

**PATIENT**

Piper Keils

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

5 years, 10 months

WEIGHT

8 lbs.

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

Amy Mayhew LVT

HOSPITAL NAME

SVS Imaging MI

REFERRING VET

Dr. Richards

INVOICE

17073

DATE

6/13/23

PRESENTING CLINICAL SIGNS

vomiting 1x daily for past month. Initially was vomiting bile + some fiber material (poss hair vs sisal rope from scratching post?). Some improvement after visit on May 23 (treated with Maropitant, meds for conjunctivitis, daily famotidine, and smaller/more frequent meals), but then vomiting became daily again. At this time, O is just seeing bile, not as much of the fiber material that was noted before. O also states that Ps hairballs are less frequent now, but still bringing up hairball possibly every 2-3 days. Still eating well, no wt loss noted. Possibly normal stools, may have passed some fiber-like material in stool once (O has 2 cats so is unsure). Conjunctivitis previously noted on May 23 has since resolved.

Abnormal PE/Chem/CBC/UA Results: Normal abdominal palpation, no obvious masses or pain noted. Blood work performed 5/23/23 was unremarkable. Rads obtained 5/23/23 unremarkable.

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. Minor, non-dependent, particulate sediment, which may indicate cellular debris / protein, crystalline debris, lipid, or mucus, was present without evidence of calculus formation. 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 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 3.6 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

The left and right adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.30 cm width and the right adrenal gland measured 0.26 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

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containing primarily anechoic content with mild echogenic gallbladder sediment. No evidence of gallbladder inflammatory criteria was noted. The cystic and common bile ducts were normal.

Gastrointestinal**SPECIES**

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The stomach presented intact wall layering with a normal wall layer ratio. Mild retained anechoic pyloric fluid was noted with no evidence of gastric ingesta, hairball, foreign material, or mechanical pyloric outflow obstruction. The pylorus wall width measured 0.24 cm.

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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. Mild retained upper to mid duodenal anechoic fluid was noted without evidence of duodenal obstruction. The duodenum wall measured 0.21 cm width. The jejunum wall measured 0.22 cm width. The ileocolic wall measured 0.30 cm width.

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

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Pancreas

The left pancreatic limb was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS**INTERPRETED BY**R. McKenzie Daniel,
DVM, DABVP (Canine
and Feline)

- Generalized intact sonographically unremarkable gastrointestinal wall layering
- Mild retained pyloric and upper to mid duodenal fluid - potential for nonobstructive mild gastric and duodenal metabolic / functional stasis
- Mild gallbladder sediment - nonspecific, considered incidental, given lack of current hepatic enzyme elevations
- Mild urinary bladder sediment
- Subtle heterogeneous left pancreas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of significant visceral pathology, including no evidence of gastrointestinal mural changes, obstructive pattern, gastrointestinal foreign material, or active pancreatitis. No indication for surgical intervention.

Low-grade to chronic left limb pancreatitis may be considered if evidence of cranial abdominal or subxiphoid discomfort on palpation going forward.

Dietary intolerance / food hypersensitivity, low-grade / chronic left limb pancreatitis, hairballs, and low-grade inflammatory gastroduodenitis, are all potentials. Empirically, novel protein or hydrolyzed diet trial with potential long-term dietary therapy, gastroprotectants, as-needed hairball therapy, +/- empirical deworming if clinically indicated may prove beneficial. Sonographic reassessment is



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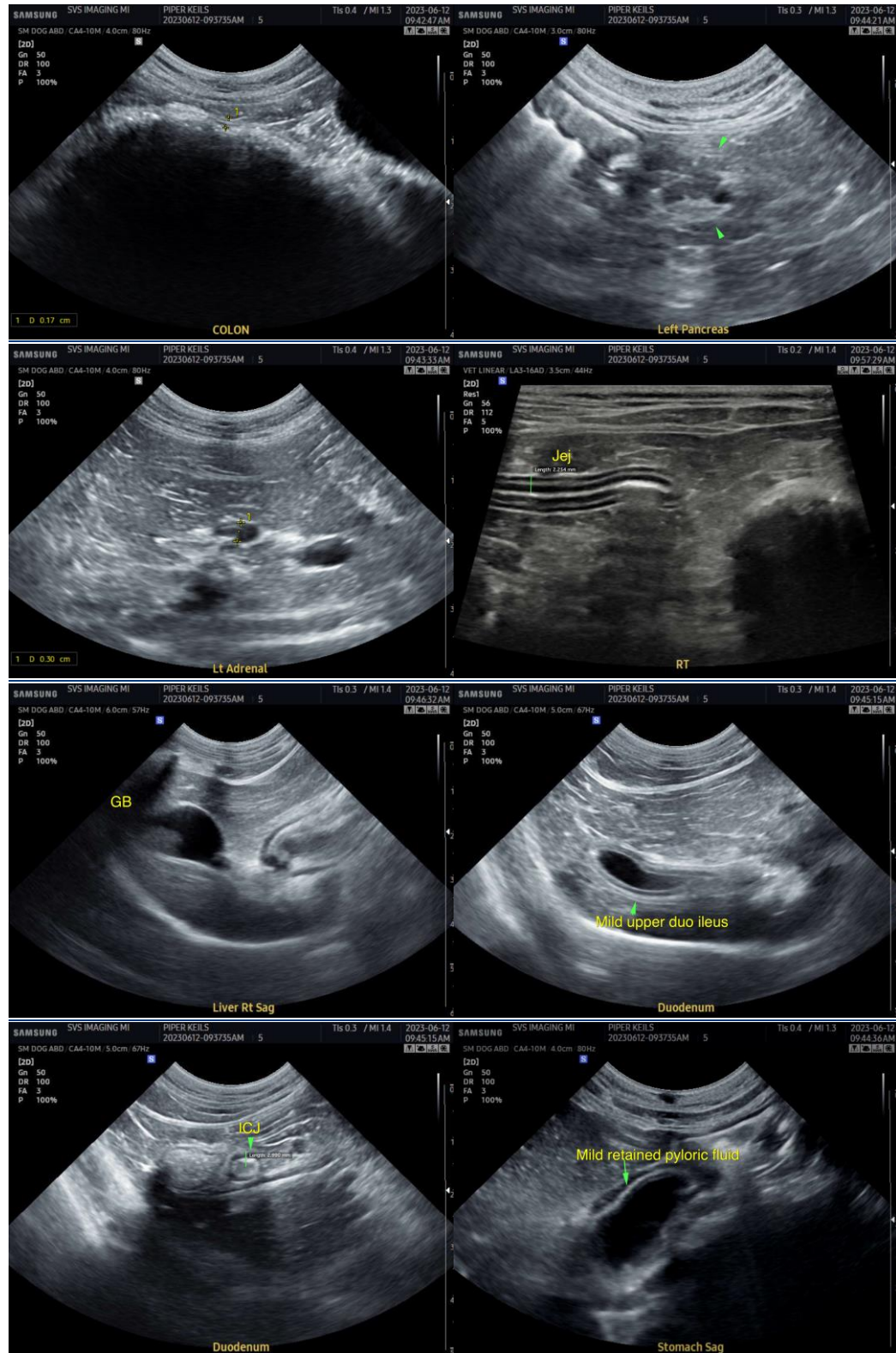
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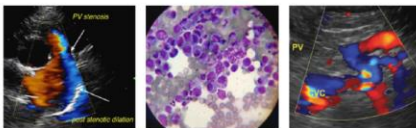
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recommended if evidence of persistent / progressive vomiting despite gastrointestinal supportive care.



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SVS Mobile Imaging MI 734-637-7711
svsimagingmi@gmail.com



EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4268 info@sonopath.com SonoPath.com

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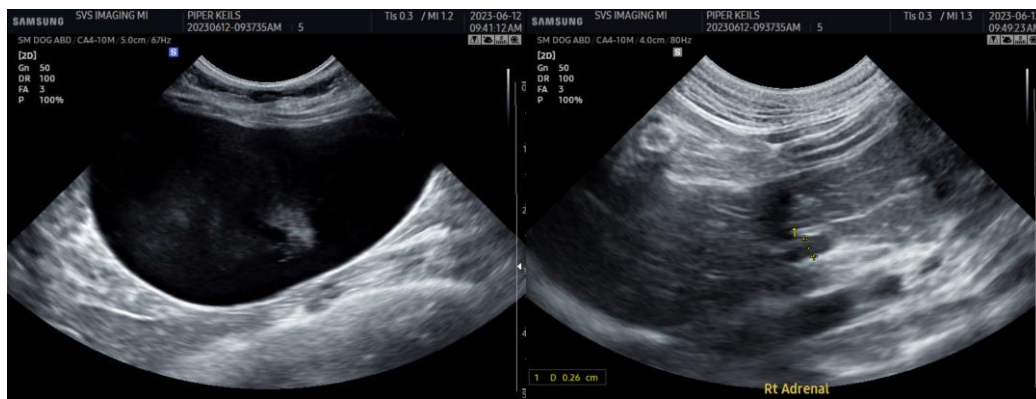
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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