



PATIENT

Indiga Zubritskaya

SPECIES

Feline

BREED

Long Hair

SEX

F

AGE

3 years

WEIGHT

10 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

All Creatures Great
and Small

REFERRING VET

Dr. Mitrovic

INVOICE

14080

DATE

6/14/22

PRESENTING CLINICAL SIGNS

Vomiting for 2 days, gagging all the time and reflux most of the time. Pregnant about 42-45 days with ~8 fetuses. Contrast (barium) mega esophagus. Current meds: cerenia, reglan, S/Q LRS

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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 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 4.6 cm in length. The right kidney measured 4.2 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 0.39 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.31 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 visualized stomach appeared to exhibit intact yet prominent wall layering. Potential for mild possible moderate retained anechoic fluid was noted. No overt evidence of mechanical pyloric outflow obstruction was present. Subjective mild to moderate gastric luminal gas artifact was present. Some degree of possible gastric displacement owing to pregnancy is possible.

The small intestine presented intact wall layering and maintained a 1:3 muscularis/mucosa ratio. Concurrent mild upper duodenal ileus was present with no overt evidence of mechanical small intestinal



PATIENT	obstruction pattern or overt small intestinal foreign material. No evidence of pathology was note at the level of the ileocolic junction.
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	<i>Pancreas</i>
Feline	The left pancreatic limb presented uniform hypoechoic parenchyma compared to adjacent omentum. The left pancreatic limb was normal to potentially mildly prominent in size. Mild asymmetrical pancreatic contour was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.
BREED	
Long Hair	
SEX	<i>Free Abdomen</i>
F	Intermittent mesenteric lymph 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 lymph node measured 2.3 cm x 0.77 cm. The lymph nodes were not consistent with Inflammatory or neoplastic criteria.
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WEIGHT	Multiple viable fetuses were present exhibiting skeletal mineralization.
10 lbs.	
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none">• Gastroduodenitis pattern with mild subjective gastric and duodenal hypomotility/stasis• Potential low-grade left pancreatitis• Multiple viable fetuses - confirmed pregnancy
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Jessica Miller	Overall, no obvious evidence of significant gastrointestinal pathology was noted. Potential for some degree of gastric displacement owing to pregnancy is possible.
HOSPITAL NAME	Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation in the area of the left pancreas, along with a Spec fPL are warranted.
All Creatures Great and Small	Empirical gastroprotectant protocol, in light of suspected gastroduodenitis +/- possible esophagitis, i.e., Omeprazole at appropriate dose, and with smaller more frequent feedings of a canned bland to possible hydrolyzed diet may prove beneficial.
REFERRING VET	
Dr. Mitrovic	Regarding the reported megaesophagus, internal medicine consultation could be considered.
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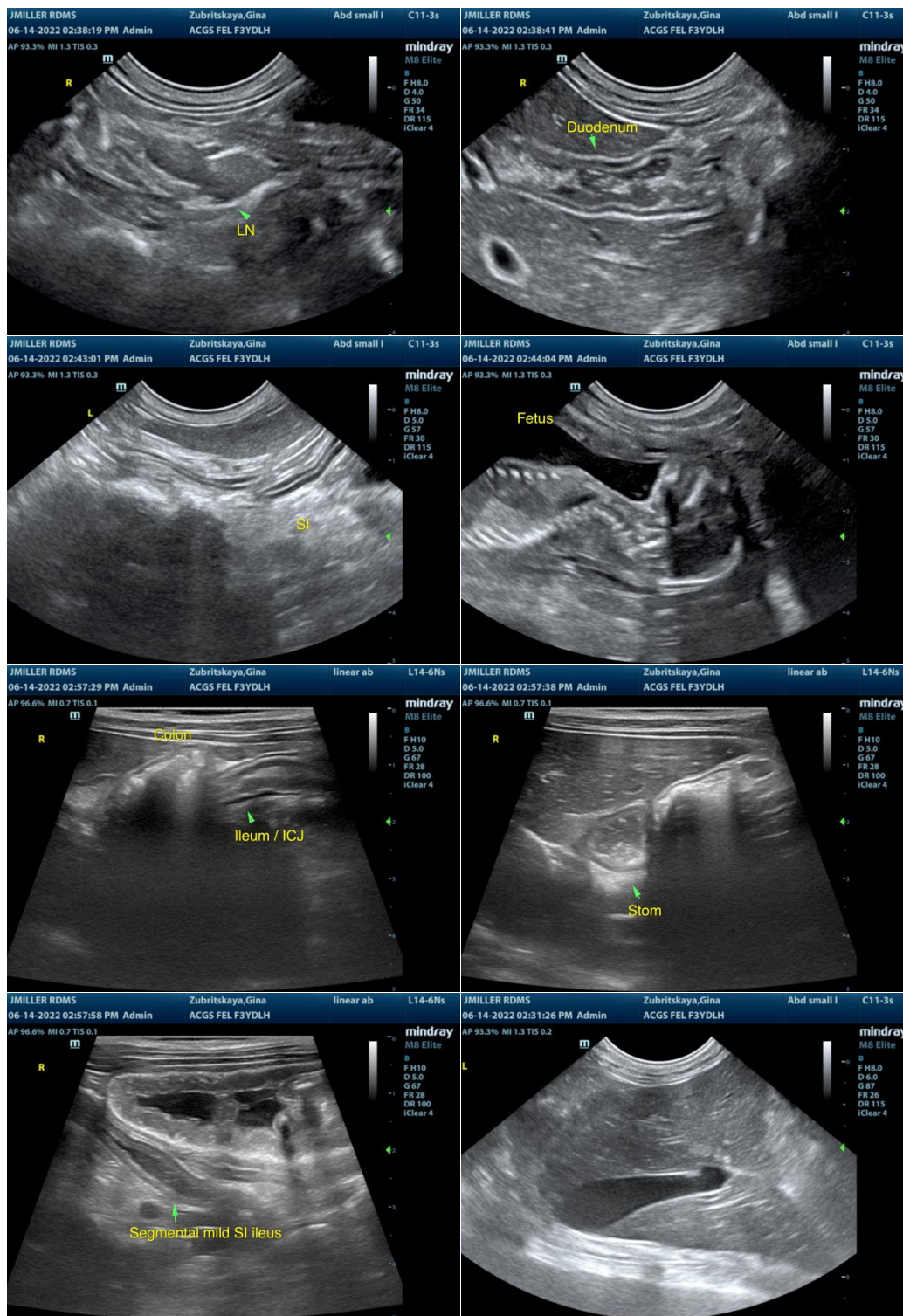
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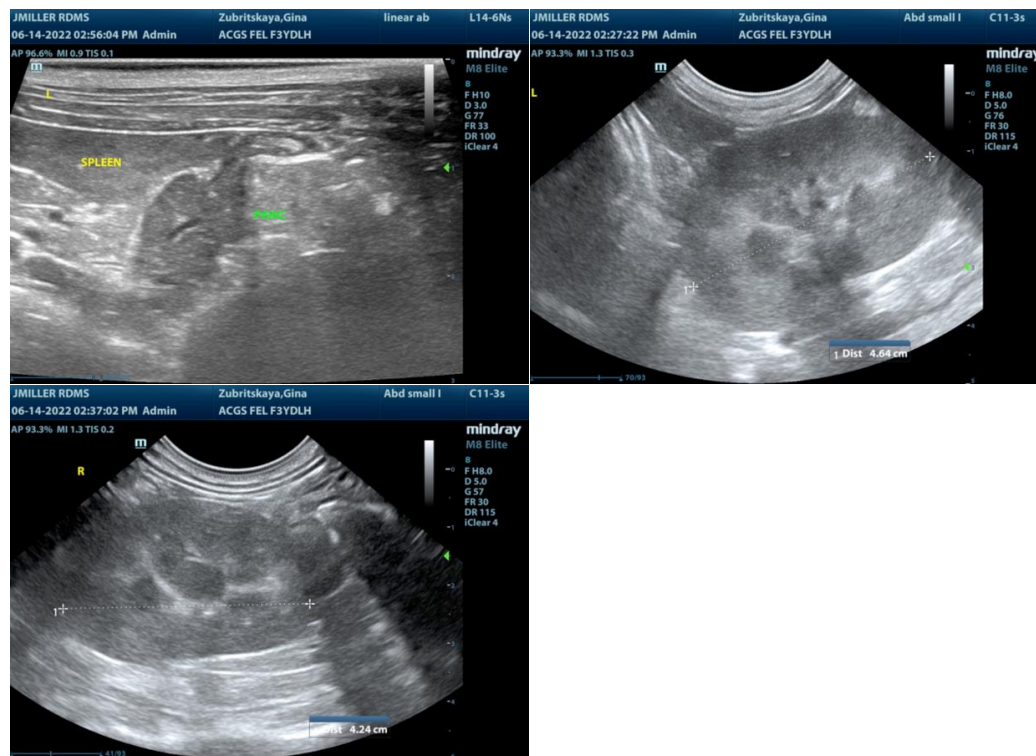
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>