

**PATIENT**

Furgus Grubb

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

6 years

**WEIGHT**

13.8 lbs.

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

Amy Mayhew LVT

**HOSPITAL NAME**

SVS Imaging MI

**REFERRING VET**

Union Lake VH

**INVOICE**

14174

**DATE**

7/1/22

**PRESENTING CLINICAL SIGNS**

anorexia x 2.5 days and lethargic- eats plastic

Abnormal PE/Chem/CBC/UA Results: Bloodwork WNL, pending Spec fPL

**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 4.1 cm in length. The right kidney measured 4.3 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 0.48 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.48 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 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 width measured 0.27 cm.

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The small intestine presented intact wall layering and maintained a 1:3 muscularis/mucosa ratio with minor segmental small intestinal gas pattern. Mild nonobstructive duodenal corrugation was present. No evidence of a mechanical obstructive pattern or foreign material to the level of the ileocolic junction. The duodenum wall measured 0.28 cm width. The jejunum wall measured 0.26 cm width. The ileocolic wall measured 0.34 cm width.

The colon was sonographically normal yet appeared to be gas distended.

***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 were evident.

***Free Abdomen***

Several mildly prominent to hypoechoic colic lymph nodes with adjacent perilymphatic reactive mesentery were present. An example of a lymph node measured 0.47 cm in diameter. No evidence of peritoneal free fluid was noted.

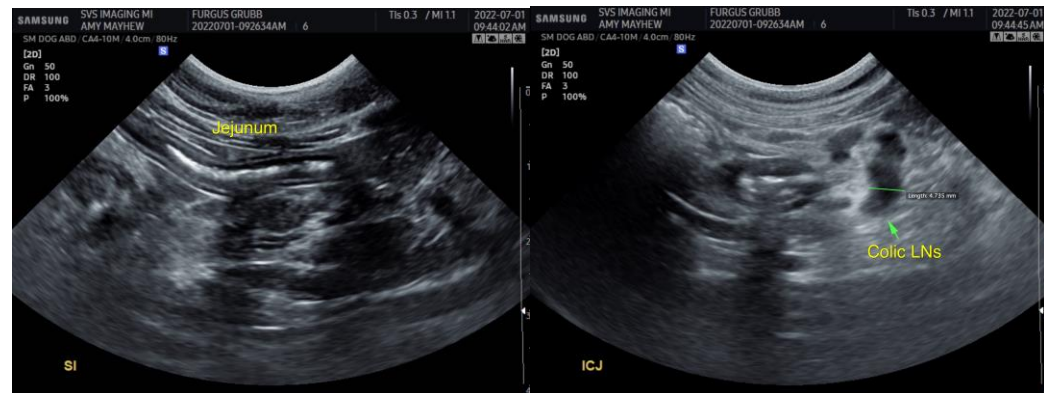
**ULTRASONOGRAPHIC FINDINGS**

- Acute gastroenteritis pattern with nonobstructive duodenal corrugation
- Minor colic lymphadenitis - potentially owing to inflammatory bowel episode

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of gastrointestinal obstructive criteria or overt foreign body was noted. Technically, very small pieces of plastic could be passing yet without evidence of obstructive criteria. No indication for immediate surgical intervention.

Potential for low-grade pancreatitis could be present yet sonographically normal. Correlation with pending Spec fPL is suggested. Supportive care for acute gastroenteritis should prove beneficial.



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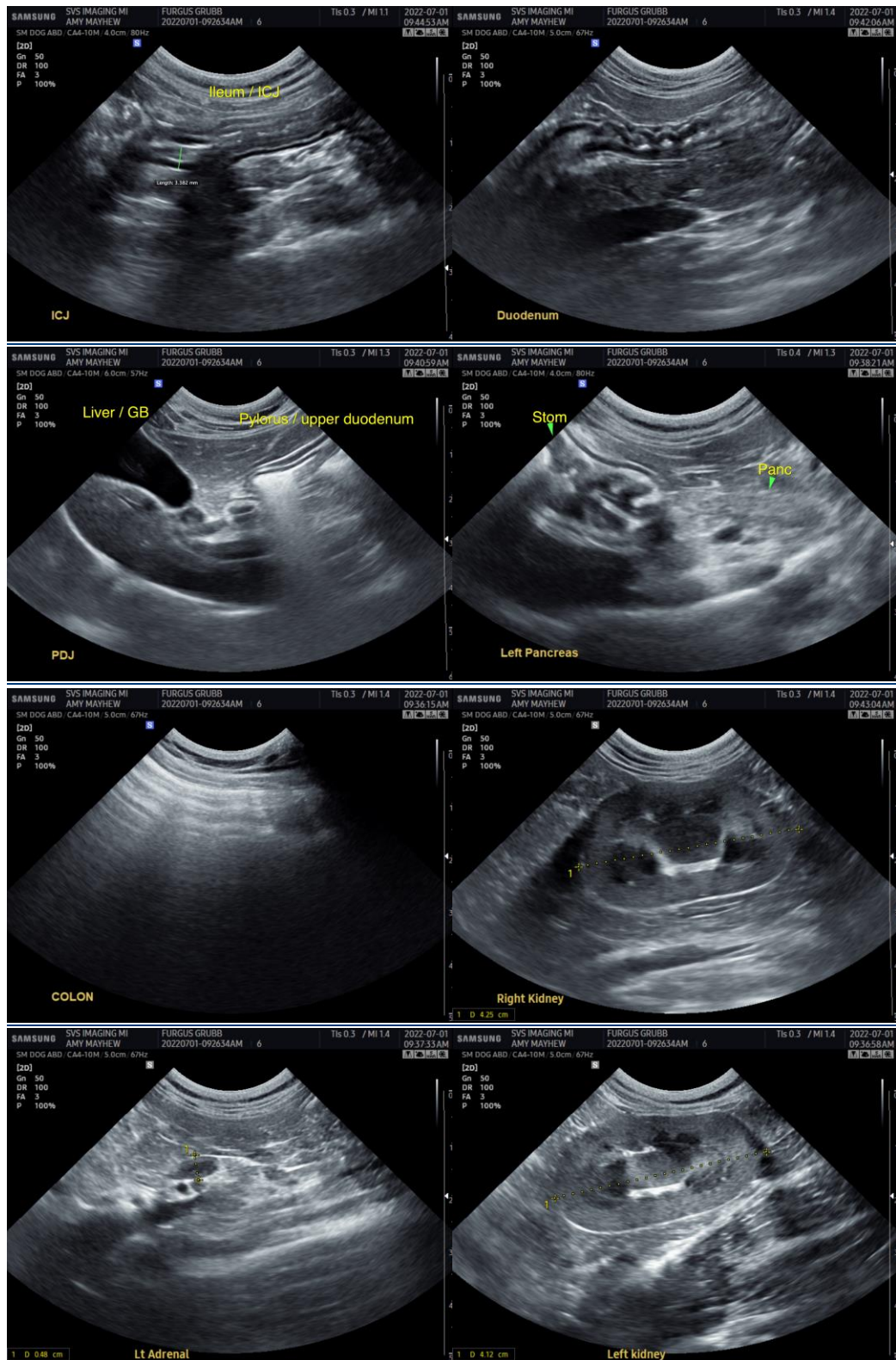
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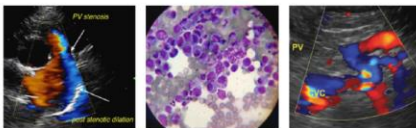
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EDUCATIONAL TELECONSULTATION SERVICES™

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

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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**