



PATIENT PRESENTING CLINICAL SIGNS

Louis Andrews

7/17/2023: -Presented to clinic for not E/D for 24 hours and lethargy -Vomiting for 24 hours, no diarrhea, -Cerenia admin SQ in clinic, advised to feed small frequent meals Came back for recheck 4 days later 7/21/2023: -Barely eating, only treats or just a lick or two of food -No more vomiting - Urinating normal -Sent home with Mirtazapine EOD 7/27/2023 -O advised for last 24 hours P is now no longer eating again and vomiting again meds: mirtazapine

SPECIES

Feline

BREED

La Perm

SEX

MN

AGE

8 years

WEIGHT

6.24 kg

Abnormal PE/Chem/CBC/UA Results: NSF on CBC, Chem or UA Radiographic Findings Conclusions: Unremarkable abdomen. A convincing radiographic reason for the vomiting is not appreciated. At this time point, there are no small intestinal findings suggestive of mechanical ileus. The abnormal palpation could be secondary to palpation of feces within the colon, although an underlying small soft tissue foreign body (currently nonobstructive) or infiltrative disease of the intestine cannot be entirely excluded. Normal radiographs do not exclude pancreatitis or systemic illness.

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.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

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 3.6 cm in length. The right kidney measured 3.8 cm in length.

IMAGING PERFORMED BY

Kelly Reschny

Adrenal Glands

The left and right adrenal glands were overtly normal in size, position, and shape without overt pathology. The left adrenal gland subjectively measured 0.33 cm width and the right adrenal gland subjectively measured 0.30 cm width.

HOSPITAL NAME

Beattie Pet Hospital
Burlington

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.

REFERRING VET

Dr. Hotten

INVOICE

17431

Liver/ Gallbladder

DATE

7/28/23

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



PATIENT

Louis Andrews

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

SPECIES

Feline

The stomach presented intact, sonographically unremarkable wall. The lumen of the stomach was empty without evidence of retained ingesta, fluid or foreign material with mild lumen gas. The gastric body wall width measured 0.24 cm.

BREED

La Perm

The small intestine presented generalized intact wall layering exhibiting segmental to generalized propensity for borderline to mildly prominent muscularis layer resulting in borderline to mildly thickened intestinal walls. No evidence of loss of intestinal wall layering, intestinal masses, or intestinal mechanical / metabolic ileus. The duodenum wall measured 0.30 cm width. The jejunum wall measured 0.27-0.28 cm width.

SEX

MN

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

AGE

8 years

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.

WEIGHT

6.24 kg

Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

ULTRASONOGRAPHIC FINDINGS

- Intact borderline to mild prominent to thickened small bowel walls
- Sonographically unremarkable empty stomach
- Normal pancreas

IMAGING PERFORMED BY

Kelly Reschny

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Beattie Pet Hospital
Burlington

There was no sonographic evidence of significant visceral pathology or gastrointestinal obstructive criteria. Although a potential for patient variant, given lack of reported additional gastrointestinal signs i.e., diarrhea or reported weight loss, the small intestine exhibited borderline to mild mural changes which may suggest underlying enteropathy.

REFERRING VET

Dr. Hotten

A GI panel to include PLI/TLI/Cobalamin/Folate to assess for occult intestinal or pancreatic disease which may present as sonographically normal may be considered. Continued as-needed gastrointestinal support would be reasonable. Three-view chest radiographs are suggested to rule out occult thoracic or esophageal pathology as a contributing factor.

INVOICE

17431

There is no indication for immediate surgical intervention unless gastrointestinal biopsies are indicated.

DATE

7/28/23

Alternatively, monitoring of continued clinical response to gastrointestinal supportive care and potential recheck sonogram to assess for evidence of progressive intestinal mural changes would be reasonable.



PATIENT

Louis Andrews

SPECIES

Feline

BREED

La Perm

SEX

MN

AGE

8 years

WEIGHT

6.24 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

**IMAGING
PERFORMED BY**

Kelly Reschny

HOSPITAL NAME

Beattie Pet Hospital
Burlington

REFERRING VET

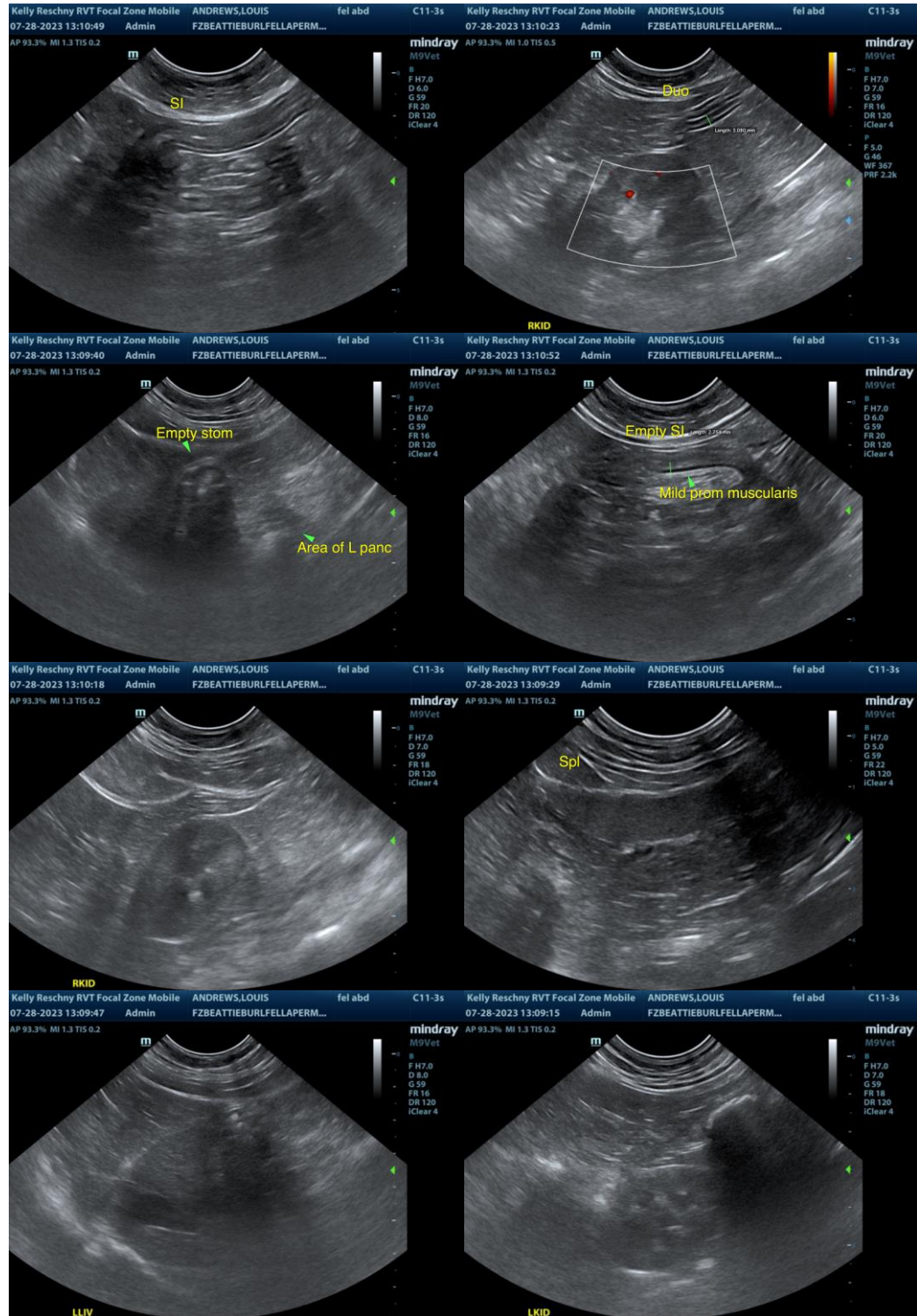
Dr. Hotten

INVOICE

17431

DATE

7/28/23





PATIENT

Louis Andrews

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.

SPECIES

Feline

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.

BREED

La Perm

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

SEX

MN

AGE

8 years

WEIGHT

6.24 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Beattie Pet Hospital
Burlington

REFERRING VET

Dr. Hotten

INVOICE

17431

DATE

7/28/23