



PATIENT PRESENTING CLINICAL SIGNS

Baba Mulpeter History: Dehydrated 7% Lethargic/quiet all else wnl

SPECIES Abnormal PE/Chem/CBC/UA Results: Current Medications Cerenia inj given yesterday AM, Mirataz admin yesterday

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

DSH The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Moderate 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. Aortic trifurcation was normal.

SEX

Neutered Male

AGE

8 Years

WEIGHT

13.3 Pounds

INTERPRETED BY

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

Adrenal Glands

No evidence of pathology in the area of the left or right adrenal glands. The left adrenal gland measured 0.45 cm. The right adrenal gland measured 0.39 cm.

IMAGING PERFORMED BY

Sara Hansen

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.

HOSPITAL NAME

VCA Westmoreland AH

Liver

REFERRING VET

Dr. Bugarovich

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.

INVOICE

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Gastrointestinal

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The stomach exhibited intact wall layering with marked fluid dilation. No overt evidence of mechanical pyloric outflow obstruction.

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The small intestine presented intact wall layering with maintained normal wall layer ratio. Moderate distention of the duodenum with fluid was noted, extending into the subjective jejunum with segmental jejunal fluid distention. Concurrent segments of empty jejunum to the level of the colon were noted. Indistinctly visualized shadowing intestinal luminal echo was noted within the area of the fluid dilated intestine was noted, measuring approximately 0.6 cm to 0.7 cm. in diameter.

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 was evident.

Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Marked gastric fluid dilation
- Segmental, likely upper to mid intestinal fluid dilation with indistinctly visualized shadowing intestinal lumen echo.
- Bilateral nonspecific renal medullary rim sign
- Moderate urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Considerations for the marked gastric fluid dilation and concurrent segmental intestinal fluid dilation may include metabolic vs mechanical ileus, however, segments of empty small intestine were also present without evidence of mechanical/metabolic ileus. The segmental dilation of the intestinal tract combined with marked gastric fluid distention, is strongly suggestive of mid to upper intestinal obstruction. Based on this presentation, exploratory laparotomy is recommended. Intestinal biopsies should be strongly considered despite exploratory findings.

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.



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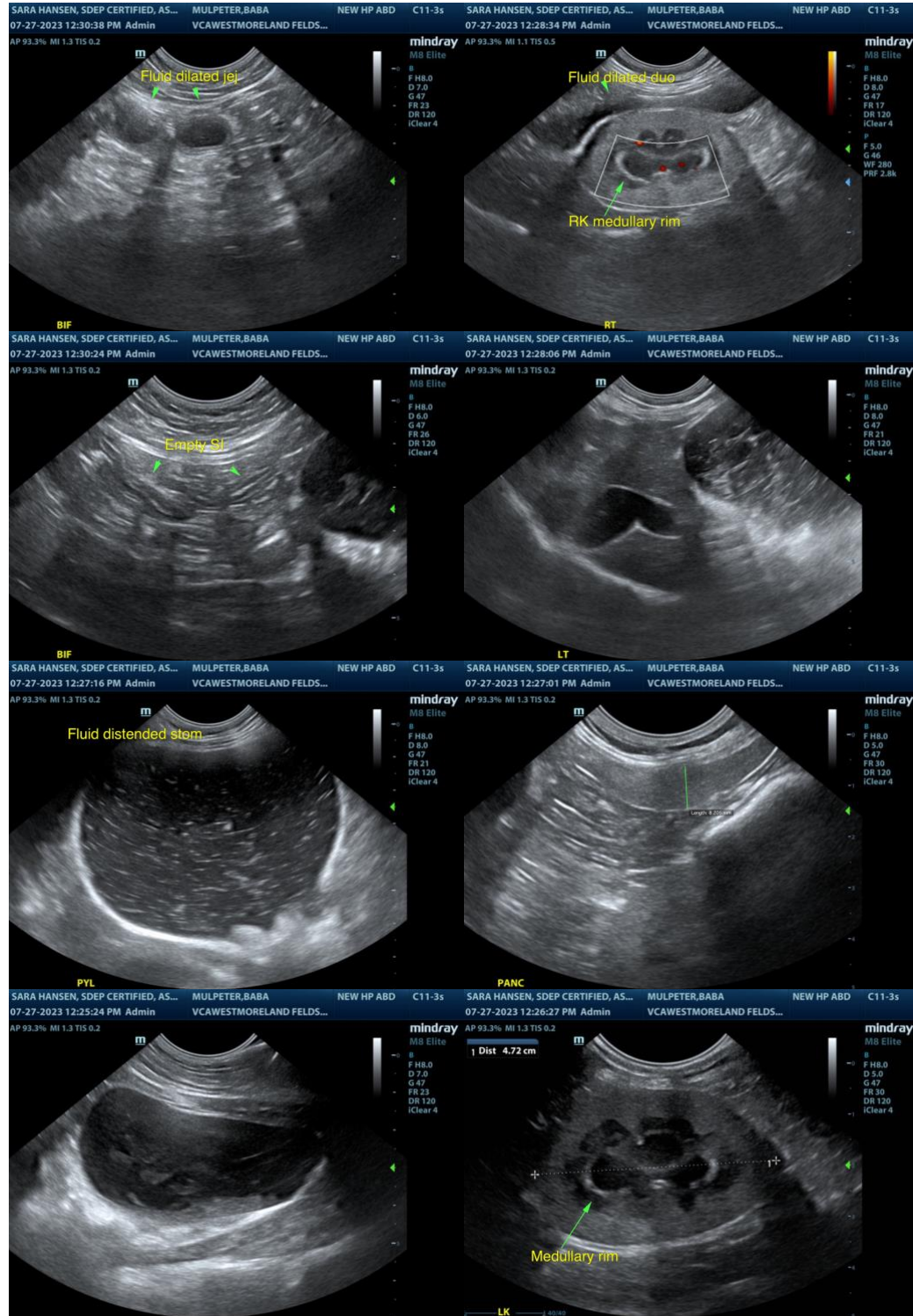
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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