



**PATIENT**

Spike Gagnon

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

2 Years

**WEIGHT**

6.5 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Carolina Vet Mobile

**HOSPITAL NAME**

Animal Emergency  
Clinic of the High  
Country

**REFERRING VET**

Dr. Sparks

**INVOICE**

43867

**DATE**

7/15/23

**PRESENTING CLINICAL SIGNS**

P presented 7/14 for vomiting. Owner had been out of town for 1 week and came home and found several piles of vomit. CBC, Chem17, Lytes wnl, Rads some fluid in stomach, no obstructive pattern. Owner elected outpatient care and was treated with 150ml SQ fluids and injectable Cerenia. P returned on 7/15 am for continuing to vomit and decreased appetite. P sedated with dexdomitor and torb

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild non-dependent particulate sediment 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 4.1 cm. The right kidney measured 4.3 cm.

**Adrenal Glands**

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 cm. The right adrenal gland measured 0.35 cm.

**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**

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 small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of mechanical/metabolic ileus, obstruction or foreign material.

Normal visible colon wall layers were present with non-formed fecal matter present in the proximal and transverse colon, with formed fecal matter in the descending colon.



**PATIENT** *Pancreas*

Spike Gagnon

The left pancreatic limb was mildly prominent in size, exhibiting symmetrical capsule, isoechoic to mildly heterogeneous parenchyma compared to adjacent non-reactive omentum.

**SPECIES** *Free Abdomen*

Feline

Intermittent mildly prominent colic 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). The lymph nodes were not sonographically consistent with inflammatory neoplastic lymphatic criteria.

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No evidence of peritoneal effusion or omental masses.

Neutered Male

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

2 Years

- Structurally normal gastrointestinal tract - no obstructive pattern / foreign body
- Normal colon with nonformed feces proximal to transverse colon
- Minor benign / reactive colic lymphadenopathy
- Subtle prominent left pancreas
- Mild urinary bladder sediment

**WEIGHT**

6.5 kg

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

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DVM, DABVP  
(Canine and Feline)

No sonographic evidence of significant visceral specifically gastroenterocolic or pancreatic pathology. Dietary intolerance, structurally insignificant intestinal disease / nonspecific gastroenteritis / mild inflammatory bowel episode, low grade pancreas which may present sonographically normal, occult parasitism all potentials. Assessment for evidence of cranial abdominal discomfort on palpation which may indicate mild pancreatitis is suggested. Correlation with a spec fPL or GI panel to include PLI/TLI/B12/folate may be considered. Supportive care for nonspecific gastroenteritis which may include gastroprotectants, dietary therapy and empirical deworming and assessment of clinical response would be reasonable.

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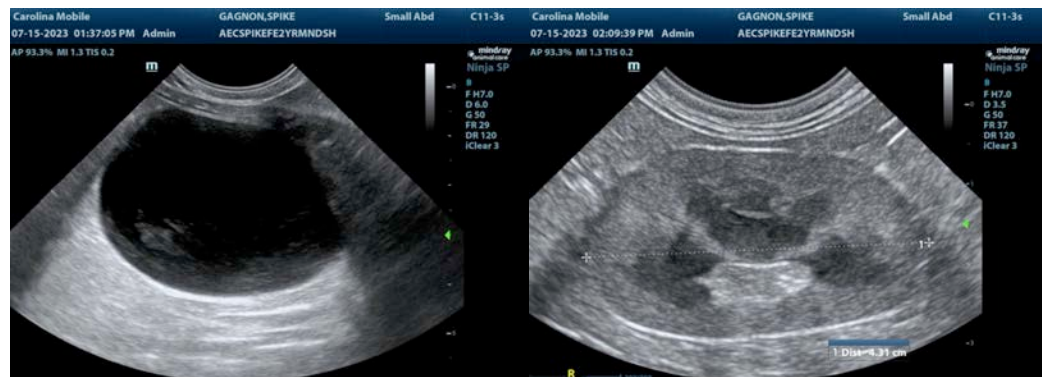
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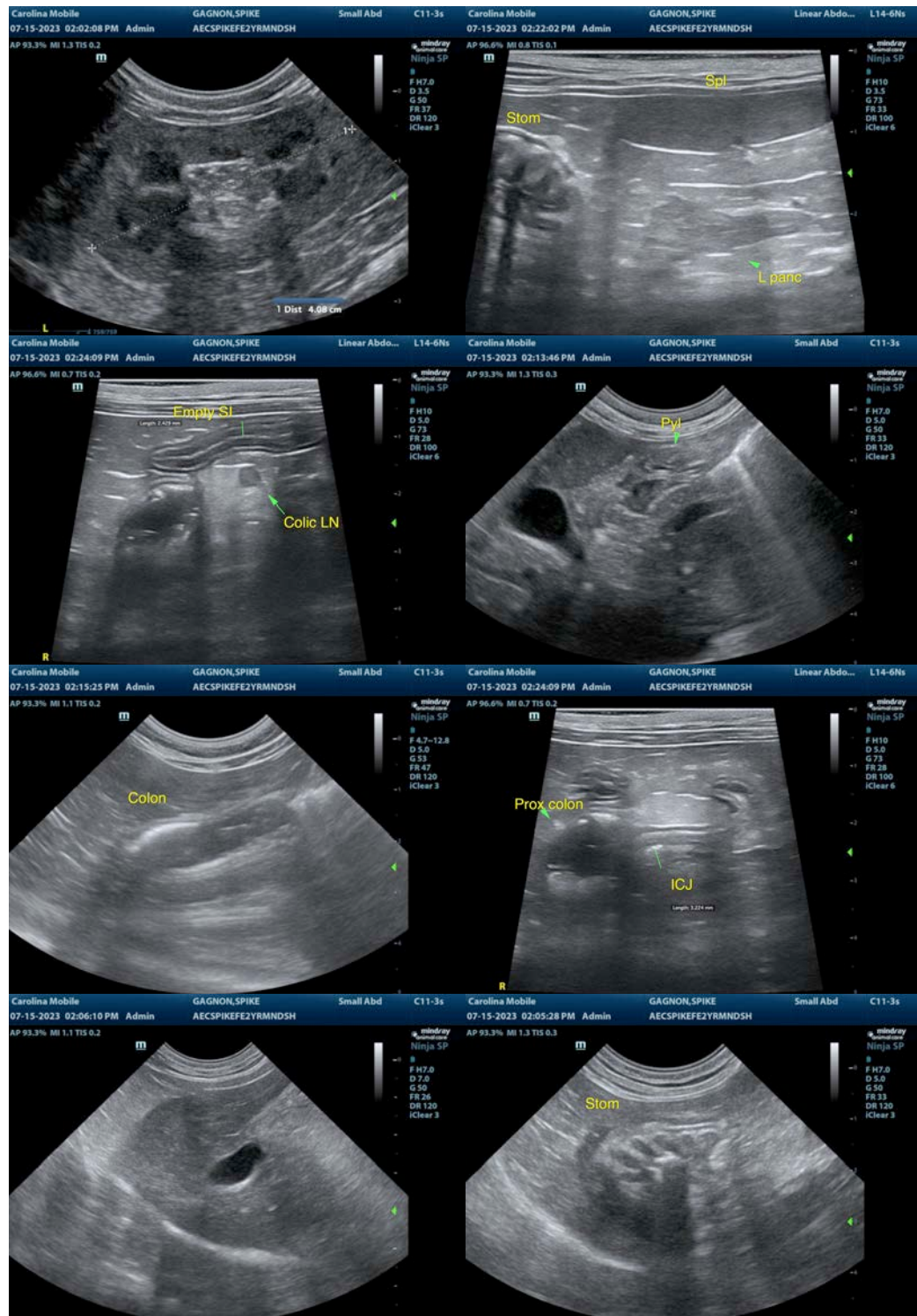
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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**