



**PATIENT**

Princess Leia Carranco

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

14

**WEIGHT**

6.16lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jose

**HOSPITAL NAME**

Elmhurst Animal Emergency Hospital

**REFERRING VET**

Dr. Taie DVM

**INVOICE**

11053ag

**DATE**

07/07/2022

**PRESENTING CLINICAL SIGNS**

History: Princes was seen at ER, for lethargic and vomiting, For the past 7 days P been decreased appetite, Vomiting on/off, princes been vomiting green liquid, stool been normal, loss weight. princess had a exploratory surgery on July 1st, hair ball was founded on SI. Princes has a feeding tube.

Abnormal PE/Chem/CBC/UA Results: - PE revealed generalized muscle wasting, weakness, and dehydration. Chemistry 6/27/22 9:00 PM TEST RESULT REFERENCE VALUE Glucose 160 71 - 159 mg/dL H Creatinine 4.7 0.8 - 2.4 mg/dL H BUN >130 16 - 36 mg/dL H Phosphorus >16.1 3.1 - 7.5 mg/dL H Total Protein 11.4 5.7 - 8.9 g/dL H Albumin 4.0 2.3 - 3.9 g/dL H Globulin 7.4 2.8 - 5.1 g/dL L Hematology 6/27/22 Reticulocyte Hemoglobin 12.8 13.2 - 20.8 L Eosinophils 0.04 0.17 - 1.57 K/ $\mu$ L L Platelets 36 151 - 600 K/ $\mu$ L L Platelet 0.06 0.17 - 0.86 % L BW 7/1/22 GLU 118 71 - 159 mg/dL SDMA 20 0 - 14  $\mu$ g/dL HIGH CREA 1.4 0.8 - 2.4 mg/dL BUN 67 16 - 36 mg/dL HIGH PHOS 8.1 3.1 - 7.5 mg/dL HIGH

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation or retroperitoneal inflammation was present. The left kidney measured 3.8 cm in length. The right kidney measured 4.0 cm in length.

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm width. The right adrenal gland was mildly prominent in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.57 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. The spleen measured 0.50 cm in diameter.

**Liver**

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 primarily anechoic luminal content. The common bile duct was subtly dilated and tortuous without overt post hepatic obstruction. The dilation measured 0.21 cm and was not consistent with post hepatic obstruction.



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**Gastrointestinal**

Princess Leia Carranco

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was distended with moderate to significant retained anechoic fluid with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.20 cm in width.

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The small intestine presented intact with segmental mild prominent wall layering along with areas of mild to moderate ileus. The small intestinal wall measured up to 0.23 cm in width. The ileocolic wall measured 0.25 cm in width.

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Normal visible colon wall layers were present with generalized colonic distention with non-formed to liquid feces in lumen.

**Pancreas**

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The left limb of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

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**Free Abdomen**

Focal, mildly prominent to enlarged mid abdominal mesenteric 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 lymph node measured 1.9 cm x 0.5 cm width.

**WEIGHT**

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**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

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- Intact yet segmental mildly prominent small bowel walls with generalized GI hypomotility
- Mild to moderate generalized distended colon
- Pancreatitis
- Benign/reactive mesenteric lymph nodes, mild generalized primarily peri intestinal to peri hepatic mesentery
- Mild age related kidney changes-did not appear end stage

**IMAGING PERFORMED BY**

Jose

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

Elmhurst Animal Emergency Hospital

Given that the patient recent had surgery the GI presentation may indicate persistent inflammatory changes secondary to previous dietary indiscretion or surgery. Alternative inflammatory etiologies such as IBD or neoplastic infiltrative enteropathies such as lymphoma could also be possible. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Intestinal biopsies would be required for a definitive diagnosis.

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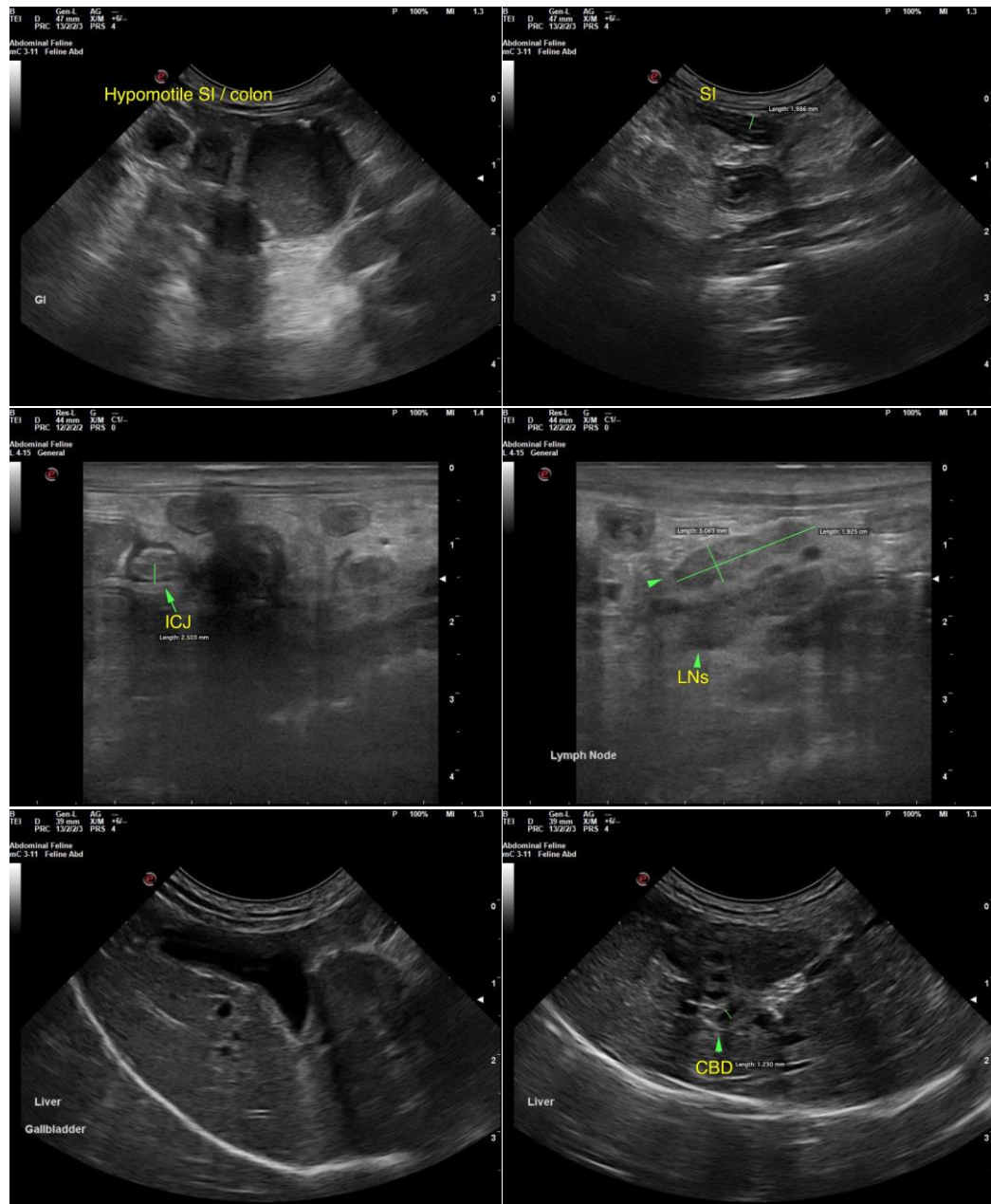
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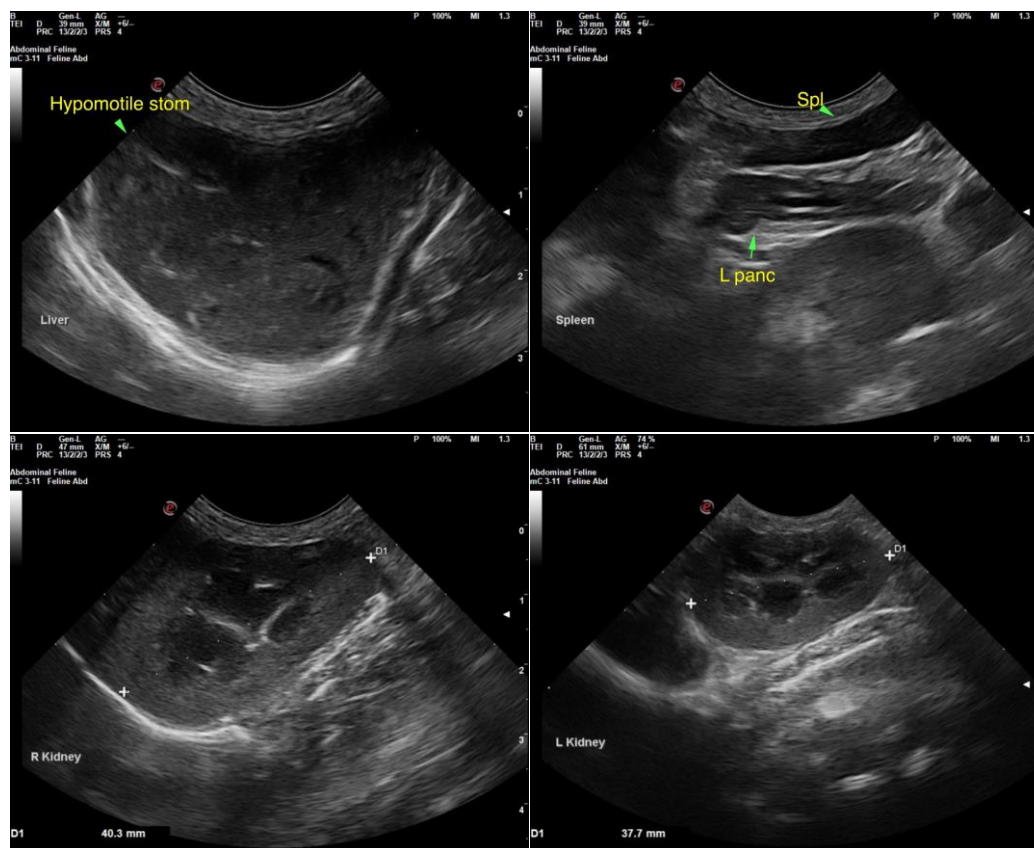
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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