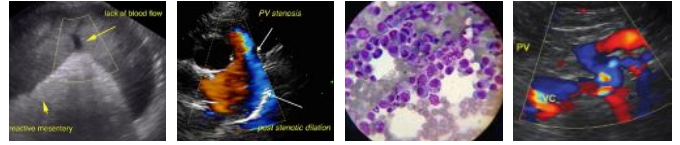




PATIENT	PRESENTING CLINICAL SIGNS
Jameson Dutton	History: Chronic mild vomiting. Acute severe vomiting and mucoid diarrhea with hematochezia beginning 24 hr ago, inappetance. Pt has been hospitalized on IVF for 18hr prior to imaging. Vomited despite Cerenia on board.
SPECIES	Abnormal PE/Chem/CBC/UA Results: CBC - Hct 35.3, wbc 7.57k Neut 0.57k, mono 0.73k, lymph 6.47k , bands suspected, plt 97k with clumps Chem - TP 8.4 (high normal), glob 5.5, GGT 35, BUN 32 (high normal) fPL - abnormal (10.8) UA - USG 1.041, 2-3+ protein, 6-10 wbc/hpf, 20-30 rbc/hpf, lipid present Abdominal radiographs non-obstructive, diarrhea visible
Feline	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
DSH	Urinary System
SEX	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 moderate nondependent to mildly congealed urinary bladder sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.
MN	
AGE	Mildly prominent renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. No evidence of renal neoplastic criteria. The left kidney measured 4.6 cm in length. The right kidney measured 4.9 cm in length.
10yr	The area of the aortic trifurcation was free of pathology.
WEIGHT	Adrenal Glands
8.7kg	The left adrenal gland was indistinctly visualized without overt pathology. The left adrenal gland measured 0.54 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.51 cm width.
INTERPRETED BY	Spleen
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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. The spleen measured 0.75 cm in width at the level of the hilus.
IMAGING PERFORMED BY	Liver
Anna Wepprich	The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.
HOSPITAL NAME	Invoice
Wilvet Salem	The gallbladder was mildly distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
REFERRING VET	Gastrointestinal
Dr. Peterson	
INVOICE	
11112ag	
DATE	
07/12/2022	



PATIENT	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 0.32 cm in width.
Jameson Dutton	
SPECIES	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. The duodenum wall measured 0.27 cm in width. The jejunum wall measured 0.24 cm in width. The ileocolic wall measured 0.37 cm in width.
Feline	
BREED	The colon exhibited intact yet mildly prominent wall layering. Mild dilation with non-formed fecal matter was present. Potential for nonobstructive hairball density in the proximal colon although not definitive.
DSH	
SEX	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.
MN	
AGE	Free Abdomen No peritoneal effusion was present.
10yr	Intermittent focally enlarged jejunocolic lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 0.5 cm diameter.
WEIGHT	
8.7kg	
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Moderate congealed urinary bladder sediment • Mild nonspecific chronic renal changes • Intermittent mild jejunocolic lymphadenitis-suspect secondary to inflammatory bowel episode • Mild generalized colitis pattern with potential nonobstructive hairball density in the proximal colon • Mild heterogeneous pancreas-nonspecific potential patient variant, minor remodeling due to previous inflammation or low grade to chronic pancreatitis
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Anna Wepprich	A UA +/- C/S is recommended. Structurally insignificant inflammatory bowel episode with concurrent colitis with contribution from low grade to chronic pancreatitis is possible. A fresh fecal analysis to rule out parasitic ova/giardia +/- a GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Continued GI supportive care with potential metronidazole/Zithromax combination and assessment of clinical response would be reasonable. Recheck sonogram is suggested if persistent vomiting and mucoid diarrhea despite conservative therapy.
HOSPITAL NAME	
Wilvet Salem	
REFERRING VET	
Dr. Peterson	
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DATE	
07/12/2022	



PATIENT

Jameson Dutton

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

10yr

WEIGHT

8.7kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Anna Wepprich

HOSPITAL NAME

Wilvet Salem

REFERRING VET

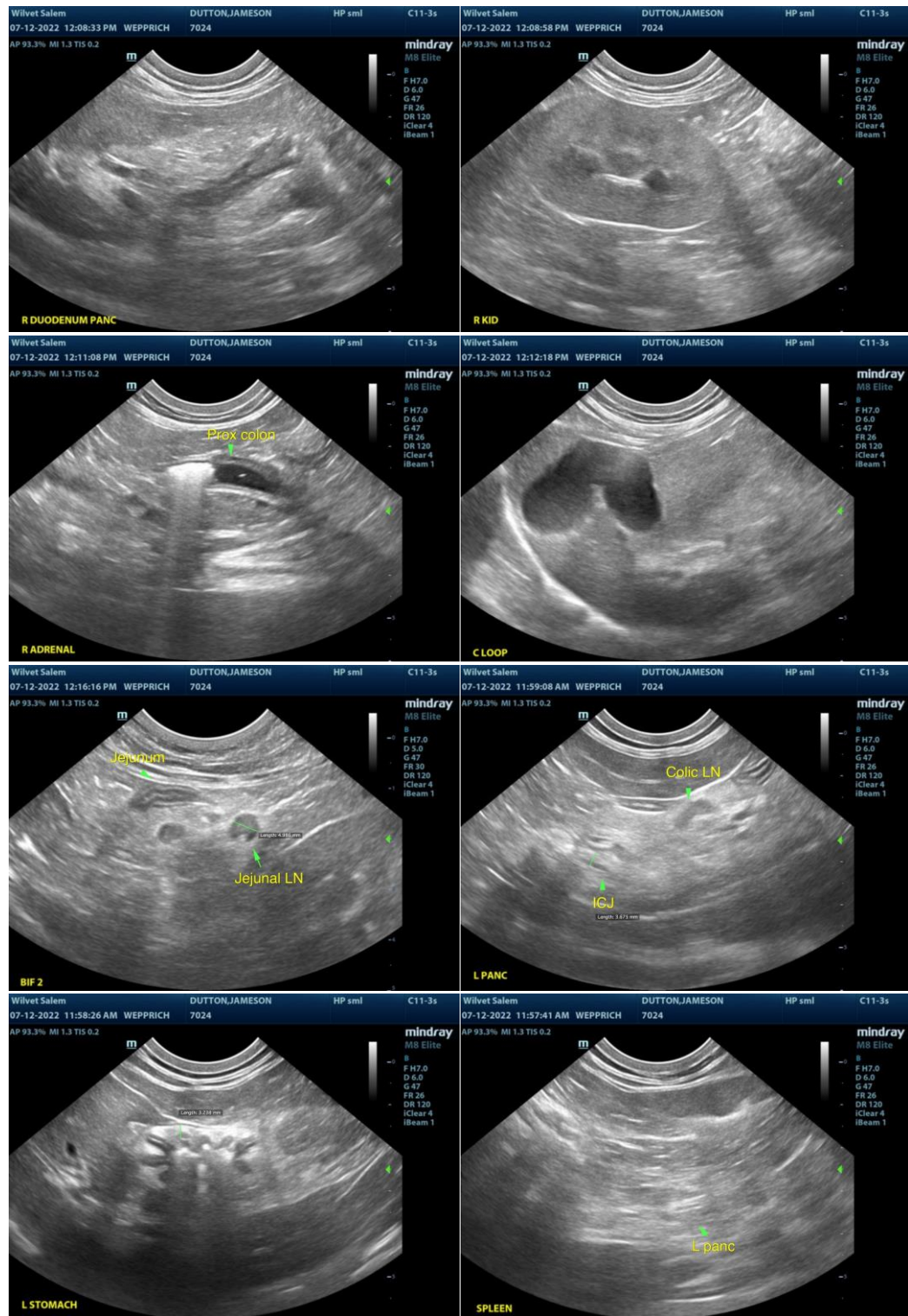
Dr. Peterson

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DATE

07/12/2022





PATIENT

Jameson Dutton

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

10yr

WEIGHT

8.7kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Anna Wepprich

HOSPITAL NAME

Wilvet Salem

REFERRING VET

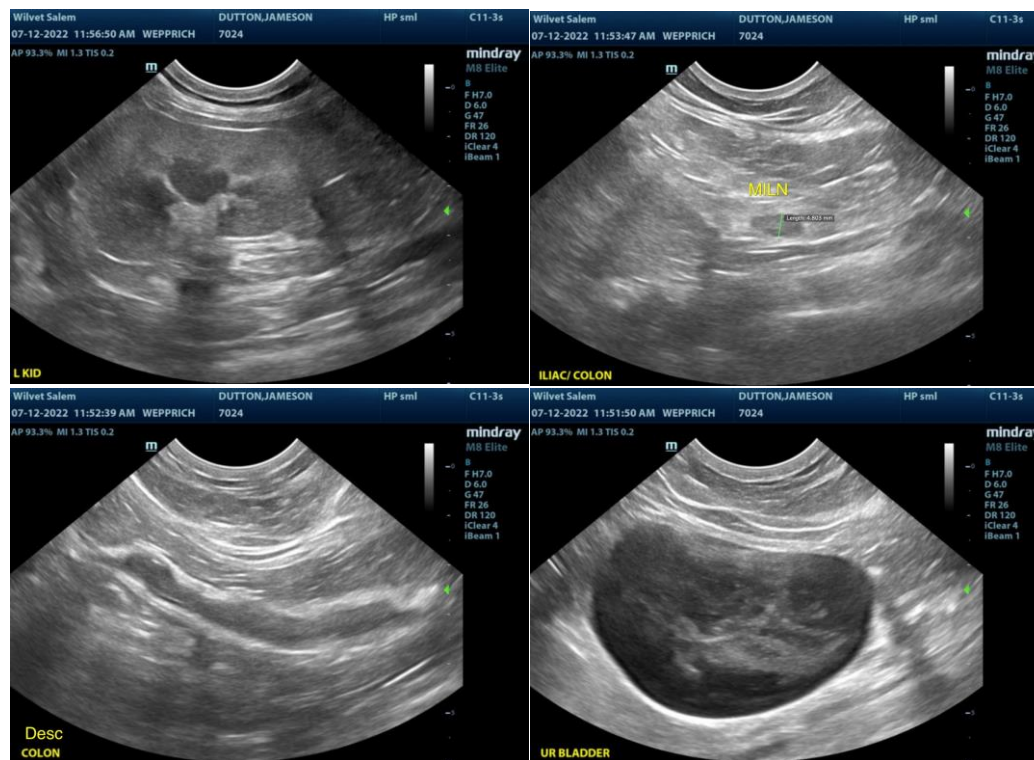
Dr. Peterson

INVOICE

11112ag

DATE

07/12/2022



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