



PATIENT	PRESENTING CLINICAL SIGNS
Purrlin Vendetti	History of chronic intermittent vomiting. Purrlin vomits 1-3 times per week. His physical exam on 6/21/23 was unremarkable. An i/d diet trial was attempted but Purrlin did not like the food so recently switched to z/d Fecal negative
SPECIES	
Feline	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
DLH	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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	
FS	The area of the aortic trifurcation was free of pathology.
AGE	
1 year	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 3.5 cm in length. The right kidney measured 3.9 cm in length.
WEIGHT	
8.5 lbs.	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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 0.39 cm width.
IMAGING PERFORMED BY	Spleen
Jenna Walsh, CVT	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.
HOSPITAL NAME	Liver/ Gallbladder
West Eugene AH	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.
REFERRING VET	Gastrointestinal
Dr. Vendetti	The stomach presented intact mild to variably prominent wall layering including prominent rugal folds primarily secondary to prominent gastric mucosa. The stomach contained a mild to moderate amount of retained anechoic fluid. No evidence of mechanical pyloric outflow obstruction or obstructive
INVOICE	
17298	
DATE	
7/19/23	



PATIENT

Purrlin Vendetti

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

1 year

WEIGHT

8.5 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Jenna Walsh, CVT

HOSPITAL NAME

West Eugene AH

REFERRING VET

Dr. Vendetti

INVOICE

17298

DATE

7/19/23

pyloric mural pathology was noted. Gastric wall layer detail was maintained. The ventral gastric body wall including prominent gastric mucosa measured up to 0.55 cm.

The small intestine presented intact generalized wall layering with subjective borderline to mild propensity for segmental to generalized prominent muscularis and mucosa layer. No evidence of loss of intestinal wall layering or intestinal masses. The duodenum wall measured 0.29 cm width. The jejunum wall measured 0.27 cm width. The ileocolic wall measured 0.30 cm width.

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

Pancreas

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

Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

ULTRASONOGRAPHIC FINDINGS

- Mild hypomotile gastritis pattern
- Intact, mildly prominent small bowel walls
- Heterogeneous pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The patient's reported chronic intermittent vomiting is suspected to be secondary to mild gastritis and concurrent mild gastric metabolic / functional hypomotility.

The small intestine exhibited subjective mildly prominent wall layering, which is nonspecific with potential for patient variant, given the lack of additional gastrointestinal signs, i.e., weight loss, diarrhea, etc. The possibility of concurrent low-grade inflammatory enteropathy or low-grade pancreatitis cannot be excluded.

Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate to assess for occult intestinal or pancreatic disease as a contributing factor. Continued current canned hydrolyzed diet trial with as-needed gastroprotectants, Omeprazole 1.0 mg/kg PO SID over the next 3 weeks with an assessment of clinical response would be reasonable. Empirical de-worming is suggested even if fecal testing is negative.



PATIENT

Purrlin Vendetti

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

1 year

WEIGHT

8.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

West Eugene AH

REFERRING VET

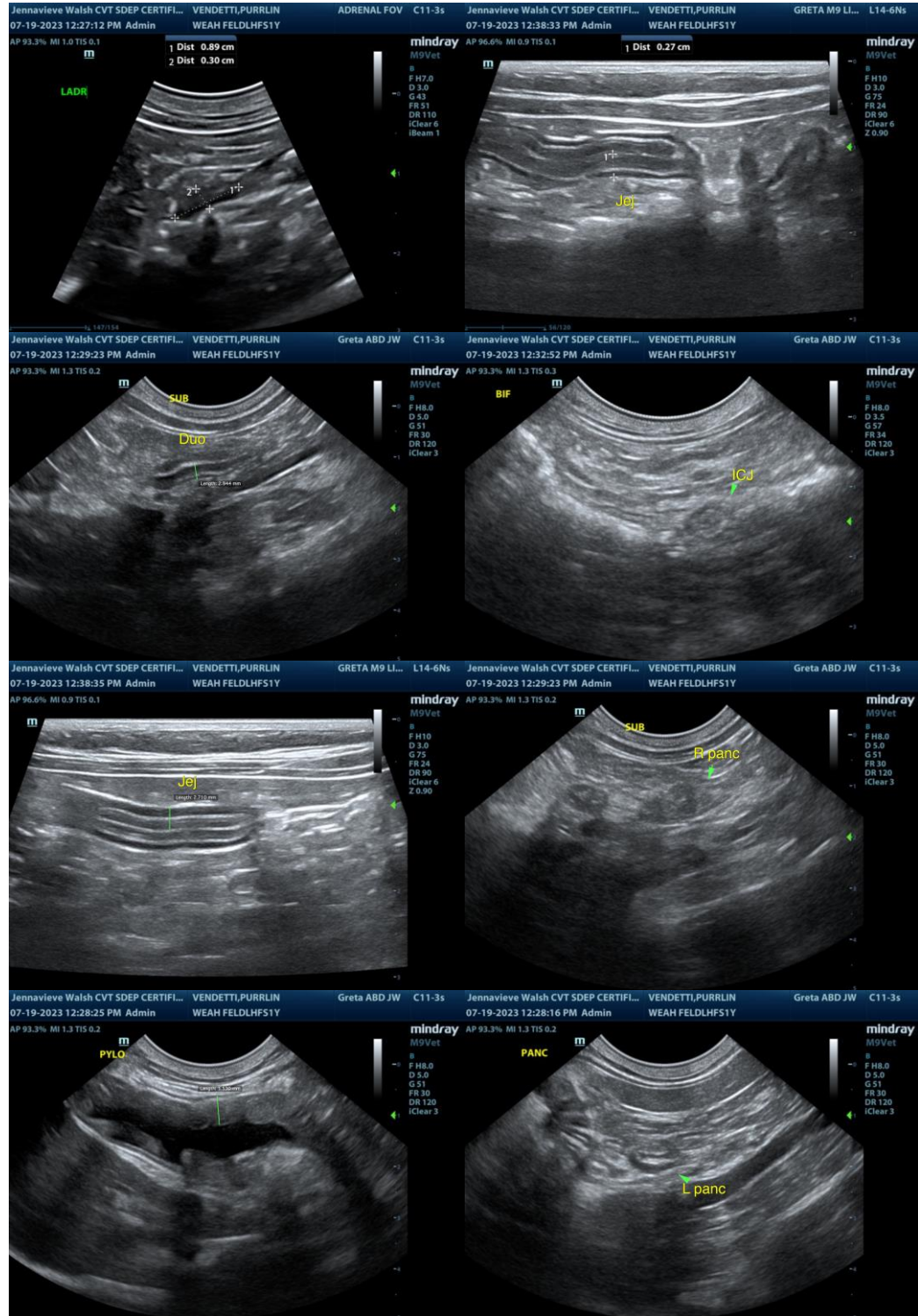
Dr. Vendetti

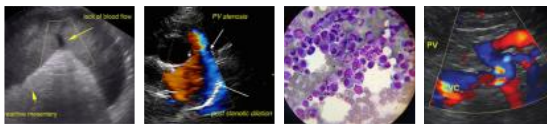
INVOICE

17298

DATE

7/19/23





PATIENT

Purrlin Vendetti

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

1 year

WEIGHT

8.5 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

West Eugene AH

REFERRING VET

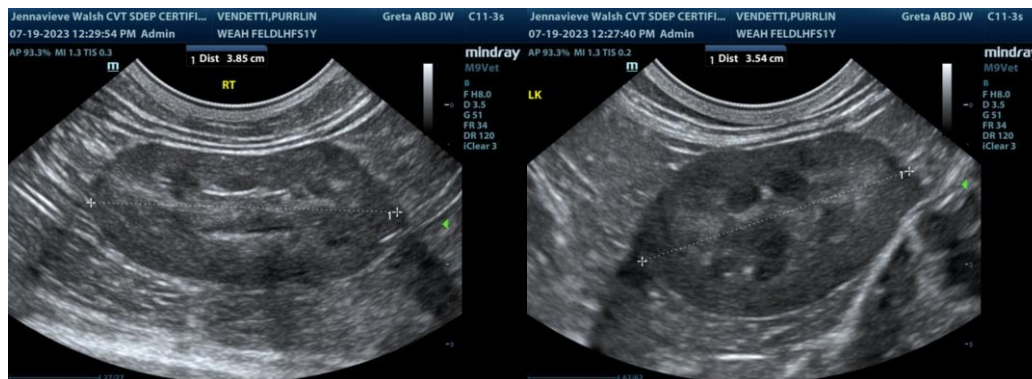
Dr. Vendetti

INVOICE

17298

DATE

7/19/23



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