



PATIENT	PRESENTING CLINICAL SIGNS
Mika Bakken Paws Rescue	History: V+ since Saturday D+ on Saturday, normal stool yesterday, no stool today so far Has been doing small meals, last meal reported to be this morning and a small amount but awaiting O clarification of amount and exact time of last meal Sedated for US and exam T 102.9 RO FB vs gastroenteritis
SPECIES	
Feline	Abnormal PE/Chem/CBC/UA Results: CBC: WBC: 20.24 Neu: 16.67 Plt: 235 Mpv: 11.1 Chem: Alp: 7 Amy: 1832 Bun 32
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
DLH	Urinary System
SEX	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.
FS	
AGE	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.
2 yr	
WEIGHT	The area of the aortic trifurcation was free of pathology.
4.1 kg	Adrenal Glands
	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.56 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.48 cm width.
INTERPRETED BY	Spleen
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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 0.62 cm in width at the level of the hilus.
IMAGING PERFORMED BY	Liver
Dr. Jessie Evoniuk	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 with very minor debris. The cystic and common bile ducts were normal.
HOSPITAL NAME	Gastrointestinal
State Avenue Veterinary Clinic	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate variably echogenic yet nonshadowing gastric ingesta with no signs of ileus, obstruction or foreign material. The pylorus wall measured 0.22 cm in width.
REFERRING VET	
Dr. Jessie Evoniuk	
INVOICE	
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DATE	
07/06/2022	



PATIENT

Mika Bakken Paws
Rescue

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained ingesta/chyme with no signs of mural pathology, ileus, obstruction or foreign material. The duodenum wall measured 0.27 cm in width. The jejunum wall measures 0.23 cm in width.

SPECIES

Feline

Normal visible colon wall layers were present with apparent semi formed to soft feces consistent with recent diarrhea in lumen. The proximal colon wall measured 0.22 cm in width.

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.

Free Abdomen

SEX

FS

No peritoneal effusion was present.

AGE

2 yr

Intermittent mildly prominent to enlarged jejunocolic nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a node measured 0.5 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

WEIGHT

4.1 kg

- Overtly normal GI tract with gastric and segmental to generalized small bowel ingesta/chyme
- Intermittent mildly enlarged jejunocolic lymph nodes-reactive/benign

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

No evidence of mechanical GI obstructive pattern or foreign material was observed on this scan. Dietary intolerance/food allergy, occult parasitism, infectious gastroenterocolitis, structurally insignificant inflammatory bowel episode or low-grade pancreatitis may be possible. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Given clarification of most recent meal ingestion, some degree of GI hypomotility or metabolic inefficient peristalsis could be possible if documented NPO or small meal some time before US study. Monitoring for evidence of normal GI emptying with potential for recurrent diarrhea would be reasonable. Empirical supportive care for nonspecific gastroenteritis which may include dietary therapy, gastric protectants and high colony count probiotics is recommended

IMAGING PERFORMED BY

Dr. Jessie Evoniuk

A diarrhea PCR panel could be considered if persistent diarrhea. No indication for surgical intervention.

HOSPITAL NAME

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Veterinary Clinic

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Mika Bakken Paws
Rescue

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

2 yr

WEIGHT

4.1 kg

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**IMAGING
PERFORMED BY**

Dr. Jessie Evoniuk

HOSPITAL NAME

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Veterinary Clinic

REFERRING VET

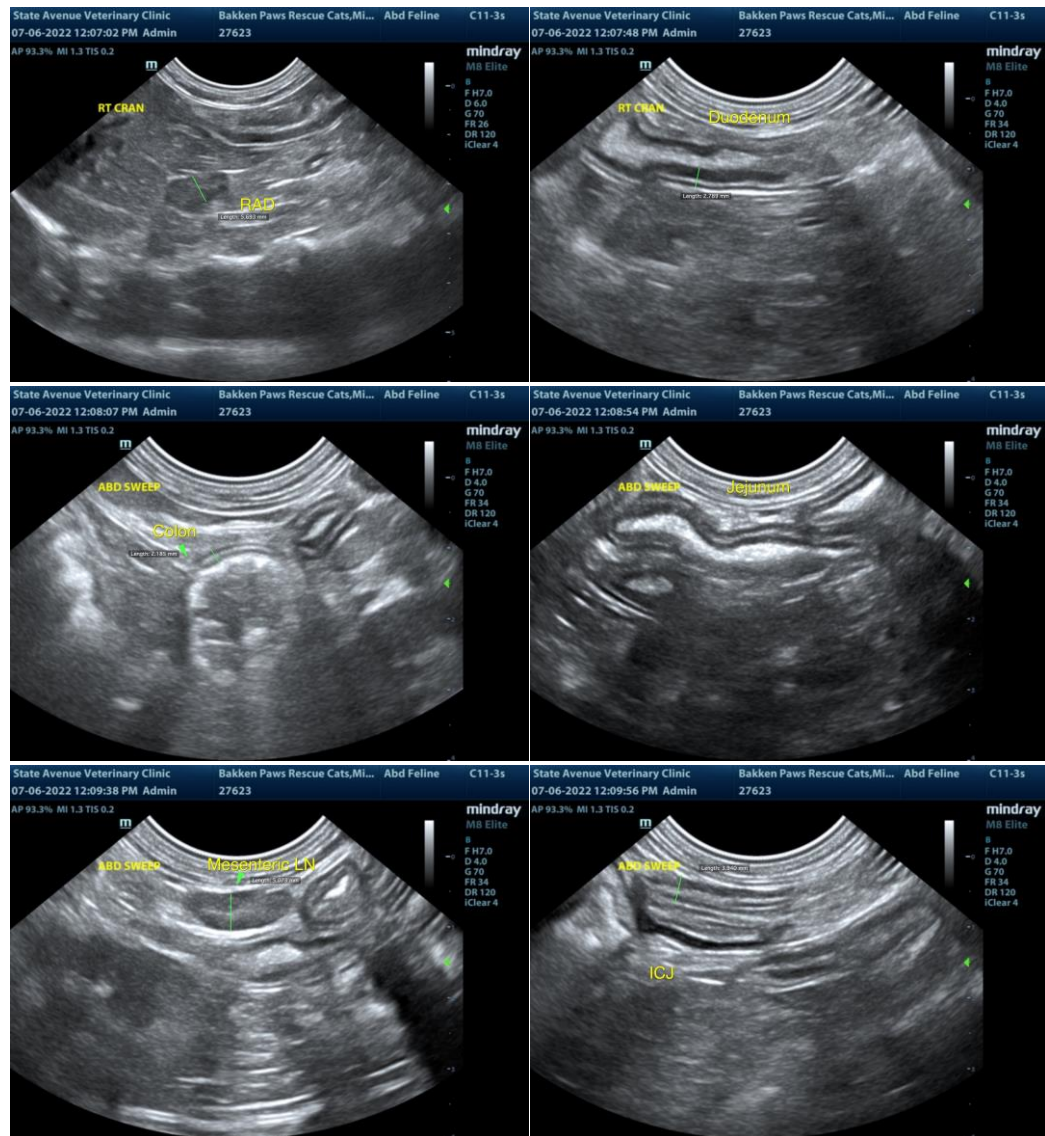
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SPECIES

Feline

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DLH

SEX

FS

AGE

2 yr

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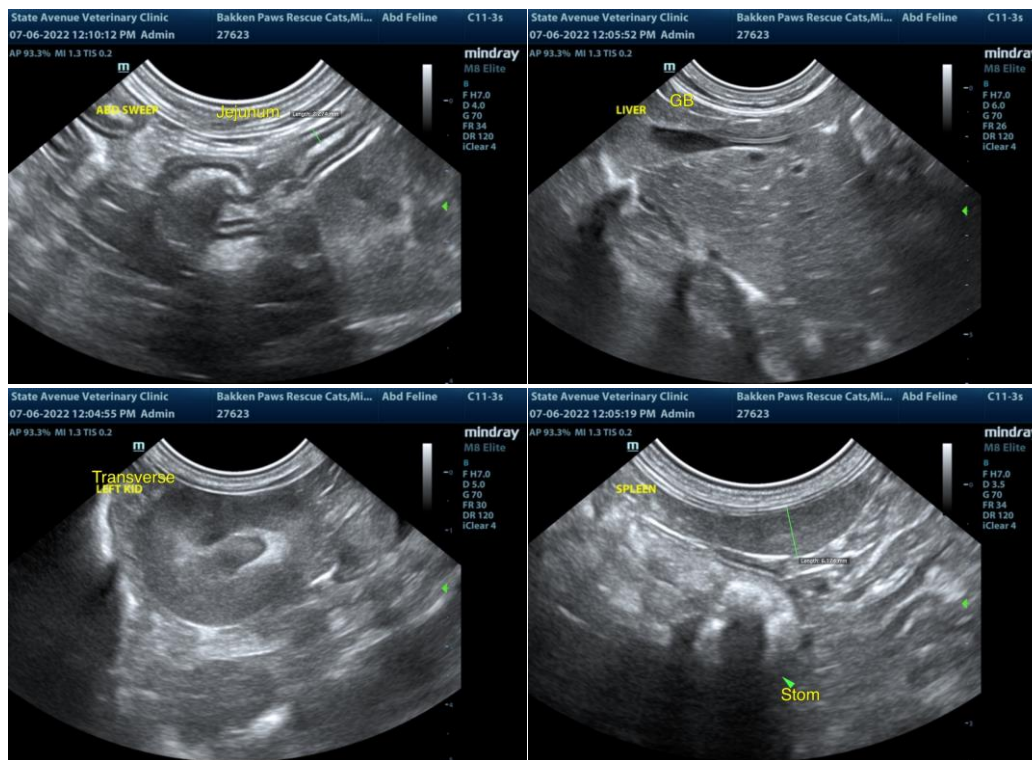
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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