

PATIENT PRESENTING CLINICAL SIGNS

Hopper Fredrick

SPECIES

Feline

BREED

Siamese

SEX

Neutered Male

AGE

3y

WEIGHT

7.1 kgs

Hx: rapid breathing following vaccines, then began vomiting. Tuesday given steroids and diphenhydramine. vomited 11x Wednesday, 30x Thursday. last vomited 6:30am today last meal on Thursday evening Exam: Increased bronchovesicular lung sounds ausculted bilaterally in the cranial-ventral lung quadrants during inspiration only. Normal respiratory effort Est 5% dehydration 3 view radiographs: Normal cardiac silhouette with mild, generalized bronchoalveolar pattern. The ascending and descending colon is full of formed stool and the transverse colon is gas distended. No linear foreign body detected. Chemistry panel: Mildly elevated ALT 132U/L (N: 12-130) with mildly decreased ALKP 11u/L (N: 14-111) CBC: Thrombocytopenia likely artifactual due to platelet clumping. EPOC: Mildly decreased iCa 1.16mmol/L (N: 1.21-1.51) (spurious result), mild hyperglycemia 139mg/dL (N:63-133) likely due to stress.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Minor nondependent 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 4.8 cm in length. The right kidney measured 4.8 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 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/ 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

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

Wilvet of Salem

REFERRING VET

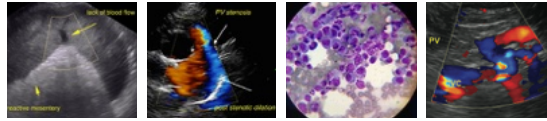
Dr. Menzen

INVOICE

10362

DATE

7/21/2023



PATIENT

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The stomach presented intact sonographically unremarkable wall layering with a normal wall layer ratio. The lumen of the stomach was primarily empty with minor retained pyloric fluid and no evidence of mechanical pyloric outflow obstruction or obstructive pyloric mural pathology.

SPECIES

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The small intestine presented generalized intact borderline to subtle prominent wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no evidence of small intestinal mechanical/metabolic ileus, foreign material, loss of intestinal wall layering, or obstructive mural pathology to the level of the ileocolic junction. The duodenum wall measured 0.33 cm in width. The jejunum wall measured 0.26 cm in width. The ileocolic wall measured 0.30 cm in width.

BREED

Siamese

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

SEX

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Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

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3y

Free Abdomen

No evidence of omental lymphadenopathy, masses, or peritoneal effusion was present.

WEIGHT

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Normal stomach with minor retained pyloric fluid.
- Intact borderline to subtle prominent small bowel wall, generalized empty small intestinal lumen.
- Normal pancreas
- Sonographically unremarkable liver – consistent with low-grade benign hepatopathy criteria.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant visceral pathology including no evidence of gastrointestinal foreign material or mechanical obstruction. Small intestine exhibited borderline to minor mural changes suggestive of minor inflammatory criteria i.e., gastroenteritis or inflammatory bowel episode. No indication for surgical intervention. Continued empirical gastrointestinal support with an assessment of clinical response and monitoring of liver enzymes going forward for evidence of progressive hepatopathy is recommended.

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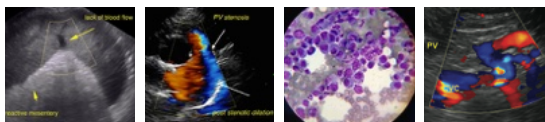
Sonographic reassessment of the gastrointestinal tract and liver suggested if progressive hepatic enzymes elevations or continued to progressive gastrointestinal signs and/or weight loss.

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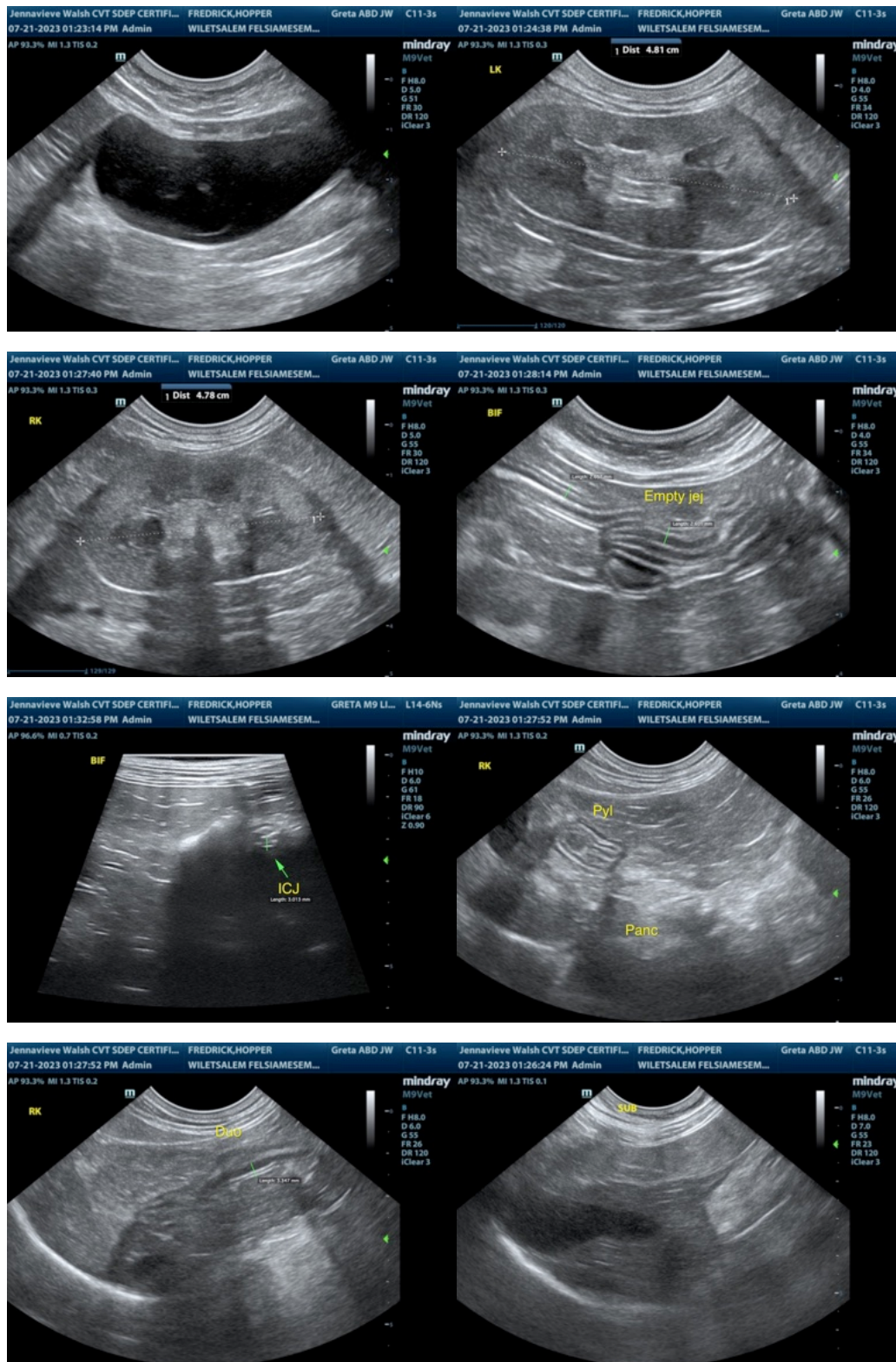
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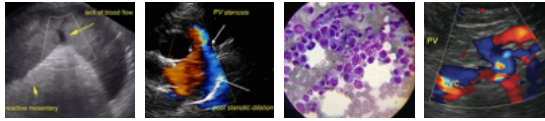
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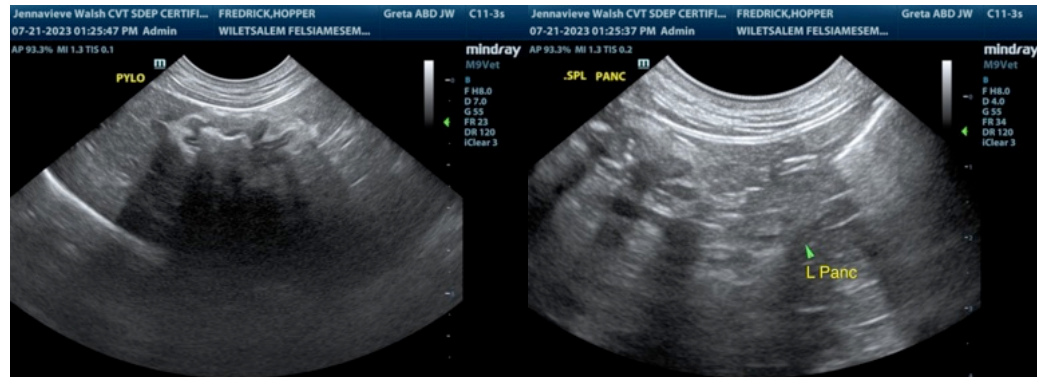
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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