



PATIENT	PRESENTING CLINICAL SIGNS
Onion Herrshaft	History: Acute onset vomiting, since 3pm yesterday. Very quiet and subdued.
SPECIES	Abnormal PE/Chem/CBC/UA Results: PE: Quiet/depressed. RADS: suspicious for possible FB in SI.
Feline	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
DSH	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 no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.
SEX	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 3.1 cm in length. The right kidney measured 3.2 cm in length.
FS	
AGE	The area of the aortic trifurcation was free of pathology.
7 mo	Adrenal Glands
WEIGHT	No overt pathology in the area of the left or right adrenal glands.
6 lb	Spleen
INTERPRETED BY	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 0.8 cm in width at the level of the hilus.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Liver
IMAGING PERFORMED BY	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.
Dr. Ebersole	Gastrointestinal
HOSPITAL NAME	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 0.25 cm in width.
Scanvet	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. A focal segment of subjective jejunum exhibited mildly prominent mucosa and secondary mild mural hypertrophy yet maintained wall layering. This segment measured approximately 2.0 cm in length with wall width measuring up to 0.34 cm in. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum measured 0.29 cm in width.
REFERRING VET	Normal visible colon wall layers were present with apparent formed feces in lumen.
Dr. Ring	Pancreas
INVOICE	
11117ag	
DATE	
07/12/2022	



PATIENT

Onion Herrshaft

The parenchyma of the left limb of the pancreas was subtly heterogeneous. 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.

SPECIES

Feline

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

BREED

DSH

Focal, mildly prominent to enlarged mesenteric node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 0.46 cm in diameter.

SEX

FS

- Mild gastroenteritis pattern with segmental mildly prominent jejunal mucosa-no evidence of obstructive pattern or foreign material
- Subtly heterogeneous left pancreas
- Intermittent benign/reactive mesenteric lymph nodes-mild lymphoid hyperplasia or reactive lymphadenitis owing to inflammatory bowel episode

AGE

7 mo

ULTRASONOGRAPHIC FINDINGS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

6 lb

No indication for immediate surgical intervention. Dietary intolerance/food hypersensitivity, nonspecific inflammatory gastroenterocolopathy or occult parasitism are possible. Low grade pancreatitis as a contributing factor is considered less likely. Further assessment may include a spec fPL. Conservative GI support should prove beneficial. Sonographic reassessment of the segmentally thickened jejunal mucosa in 3-4 weeks is recommended to assess for evidence of progression or additional mural changes.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Ebersole

HOSPITAL NAME

Scanvet

REFERRING VET

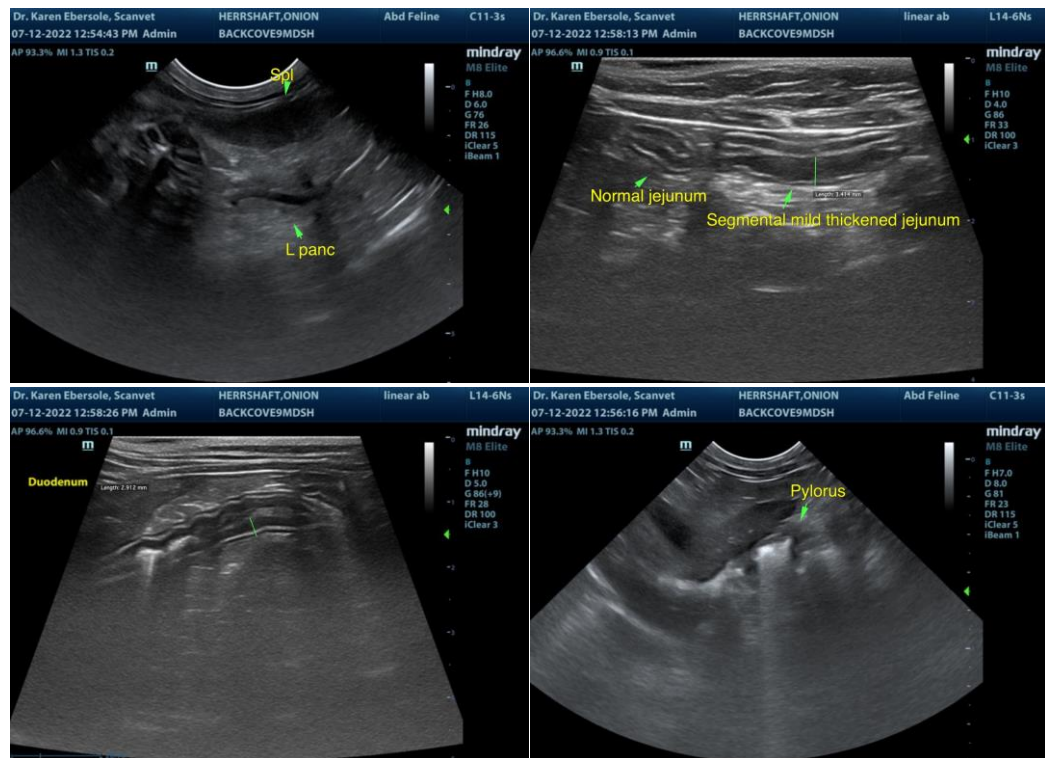
Dr. Ring

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Feline

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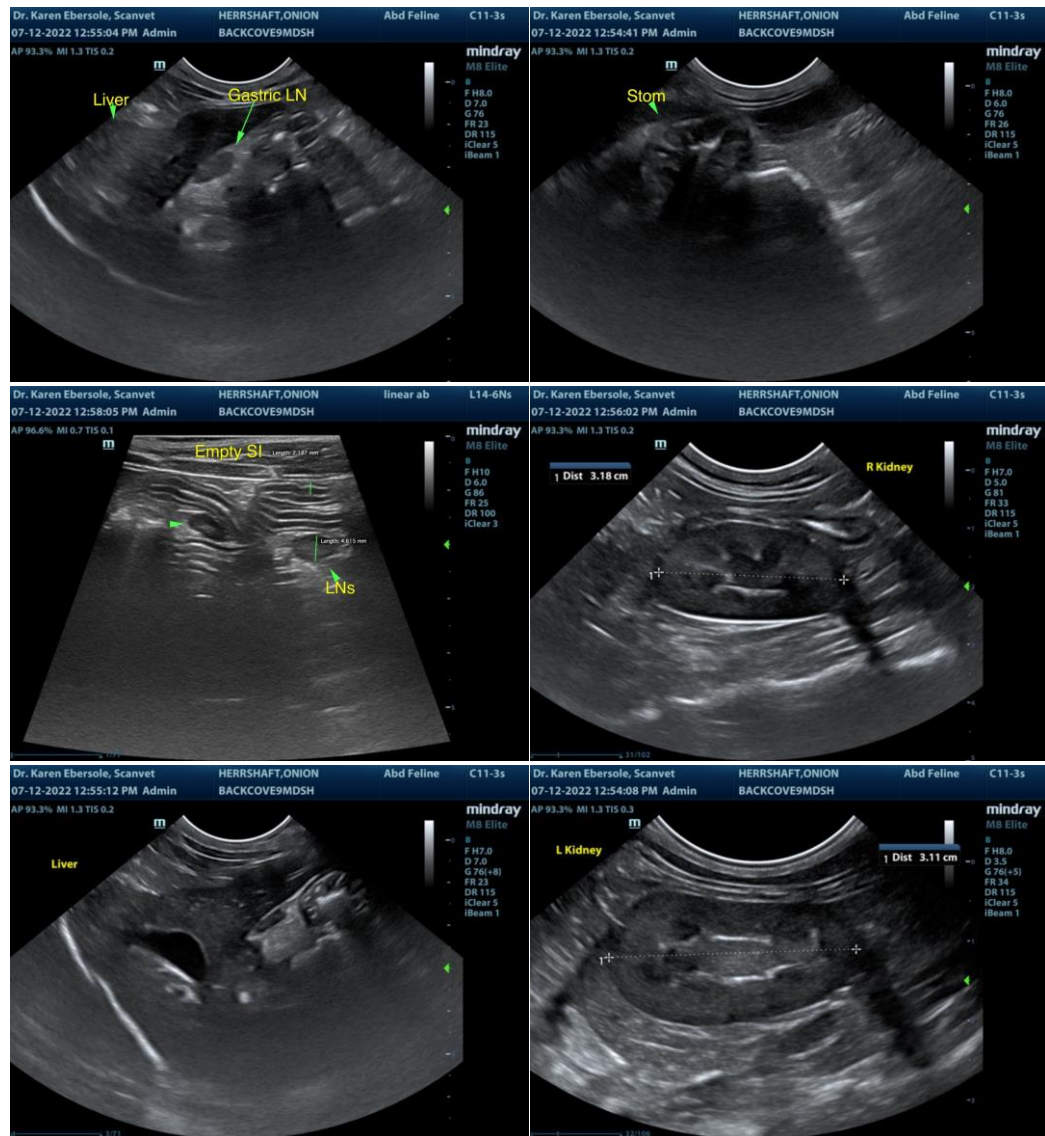
Dr. Ring

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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