



PATIENT

Bo Nard

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

15 years

WEIGHT

5 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Canyon Meadows
Veterinary Hospital

REFERRING VET

Dr. Leboldus

INVOICE

17329

DATE

7/20/23

PRESENTING CLINICAL SIGNS

2 year history of vomiting. Unremarkable labs.
Abnormal PE/Chem/CBC/UA Results: Spec fpl high end of normal.

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. 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.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.4 cm in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

No overt pathology was noted in the area of the left or right adrenal glands.

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. The spleen measured 0.59 cm width at the level of the mid spleen.

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 pylorus wall width measured 0.22 cm.

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 0.21 cm width. The jejunum wall measured 0.20 cm width. The ileocolic wall measured 0.37 cm width.

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



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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

Intermittent mesenteric lymph nodes were present in the mid-abdomen primarily in the area of the ileocolic junction. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 0.93 cm x 0.35 cm. No overt peritoneal effusion or omental masses were present.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable gastrointestinal tract
- Mild heterogeneous pancreas
- Intermittent minor mesenteric lymphadenopathy with minor perilymphatic reactive omentum - sonographically benign, mild lymphoid hyperplasia or reactive lymphadenitis likely
- Mild chronic renal changes

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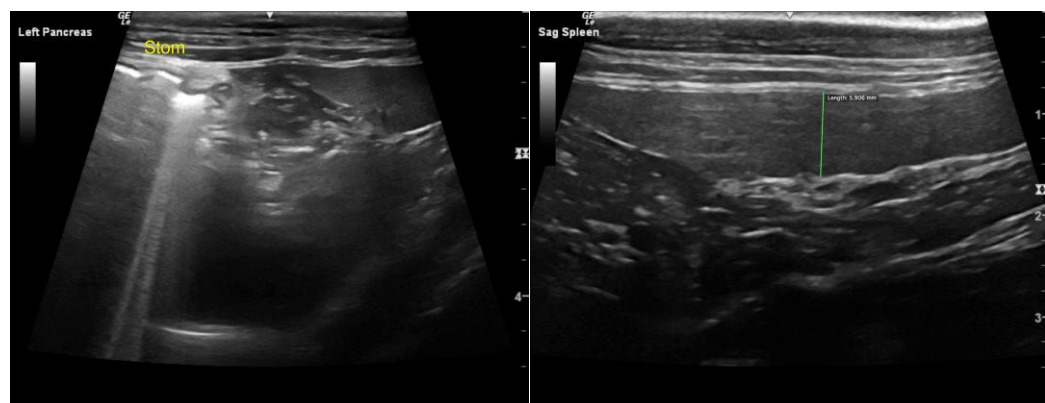
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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, no evidence of significant visceral specifically gastrointestinal or pancreatic pathology. There were no signs of active or significant pancreatitis, although low-grade to chronic pancreatitis which may present as essentially sonographically is possible and may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation.

Dietary intolerance / food hypersensitivity, occult parasitism, structurally insignificant gastroenteritis / inflammatory enteropathy, in addition to low-grade to chronic pancreatitis, are all potentials. No evidence of intrabdominal neoplastic criteria was noted. Empirical gastrointestinal support which may include as-needed gastroprotectants, canned novel protein or hydrolyzed diet trial, and empirical deworming even if fecal testing is negative may prove beneficial.





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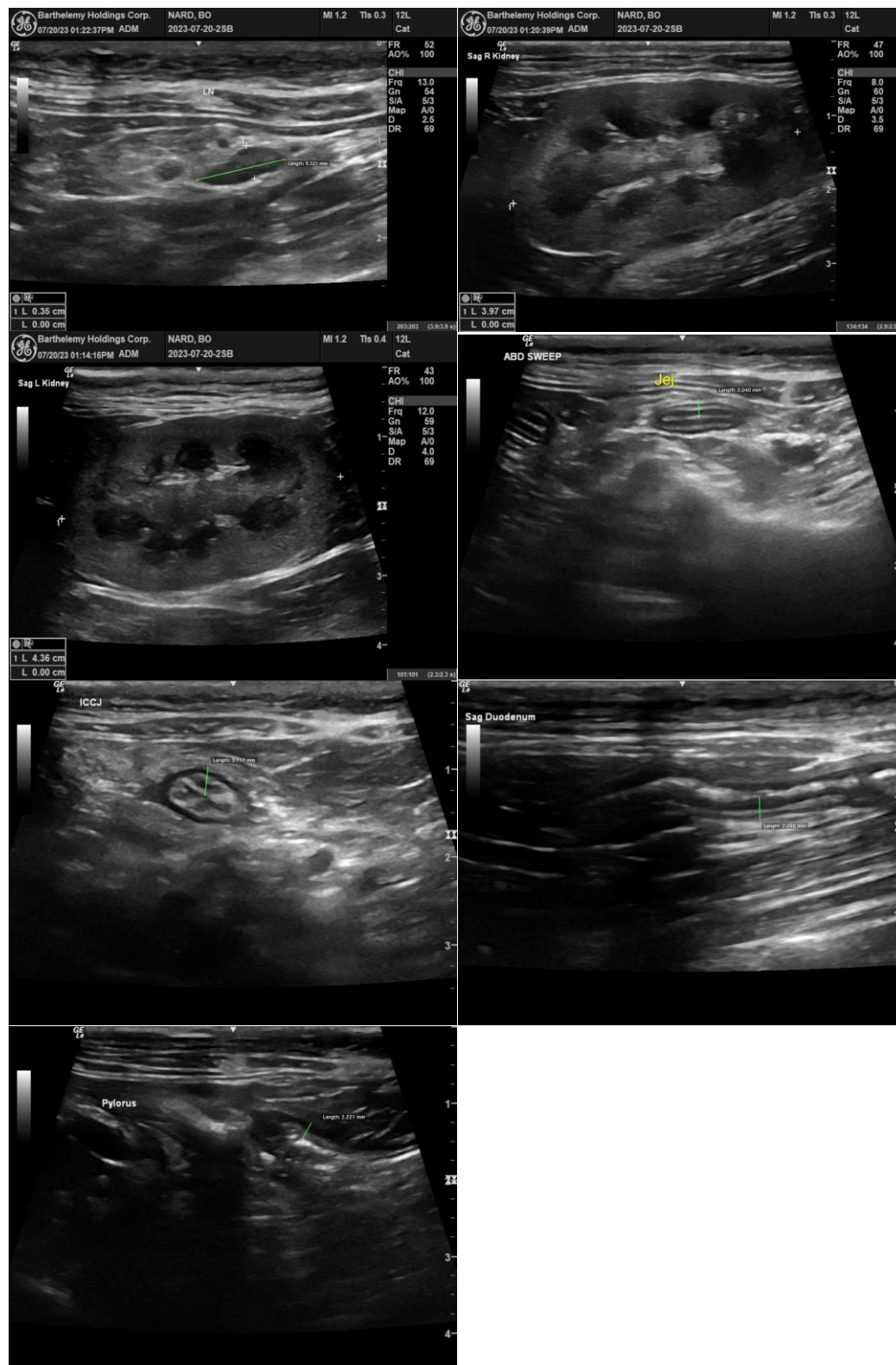
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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.

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