



PATIENT PRESENTING CLINICAL SIGNS

Alex Cronin History: very large abdominal mass. otherwise kitty is doing well

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 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 were noted.

DLH

SEX Normal size and margination was 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. A hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding.

MN

AGE 14

WEIGHT The left kidney measured 4.1 cm in length. The right kidney measured 4.3 cm in length.

14.5 lb The area of the aortic trifurcation was free of pathology.

INTERPRETED BY Adrenal Glands

R. McKenzie Daniel, DVM, DABVP (Canine and Feline) The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 cm width.

IMAGING PERFORMED BY Spleen

Jenna Walsh CVT 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. The spleen measured 0.8 cm in width at the level of the hilus.

HOSPITAL NAME Liver

Faithful Friends Animal Clinic 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.

REFERRING VET

Dr. Rideout

INVOICE **Gastrointestinal**

11242ag The stomach exhibited marked distention containing hyperechoic to progressively shadowing ingesta. The degree of gastric distention prohibited full evaluation of the gastric walls. The visualized gastric walls were unremarkable. The ventral gastric body wall measured 0.24 cm in width. Overt obstructive pyloric mural pathology was not obvious.

DATE

07/29/2022



PATIENT

Alex Cronin

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 and jejunum wall measured 0.25 cm in width. The ileocolic wall measured 0.38 cm in width.

SPECIES

Feline

Normal visible colon wall layers were present with apparent formed feces in lumen. No evidence of colonic distention or constipation.

Pancreas

BREED

DLH

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.

SEX

MN

Free Abdomen

AGE

14

Minor volume anechoic free fluid present around the liver and in the lateral abdomen. Minor benign/reactive colic lymphadenopathy was present, not consistent with neoplastic criteria. No omental masses were observed.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

14.5 lb

- Severe gastric distention with retained hyperechoic to progressively shadowing ingesta
- Overtly normal small bowel and colon
- Nonspecific bilateral renal medullary rim sign
- Minor volume peritoneal free fluid

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The primary finding in this scan is the severe gastric distention with retained ingesta. This may potentially indicate a functional gastric motility disorder or gastroparesis. The possibility of non visualized mechanical obstruction to ingesta outflow cannot be excluded yet is not obvious given lack of small intestinal mural pathology. No overt evidence of masses or neoplastic criteria was noted. Hospitalization with 24 hour IVF and GI support with documented fast and monitoring for evidence of gastric emptying is recommended. If persistent retained ingesta, gastric emptying via laparotomy with gastrointestinal biopsies may be indicated.

HOSPITAL NAME

Faithful Friends Animal
Clinic

REFERRING VET

Dr. Rideout

INVOICE

11242ag

DATE

07/29/2022



PATIENT

Alex Cronin

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

14

WEIGHT

14.5 lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh CVT

HOSPITAL NAME

Faithful Friends Animal
Clinic

REFERRING VET

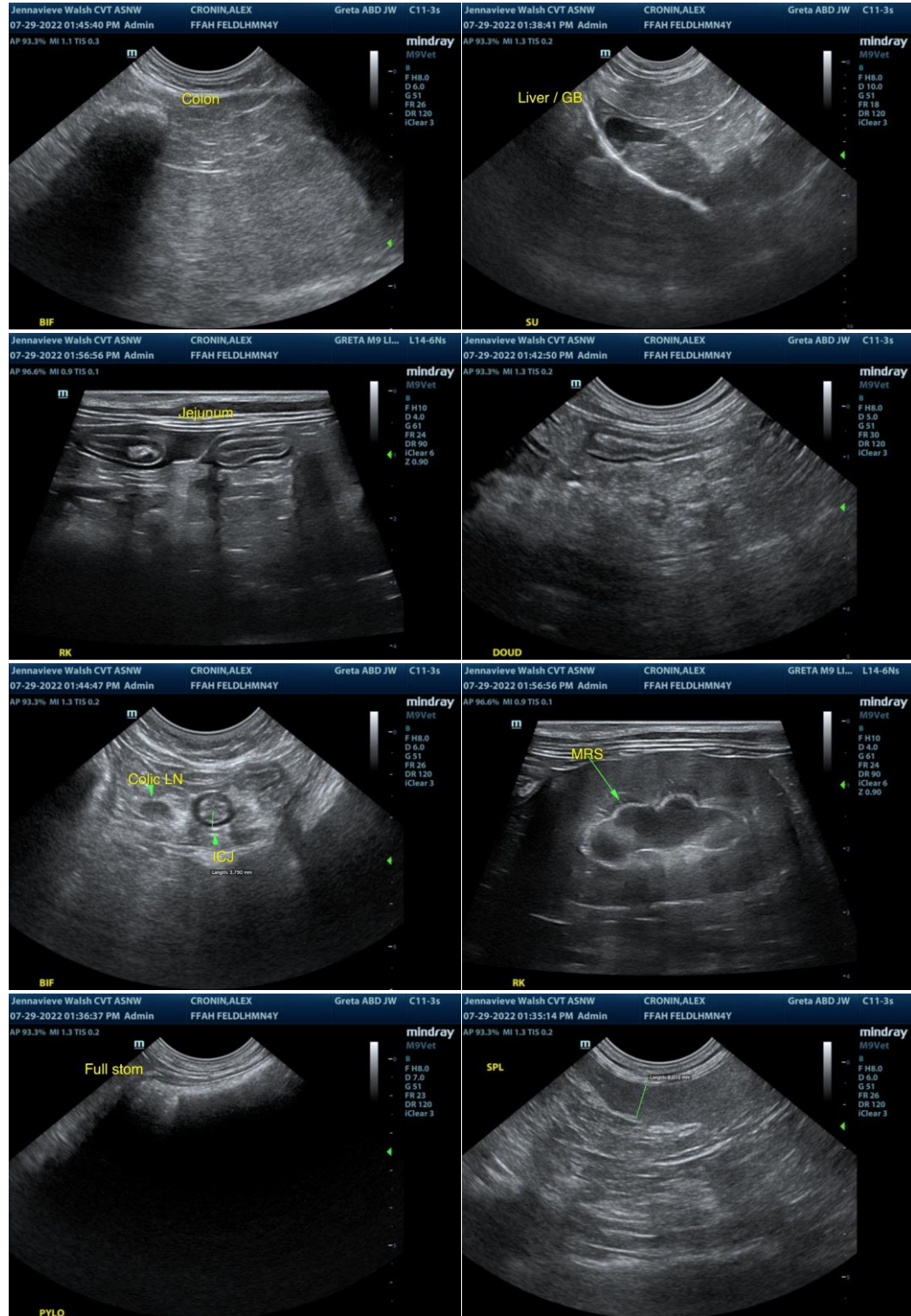
Dr. Rideout

INVOICE

11242ag

DATE

07/29/2022





PATIENT

Alex Cronin

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

14

WEIGHT

14.5 lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh CVT

HOSPITAL NAME

Faithful Friends Animal
Clinic

REFERRING VET

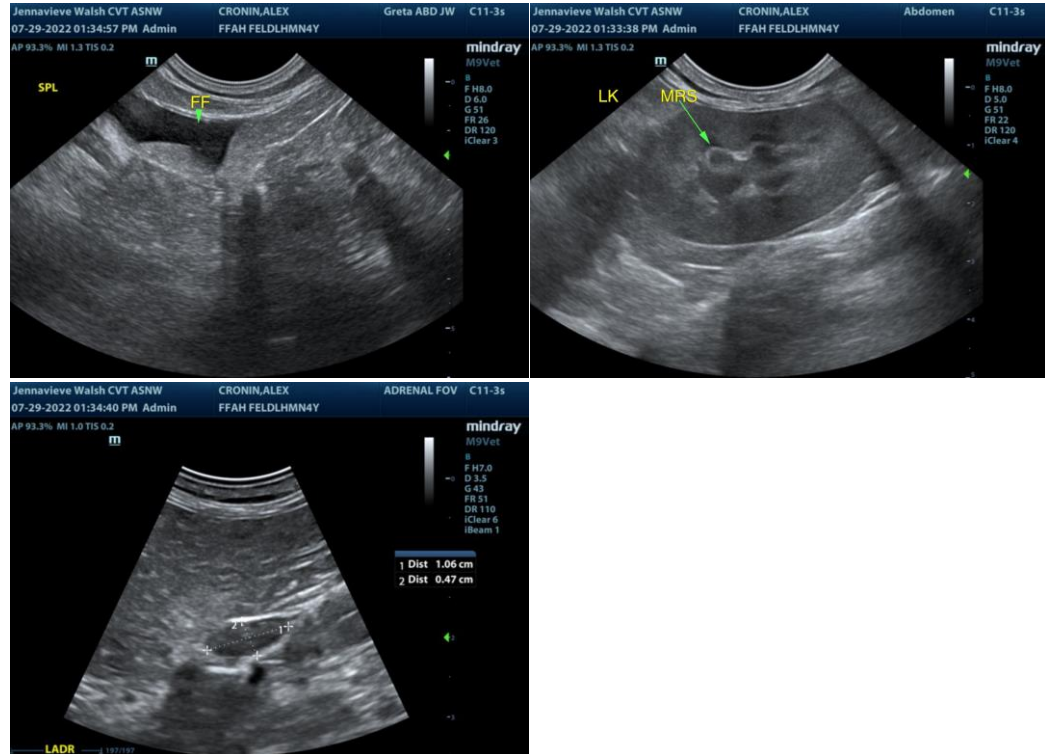
Dr. Rideout

INVOICE

11242ag

DATE

07/29/2022



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