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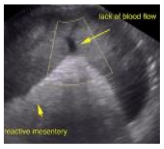
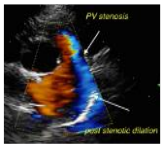
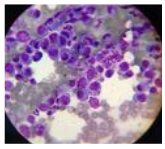
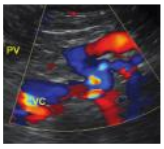

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1-800-838-4268 info@sonopath.com

**PATIENT**

Yogurt McKinney

**SPECIES**

Feline

**BREED**

DSH

**SEX**

CM

**AGE**

3 YO

**WEIGHT**

8.14 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jose

**HOSPITAL NAME**

Elmhurst Animal Emergency Hospital

**REFERRING VET**

Dr. Sebastian Betancourt Vasquez

**INVOICE**

14390

**DATE**

7/26/22

## PRESENTING CLINICAL SIGNS

Yogurt presented for vomiting. On Friday, patient vomited twice - undigested food chunks first, then liquid digested food. Saturday patient vomited clear liquid and white foam once, then vomited clear liquid a second time and meowed very loudly afterward. A 3rd vomit episode was 3 small piles of white foam. This morning he didn't vomit but he meowed, then started dry heaving. Patient is still eating and has an appetite, but is not finishing his food. Owner said she maybe did see patient straining to defecate once but has defecated normally otherwise. Owners did acquire a pigeon recently and could be stressing out Yogurt; owners acquired pigeon 2 days before the clinical signs were seen at home.
Abnormal PE/Chem/CBC/UA Results: Hematology (as of July 24, 2022) Hemoglobin 16.3g/dL 9.8-16.2 g/dL Eosinophils 0.14K/µL 0.17-1.57 K/µL Chemistry (as of July 24, 2022) Phosphorus 2.5mg/dL 3.1-7.5 mg/dL ALT 382U/L 12-130 U/L X-Rays 1. Test negative for gastrointestinal mechanical obstruction. 2. Soft tissue nodule, likely in the left caudal lung lobe 3. Mild diffuse bronchial pattern Should the patient continue to vomit, an abdominal ultrasound would be recommended to further evaluate the clinical signs. A spec cPL or PLI could be considered to increase or decrease clinical suspicion for pancreatitis. The lung pattern is most consistent with chronic lower airway inflammation (feline asthma). A normal variation is also possible. If the lung pattern represents lower airway inflammation, the caudal lung nodule could simply be related to granuloma formation.

## 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.

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 3.5 cm in length. The right kidney measured 3.3 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 width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.33 cm width.

### *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.

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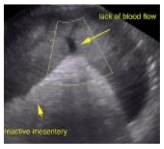

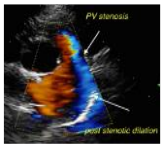

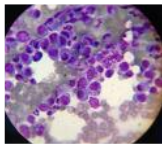
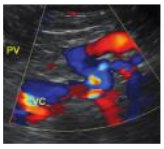


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### *Liver/ Gallbladder*

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 stomach contained a mild amount of retained nonshadowing pyloric chyme. The pylorus wall width measured 0.20 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 0.21 cm width. No obvious pathology in the area of the ileocecocolic junction although not definitively visualized.

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

### *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.

### *Free Abdomen*

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

## ULTRASONOGRAPHIC FINDINGS

### *Primary Findings*

- Sonographically unremarkable gastrointestinal tract with minor retained pyloric chyme
- Sonographically normal pancreas

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, sonographically unremarkable abdomen without evidence of overt gastrointestinal or pancreatic pathology as a contributing factor to the patient's vomiting. Potentially, dietary Intolerance / food allergy, occult parasitism if the patient is indoor/outdoor, structurally insignificant inflammatory gastrointestinal process, or low-grade to chronic pancreatitis, both of which may present sonographically normal, could be present.

A GI panel to include PLI/TLI/Cobalamin/Folate could be considered to assess for occult GI disease or pancreatitis. Hydrolyzed diet trial with potential smaller more frequent feedings, as well as gastroprotectant protocol and assessment of clinical response would be reasonable. Empirical deworming is suggested if the patient is Indoor/outdoor, even if fecal testing is negative.

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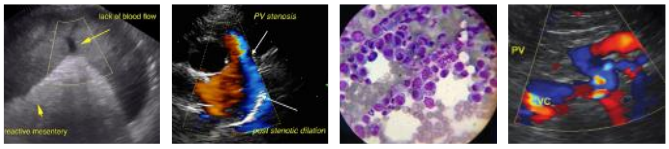


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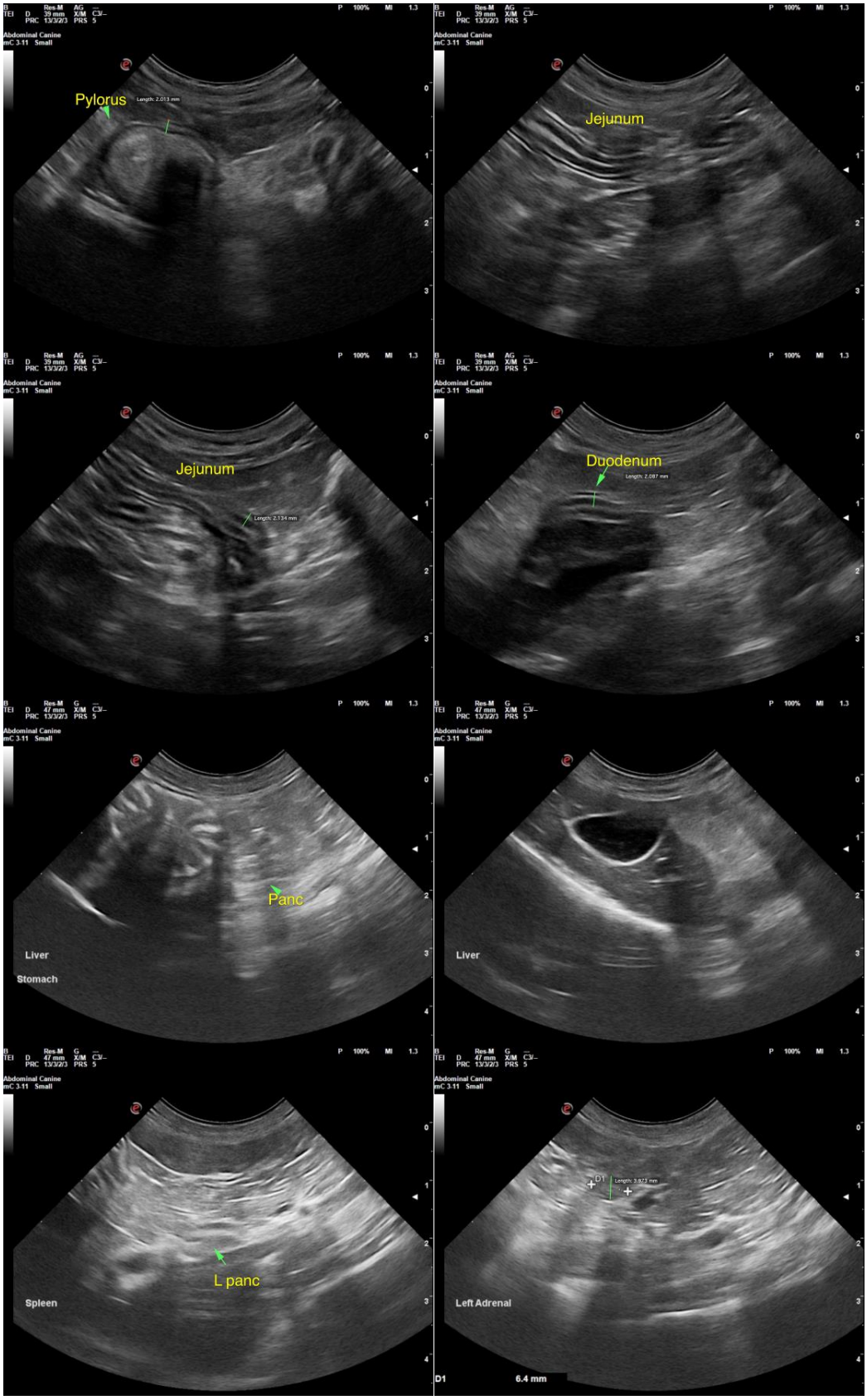

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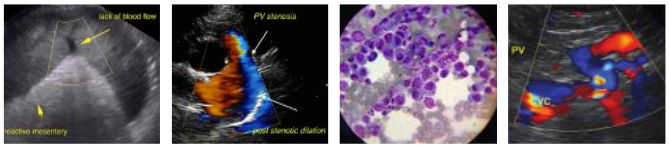

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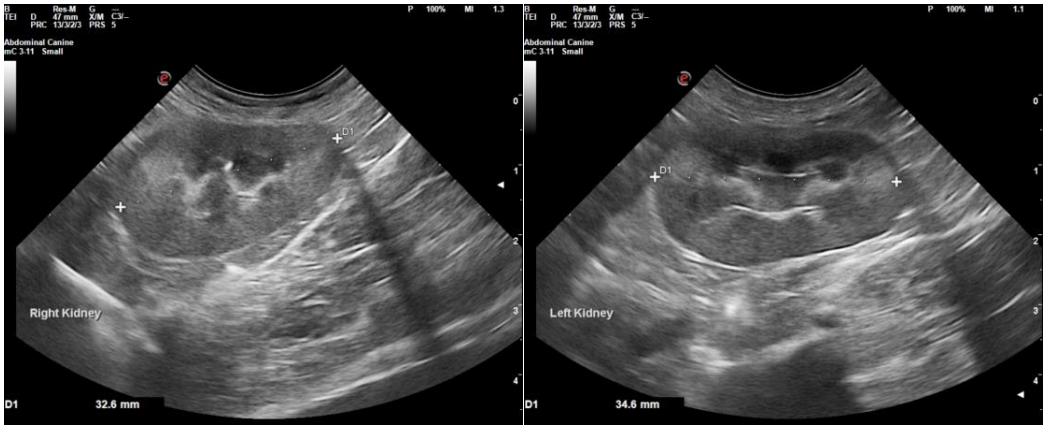


**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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)**
**info@SonoPath.com**