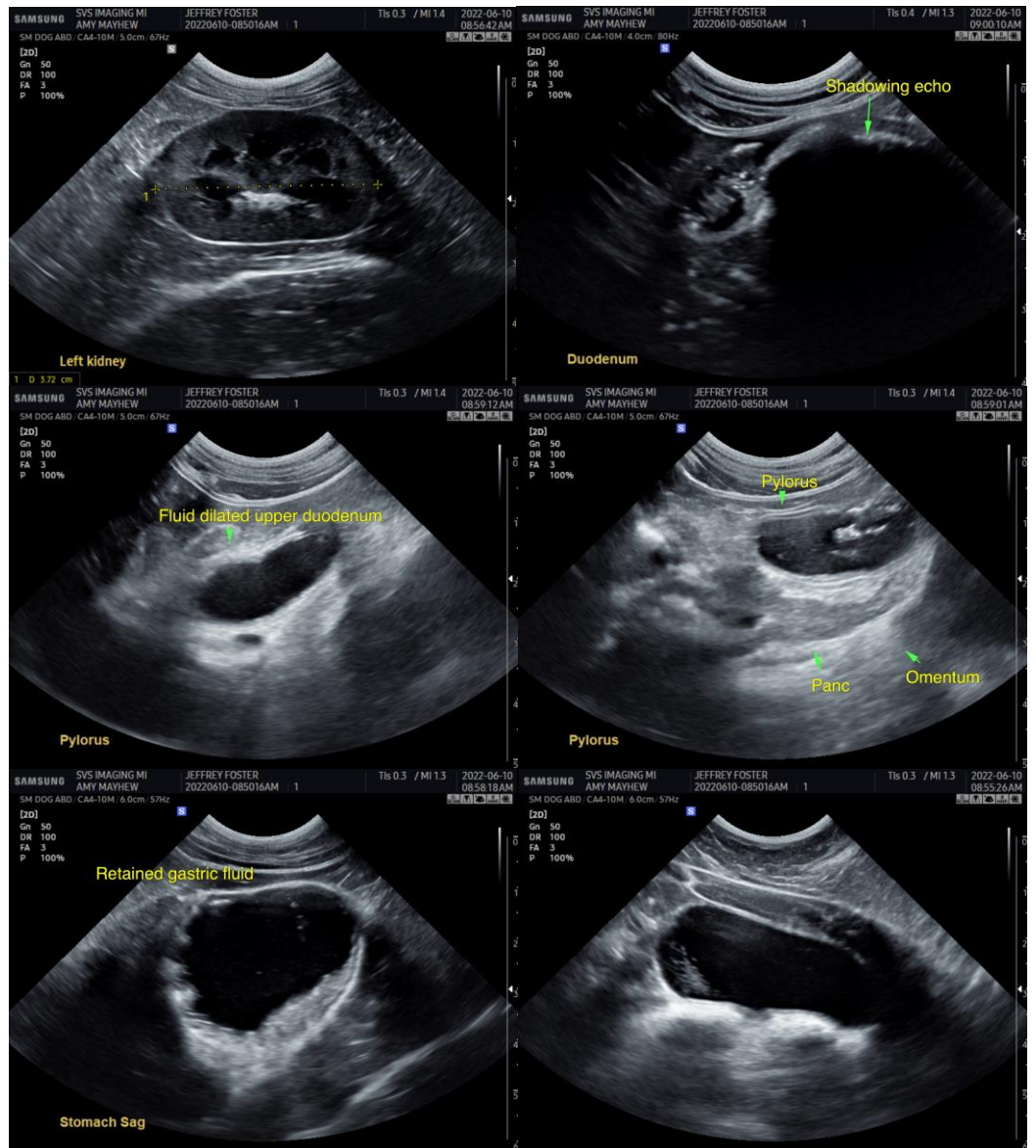
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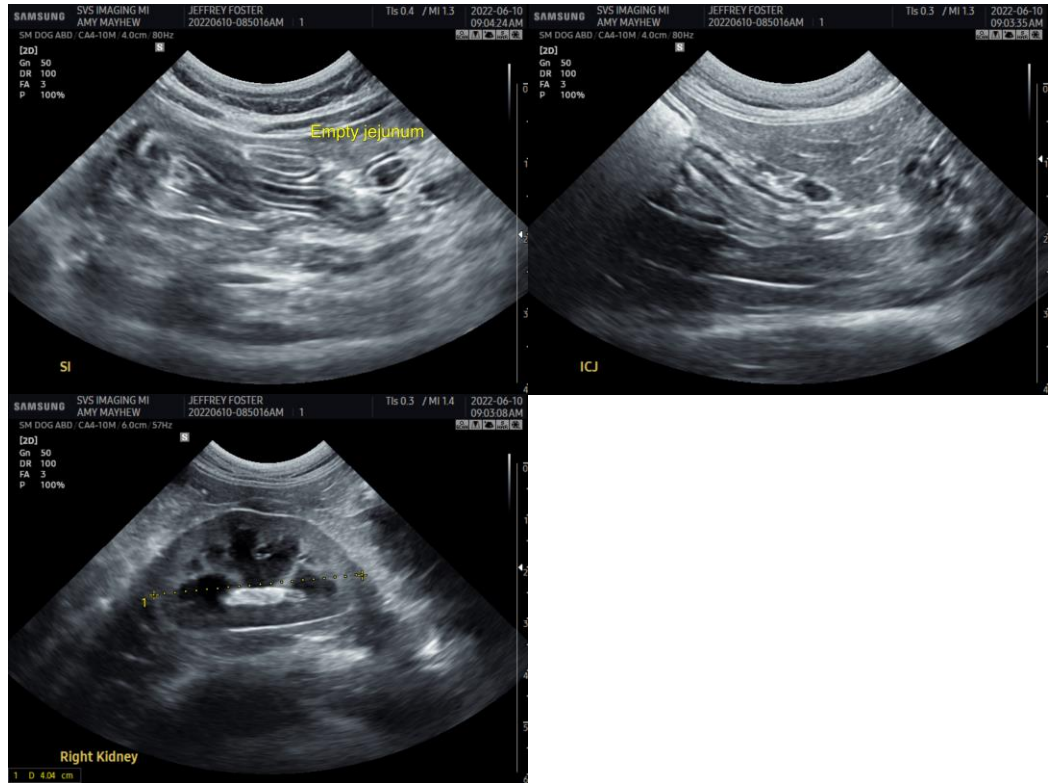
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com