



PATIENT PRESENTING CLINICAL SIGNS

Bailey Black History: Anorexia, 3/6 murmur
 Medication: Mirtazapine, Cerenia

SPECIES Unremarkable CBC/Chem.
 Feline

BREED **ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Domestic Shorthair

SEX The area of the aortic trifurcation was free of pathology.
 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. The left kidney measured 4.4 cm. The right kidney measured 4.6 cm.
 12 years

WEIGHT The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm in width. The right adrenal gland measured 0.36 cm in width.
 14.2 Pounds

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 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.

Adrenal Glands

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 0.88 cm in width at the level of the hilus.

INTERPRETED BY

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 DVM, DABVP
 (Canine and Feline)

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.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach exhibited mild to moderate distention owing to retained, primarily anechoic fluid and luminal gas. No evidence of overt retained ingesta or foreign material. No evidence of mechanical pyloric outflow obstruction. Gastric body wall measured 0.27 cm. Pylorus wall measured 0.26 cm.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
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 (Bath)

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Dr. Tan

INVOICE

24564

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8.11.2021

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material. Duodenum wall measured 0.26 cm. Jejunum wall measured 0.22 cm.

Ileocolic wall measured 0.31 cm. Colon walls were sonographically unremarkable with segmental colonic distention containing non-formed to liquid feces. Luminal gas was noted in the distal descending colon.



PATIENT *Pancreas*

Bailey Black The pancreas base exhibited subtle prominent size with maintained symmetrical capsule contour. Subtle hypoechoic to heterogeneous parenchyma was noted compared to adjacent omentum.

SPECIES *Free Abdomen*

Feline Intermittent jejunocolic and focal pancreaticoduodenal lymph nodes were enlarged. Example of jejunocolic lymph node measured 0.62 cm in width. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident.

BREED

Domestic Shorthair No effusion.

ULTRASONOGRAPHIC FINDINGS

SEX

FS

- Mild hypomotile stomach exhibited by mild retained anechoic fluid and luminal gas
- Enterocolitis with segmental colonic distention containing non-formed to liquid feces
- Mildly hypoechoic to heterogeneous pancreas base
- Intermittent jejunocolic and focal pancreaticoduodenal lymphadenopathy – lymphoid hyperplasia or mild reactive lymphadenitis suspected, no overt neoplastic criteria

AGE

12 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential for low-grade to chronic active pancreatitis would be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with spec fPL or GI panel to assess cobalamin and folate levels may be considered. The mildly hypomotile stomach, segmental small bowel non-obstructive ileus, as well as potential for mild jejunocolic lymphadenitis may be owing to an acute inflammatory bowel episode if the anorexia in this patient is relatively acute.

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No overt evidence of mechanical obstruction as with foreign material or structural gastrointestinal pathology. Fresh fecal analysis to assess for ova/giardia recommended if diarrhea develops. Given the lack of response to recent supportive care, hospitalization with 24-48 hour IV fluids and gastroprotectants may prove beneficial. Recheck sonogram suggested to assess for evidence of progressive inflammatory gastrointestinal or pancreatic changes if clinical signs continue.

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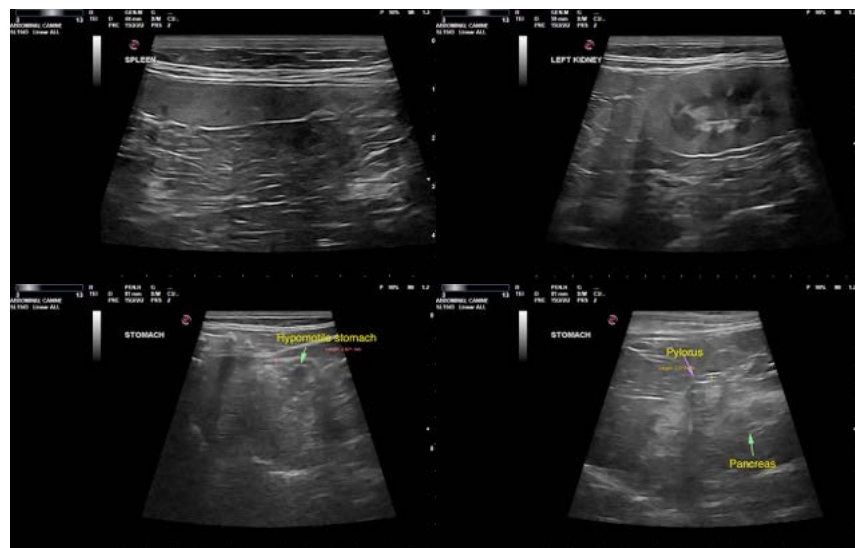
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Bailey Black

SPECIES

Feline

BREED

Domestic Shorthair

SEX

FS

AGE

12 years

WEIGHT

14.2 Pounds

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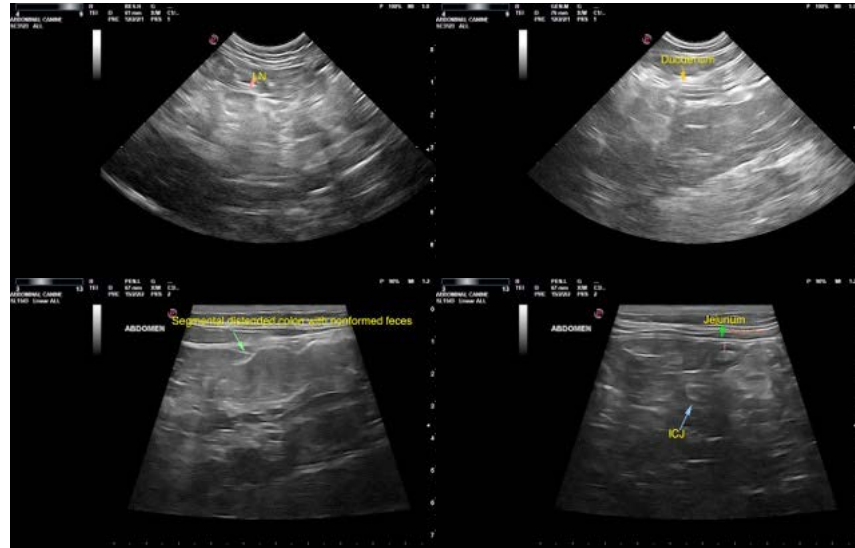
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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