

**PATIENT PRESENTING CLINICAL SIGNS**

Ash Waldner Presented originally at HREVC 8/8 for vomiting, inappetence, lethargy 2 days duration. Rads showed potential foreign body. Repeat rads here 8/9 reported as normalized GI tract. Cerenia injection done. P vomited again overnight. Continues lethargic, poor/no appetite. Hospitalized 8/10 on IV fluids, metronidazole, cerenia.

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

DSH

**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 were noted.

**SEX**

Neutered Male

The area of the aortic trifurcation was free of pathology.

**AGE**

2 Years

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 3.7 cm. The right kidney measured 4.3 cm.

**Adrenal Glands**

**WEIGHT**

4.9 kg

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.23 cm in width. The right adrenal gland measured 0.37 cm in width.

**Spleen**

**INTERPRETED BY**

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 0.81 cm in width.

**IMAGING PERFORMED BY**

Kelly Reschny

**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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**HOSPITAL NAME**

BPH Stoney Creek

**Gastrointestinal**

**REFERRING VET**

Dr. Mellish

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. Gastric body wall measured 0.30 cm.

**INVOICE**

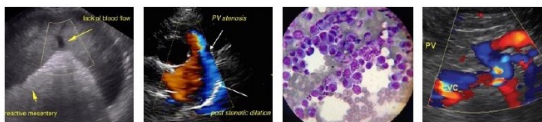
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The small intestine presented intact wall layering with primarily maintained 1:3 muscularis/mucosa ratio with subjective propensity for generalized mildly prominent muscularis layer. No evidence of obstructive pattern or mechanical ileus within the small intestine. Segmental, non-specific jejunal echogenic, non-shadowing digesta was present.

**DATE**

8/11/21

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



**PATIENT** *Pancreas*

Ash Waldner The base 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 inflammation. No overt evidence of neoplasia.

**SPECIES** *Free Abdomen*

Feline No evidence of significant lymphadenopathy. No effusion.

**BREED** **ULTRASONOGRAPHIC FINDINGS**

- DSH
  - Sonographically unremarkable stomach – no evidence of retained ingesta, flood, or gastric foreign material.
- SEX
  - Primarily empty small bowel with segmental non-specific, non-obstructive echogenic digesta and generalized propensity for mildly prominent small bowel muscularis layer.
  - Possible low-grade pancreatitis

Neutered Male

**AGE** **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

2 Years No evidence of an obstructive gastrointestinal pattern or overt obstructive gastrointestinal foreign material. The possibility of segmental jejunal non-obstructive hair, fabric or similar cannot be definitively excluded. No overt indication for immediate surgical intervention for obvious gastrointestinal foreign material or mechanical obstruction. However, the small intestine exhibited subtle mural changes, which may suggest potential underlying inflammatory enteropathy.

**WEIGHT**

4.9 kg

**INTERPRETED BY**

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DABVP (Canine and  
Feline)

Although not definitive, low-grade pancreatitis often seen concurrently with underling intestinal inflammation in cats or potentially secondary to dietary indiscretion may be possible. If continued gastrointestinal signs non-responsive to conservative therapy, laparotomy with gross inspection of the gastrointestinal tract with primary goal of full thickness intestinal biopsies for further assessment may be indicated.

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

BPH Stoney Creek

**REFERRING VET**

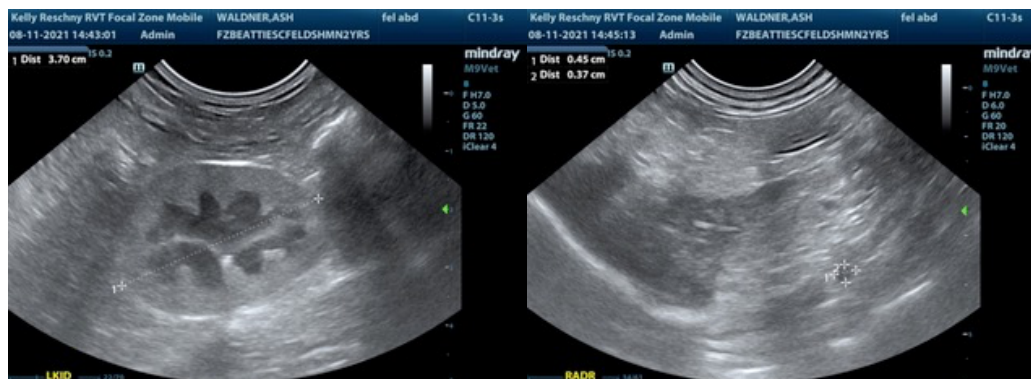
Dr. Mellish

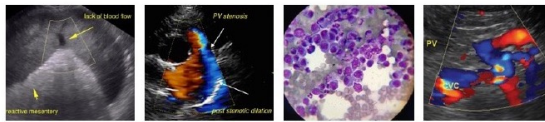
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**DATE**

8/11/21





**PATIENT**

Ash Waldner

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

2 Years

**WEIGHT**

4.9 kg

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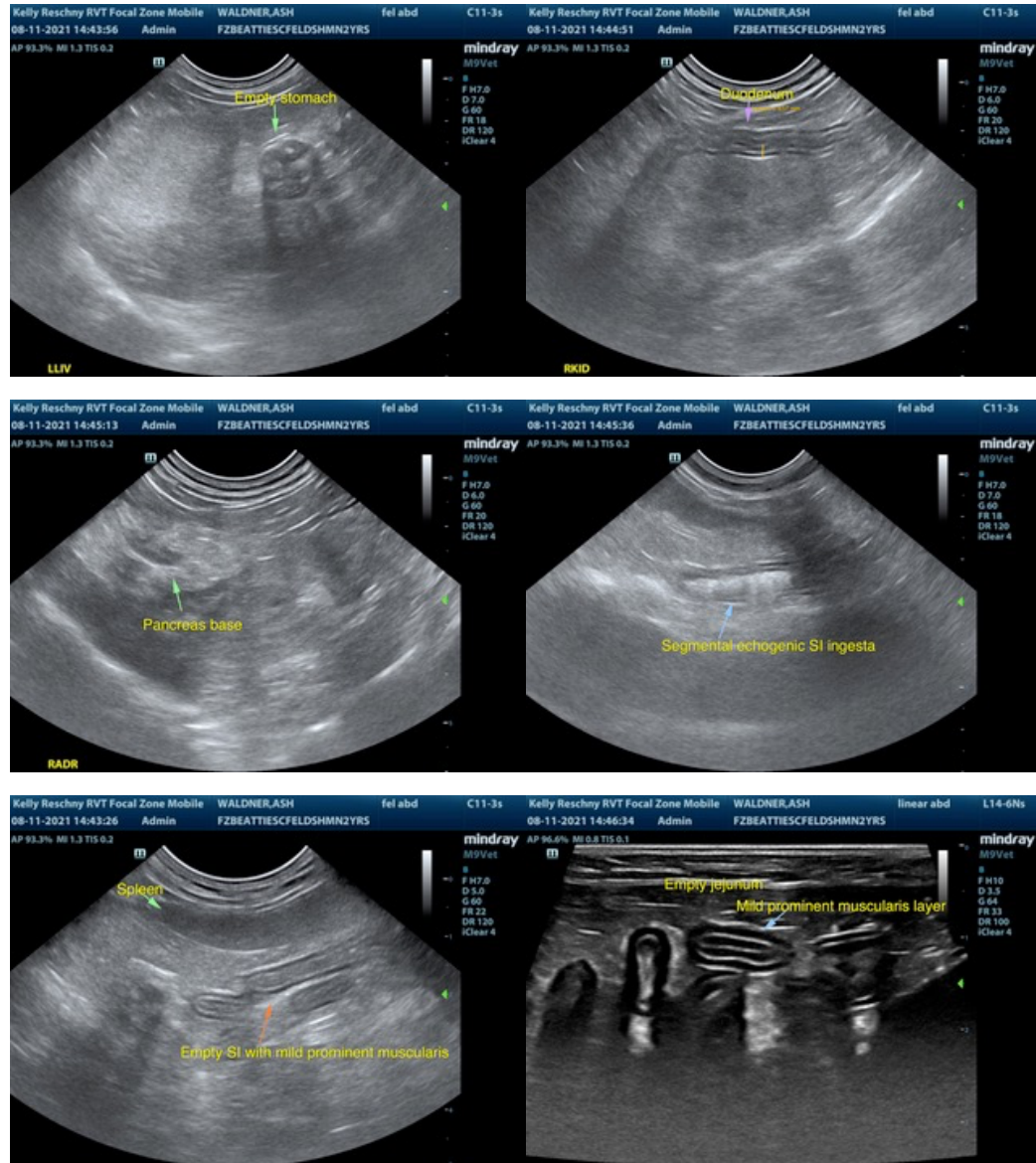
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**DATE**

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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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