

PATIENT

Cruton Cruzman

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

1 year

WEIGHT

6 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield, DVM

HOSPITAL NAME

Emergency
Veterinary Hospital

REFERRING VET

Patti Mayfield, DVM

INVOICE

10412

DATE

8/11/2023

PRESENTING CLINICAL SIGNS

Patient was evaluated on 8/10/23 at EVH for acute onset of vomiting and hiding. There is a new kitten in the household of 7 cats. A large event/party occurred in the home ~ 7 days ago. Strictly indoors. No known access to noxious, toxic, foreign material, but patient does like to play with string and toys. Patient was treated with Cerenia SQ last night but vomited sometime between 2 am and 6 am this morning. Patient presented for re-evaluation due to persistent vomiting. Alfaxalone and butorphanol mixed IV for AUS Current treatments include 1.) Ondansetron 2.) LRS @ 20 mL/hr.

Abnormal PE/Chem/CBC/UA Results: PE: -- Mild dehydration, ~ 5%, tense abdomen, but not overtly painful. Overweight. Mild ptyalism and halitosis. Temp of 103.1 F at intake, improved to 100 F within 6 hours. Blood work (8/10/23) CBC: -- WNL CHEM: -- Glob: 5.2 g/dl (2.8-5.1) -- GGT: 10 U/L (0-4) -- remainder WNL UA (via cysto): -- USG >1.050 -- protienuria, 30 mg/dL -- mild hematuria, 12 RBC/HPF -- Otherwise unremarkable sediment.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild nondependent particulate sediment. Sediment may indicate cellular debris/protein crystalline debris, lipid, mucus. Correlation with urine analysis recommended. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

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 4.5 cm in length. The right kidney measured 4.7 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 cm.

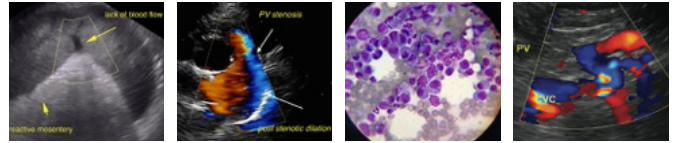
Spleen

The spleen was mildly enlarged, symmetrical capsular contour with 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. Mild splenomegaly owing to sedation, likely. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

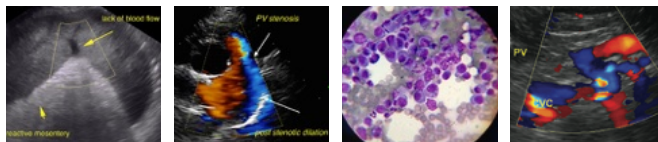
Liver/ Gallbladder

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



PATIENT	The stomach presented intact wall layering with a normal wall layer ratio. Mild pockets of lumen gas and minor retained anechoic fluid were noted. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.
Cruton Cruzman	
SPECIES	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.
Feline	
BREED	Normal visible colon wall layers were present with apparent formed feces in lumen.
DSH	
SEX	Pancreas
Neutered Male	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 were evident.
AGE	Free Abdomen
1 year	No evidence of peritoneal effusion was present.
WEIGHT	Several to multiple variably prominent to mildly enlarged mesenteric lymph nodes were present. 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. An example of lymph node size was 2.1 cm diameter.
6 kg	
	ULTRASONOGRAPHIC FINDINGS
INTERPRETED BY	Primary Findings
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Probable mesenteric lymphadenitis – suspect secondary to inflammatory bowel episode. • Sonographically unremarkable gastrointestinal tract.
IMAGING PERFORMED BY	Secondary Findings
Patti Mayfield, DVM	<ul style="list-style-type: none"> • Mild urinary bladder sediment
HOSPITAL NAME	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Emergency Veterinary Hospital	No evidence of significant visceral pathology including no evidence of gastrointestinal mural pathology, active pancreatitis, or gastrointestinal obstructive pattern. Recommend supportive care with potential treatment for lymphadenitis with Zithromax or Zithromax/Metronidazole combination. Hydrolyzed diet therapy over time may be considered if recurrent gastrointestinal signs. Potential for low grade pancreatitis which may present sonographically normal may be consider if evidence of cranial abdominal or subxiphoid or discomfort on palpation. Recheck sonogram recommended if evidence of progressive gastrointestinal signs despite gastrointestinal supportive care. Urine culture and sensitivity recommended if evidence of inflammatory sediment on urine analysis.
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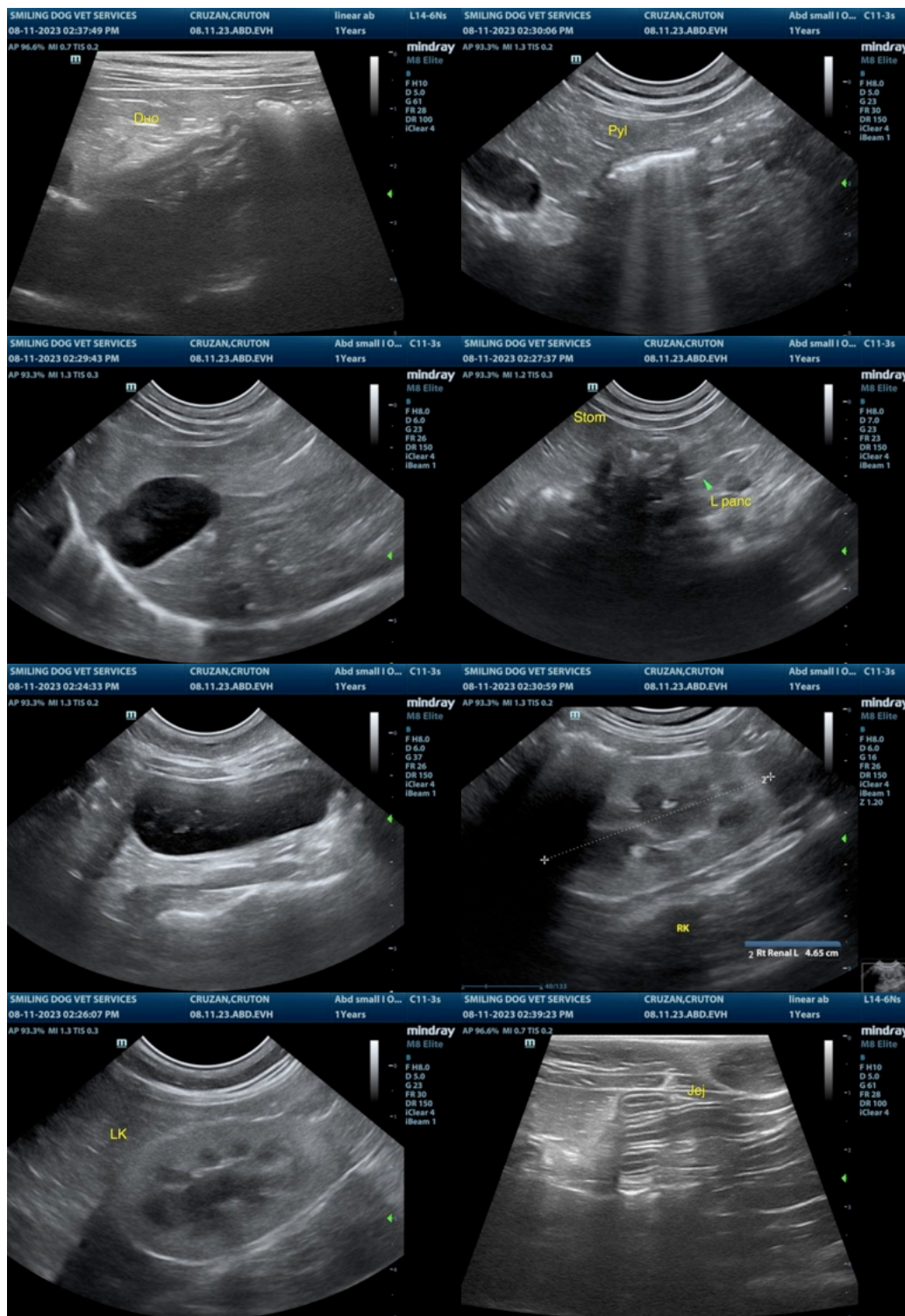
Patti Mayfield, DVM

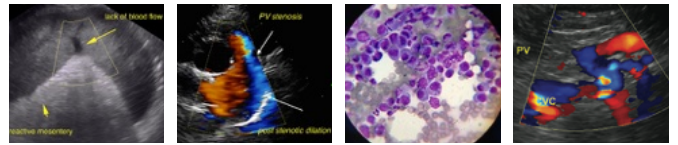
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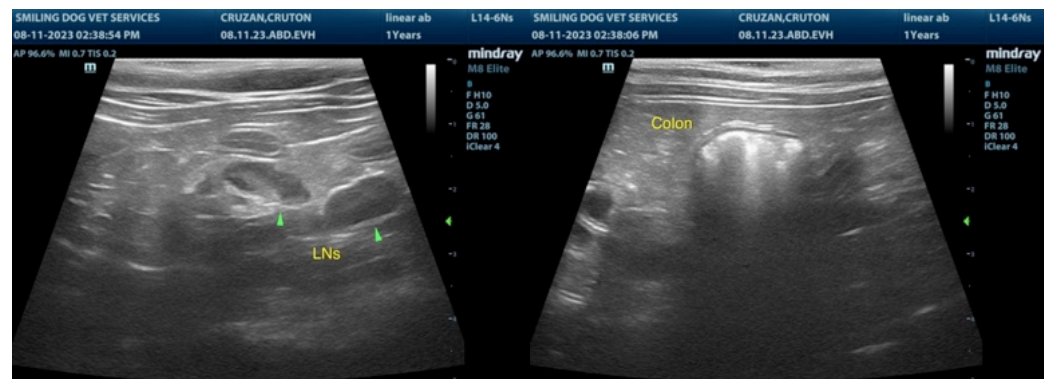
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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