



PATIENT

Smokey Stevenson

PRESENTING CLINICAL SIGNS

History: Vomiting since Wednesday. Lethargic
Abnormal PE/Chem/CBC/UA Results: Pending

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DSH

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild nondependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted. The bladder was otherwise normal.

SEX

Spayed Female

The area of the aortic trifurcation was free of pathology.

AGE

1 Year

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 3.4 cm in length. The right kidney measured 3.5 cm in length.

WEIGHT

8.3 Pounds

Adrenal Glands

The area of the left and right adrenal glands were sonographically unremarkable.

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.

IMAGING PERFORMED BY

A.Rodriguez

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

Foxfield VS

Gastrointestinal

REFERRING VET

A.Rodriguez

The stomach presented intact normal wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid or foreign material.

The small intestine presented intact wall layering with maintained 1:3 muscularis/mucosa ratio. The lumen of the small intestine was primarily empty with mild segmental lumen gas. The small intestinal wall measured 0.20 cm. The ileocolic wall measured 0.25 cm.

INVOICE

23875

Normal visible colon wall layers were present. The colon contained segmental subjective soft fecal matter.

DATE

8/11/23

Pancreas



PATIENT

The pancreas base and right pancreatic limb exhibited normal size and capsule contour. Subtle hypoechoic parenchyma compared to adjacent omentum.

Smokey Stevenson

Free Abdomen

SPECIES

Intermittent, mildly prominent mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Perilymphatic to regional mid abdominal mild hyperechoic omentum was noted. No evidence of peritoneal effusion or omental masses.

Feline

BREED

DSH

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

- Mild urinary bladder sediment
- Suspect intermittent mild mesenteric lymphadenitis, likely inflammatory bowel episode.
- Possible concurrent low-grade pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

Overall, no evidence of significant visceral pathology, including no evidence of gastrointestinal obstructive criteria. I recommend hospitalization with supportive care and therapy for inflammatory bowel episode with concurrent lymphadenitis and possible low-grade pancreatitis, which may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with Spec FPL could be considered. Given the current leukopenia, broad spectrum antibiotics, such as Zithromax/metronidazole combination or similar, as well as dietary therapy, once the patient is eating, with as needed gastrointestinal support and assessment of clinical response is recommended.

1 Year

WEIGHT

8.3 Pounds

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HOSPITAL NAME

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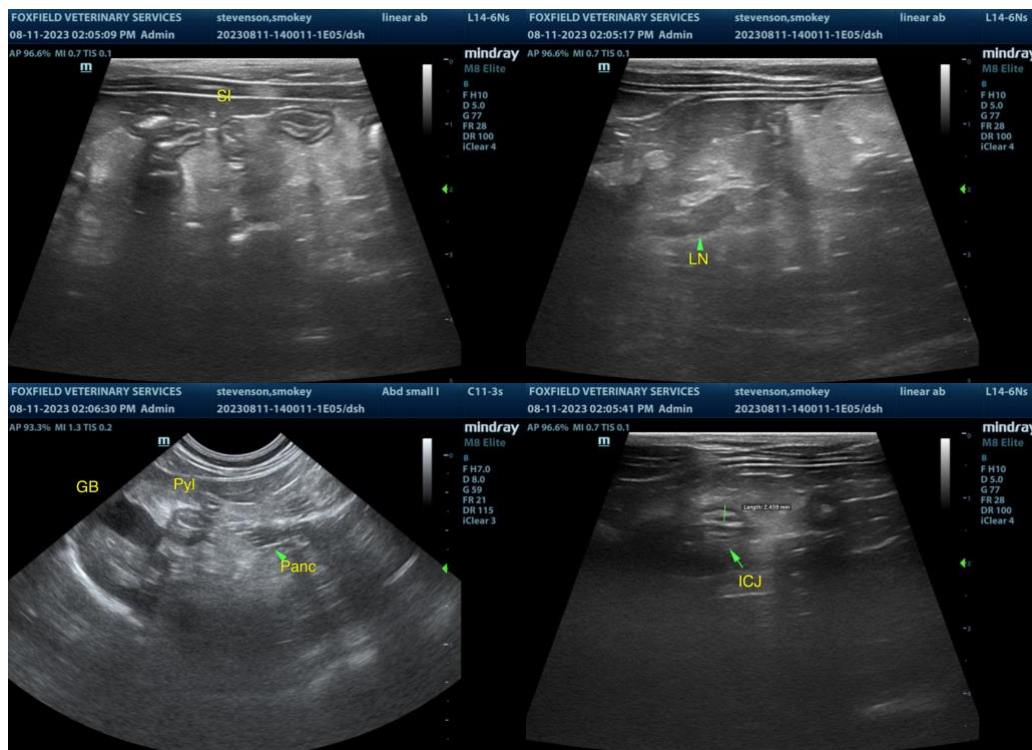
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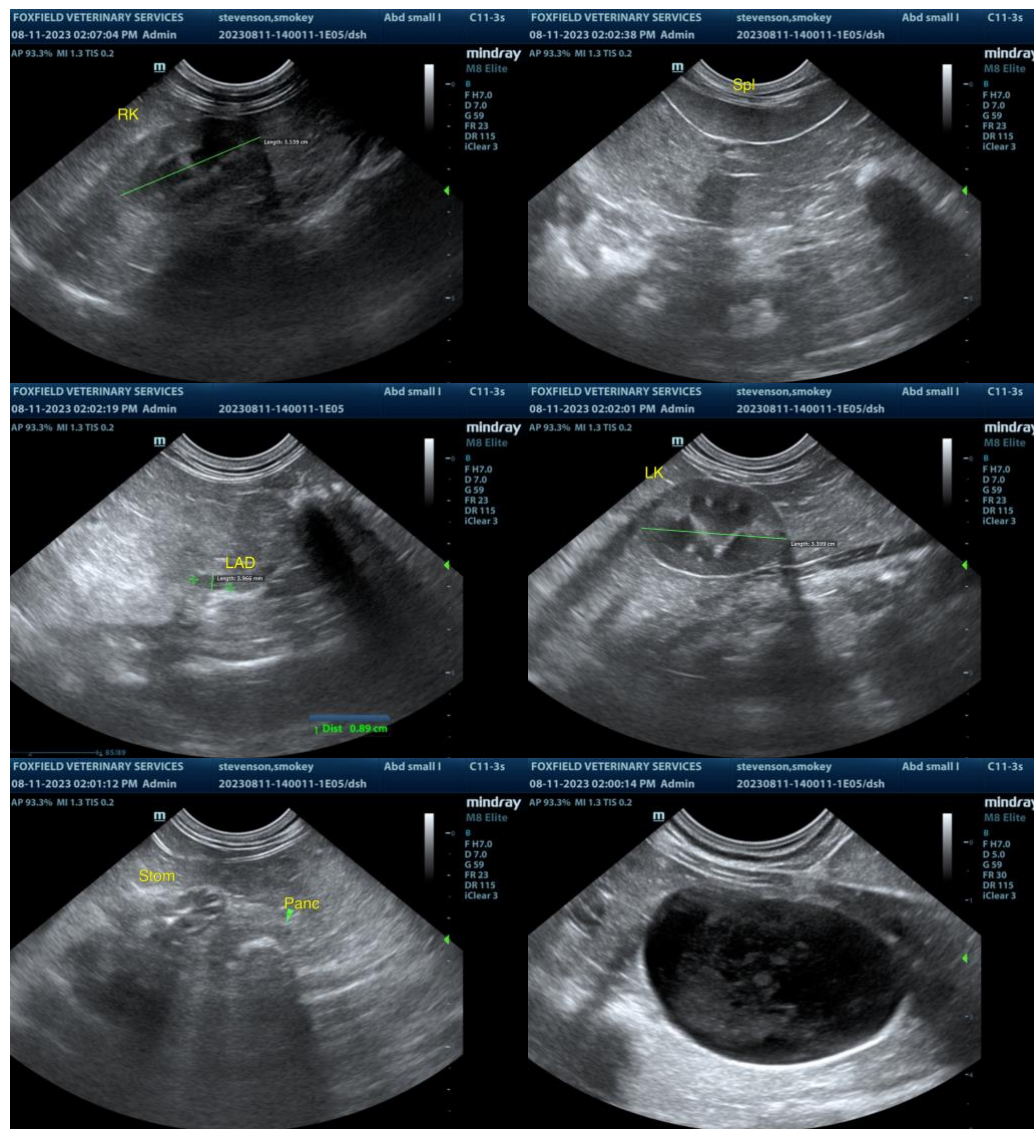
A.Rodriguez

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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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