



PATIENT PRESENTING CLINICAL SIGNS

Pumpkin Williams Lethargic, anorexic, weight loss, non regenerative anemia, hypoalbuminemia.
 Medication: B12, Convenia, mirtazapine

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline **Urinary System**

BREED 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.

SEX The area of the aortic trifurcation was free of pathology.

FS
AGE 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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Minor bilateral medullary mineral was noted. The left kidney measured 3.4 cm in length. The right kidney measured 3.5 cm in length.

WEIGHT Adrenal Glands

4.1 The left and right adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm width and the right adrenal gland measured 0.34 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.

IMAGING PERFORMED BY 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 0.52 cm width at the level of the mid-spleen.
 Rebekah Jakum, CVT
 ARDMS/RVT

HOSPITAL NAME Liver/ Gallbladder

Rush VC 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 containing anechoic content with mild echogenic gallbladder sediment. The cystic and common bile ducts were normal.

REFERRING VET Gastrointestinal

Dr. Milot The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild luminal gas. There were no signs of ileus, obstruction, or foreign material. The gastric body wall width measured 0.25 cm.

INVOICE 17325

DATE 7/20/23



PATIENT

Pumpkin Williams

The visualized small bowel exhibited intact, segmental to generalized mildly prominent wall layering owing to a propensity for mildly prominent intestinal muscularis layer. A segment of the mid-cranial abdominal intestinal tract exhibited moderate to marked distention containing strongly shadowing retained possibly impacted ingesta with potential for strongly shadowing fecal matter. Concurrent thickened segmental intestinal vs. proximal to transverse colon wall was noted with wall width up to 1.0 cm width present in the area of the impacted ingesta vs. fecal matter. By comparison, discernable intact yet prominent to mildly thickened small bowel wall width measured up to 0.32 cm. The duodenum wall width measured 0.30 cm.

SPECIES

Feline

BREED

DSH

Pancreas

The left pancreatic limb was mild variably prominent in size exhibiting capsule asymmetry and nonhomogeneous, mildly hypoechoic parenchyma compared to adjacent omentum.

SEX

FS

Free Abdomen

Intermittent mesenteric 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). An example lymph node measured 1.0 cm diameter. Scant pockets of peritoneal free fluid were noted. Mild peri intestinal to peri colic hyperechoic omentum were present.

AGE

2014

ULTRASONOGRAPHIC FINDINGS

WEIGHT

4.1

- Segmentally thickened yet intact, discernable small bowel
- Segmental distended intestine with retained possibly impacted shadowing ingesta vs. fecal matter, focally thickened intestinal wall exhibiting loss of discernable wall layering within distended intestine vs. colon
- Associated minor homogeneous mesenteric lymphadenopathy
- Suspect concurrent chronic to chronic active pancreatitis left pancreas
- Mild chronic renal changes
- Minor gallbladder sediment
- Scant peritoneal free fluid

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the extent of intestinal distention with content sonographically similar to both ingesta and fecal matter, definitive involved intestinal segments were difficult to ascertain. Primarily small intestinal involvement is considered most probable. Exploratory laparotomy with gross inspection of the intestine, enterotomy with intestinal evacuation vs. manual manipulation, and intestinal biopsies are warranted for further assessment. Inflammatory neoplastic or granulomatous etiologies are all potentials. A minor potential for foreign material i.e., hairball density or similar cannot be definitively excluded, yet is thought less likely.

IMAGING PERFORMED BY

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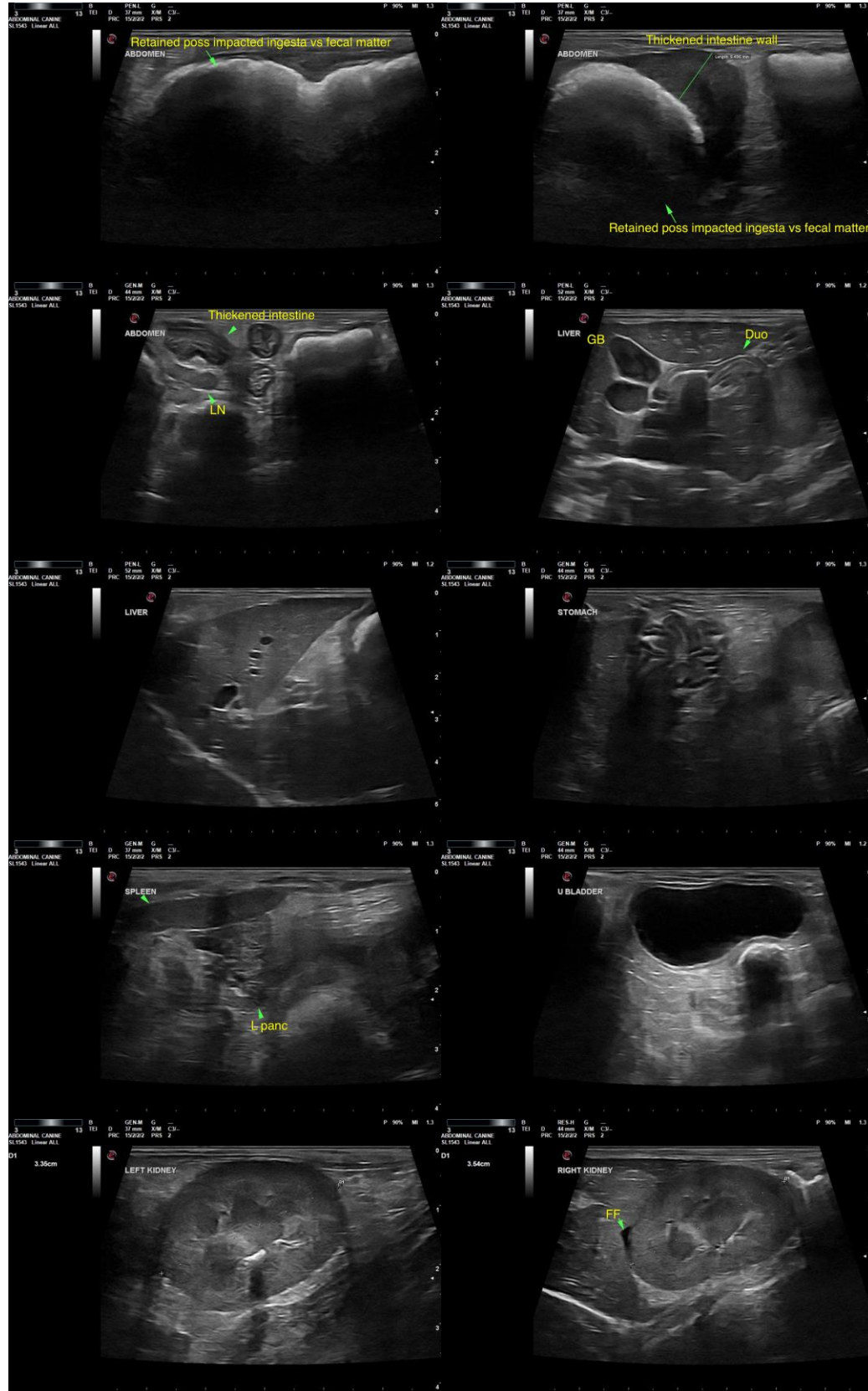
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SPECIES

Feline

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.

BREED

DSH

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.

SEX

FS

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com

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