



PATIENT

Murphy Julian

PRESENTING CLINICAL SIGNS

History: Hyporexia, occasional vomiting, lethargy
Unremarkable CBC/Chemistry Panel and Spec fPL

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Oriental SH

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 was noted.

SEX

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 3.4 cm in length. The right kidney measured 3.6 cm in length.

WEIGHT

6.6 Pounds

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.25 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 cm width.

INTERPRETED BY

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

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 0.6 cm width.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

Liver/ Gallbladder

HOSPITAL NAME

Easton AH

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.

REFERRING VET

Dr. Nankman

Gastrointestinal

INVOICE

12120

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained anechoic pyloric fluid was present. No evidence of retained ingesta, foreign material, or mechanical pyloric outflow obstruction. The gastric body wall width measured 0.24 cm. The pylorus wall width measured 0.25 cm.

DATE

8.12.2021



PATIENT Murphy Julian
 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. The duodenum wall measured 0.23 cm width. The jejunum wall measured 0.20 cm width.

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

Feline **Pancreas**

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.

BREED Oriental SH

Free Abdomen

SEX Male
 Multiple, midabdominal mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 0.5 cm width. No effusion was present.

AGE 2 years

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- WEIGHT** 6.6 Pounds
- Mild retained pyloric fluid
 - Suspect enteropathy with associated mesenteric lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY R. McKenzie Daniel, DVM, DABVP (Canine and Feline)
 The presence of minor retained anechoic pyloric fluid is nonspecific, yet may suggest some degree of mild pyloric hypomotility. Potential considerations in this case may include acute inflammatory bowel episode with suspected associated mesenteric lymphadenitis. If the patient's gastrointestinal signs are more chronic or if evidence of weight loss, the possibility of underlying chronic enteropathy without evidence of significant mural changes may also be possible. At this time, the mesenteric lymph nodes were not overtly consistent with neoplastic criteria.

HOSPITAL NAME Easton AH
REFERRING VET Dr. Nankman
 Supportive care which may include as-needed gastrointestinal support, Zithromax / Metronidazole combination given the potential for lymphadenitis, and hydrolyzed diet trial over time may prove beneficial. Assessment of serum Cobalamin / Folate levels may be considered. Sonographic monitoring of the mesenteric lymph nodes +/- ultrasound-guided FNA for screening cytology would be appropriate. Recheck sonogram to assess for progressive Inflammatory gastrointestinal or lymphatic changes is recommended if clinical signs continue.

INVOICE 12120

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HOSPITAL NAME

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REFERRING VET

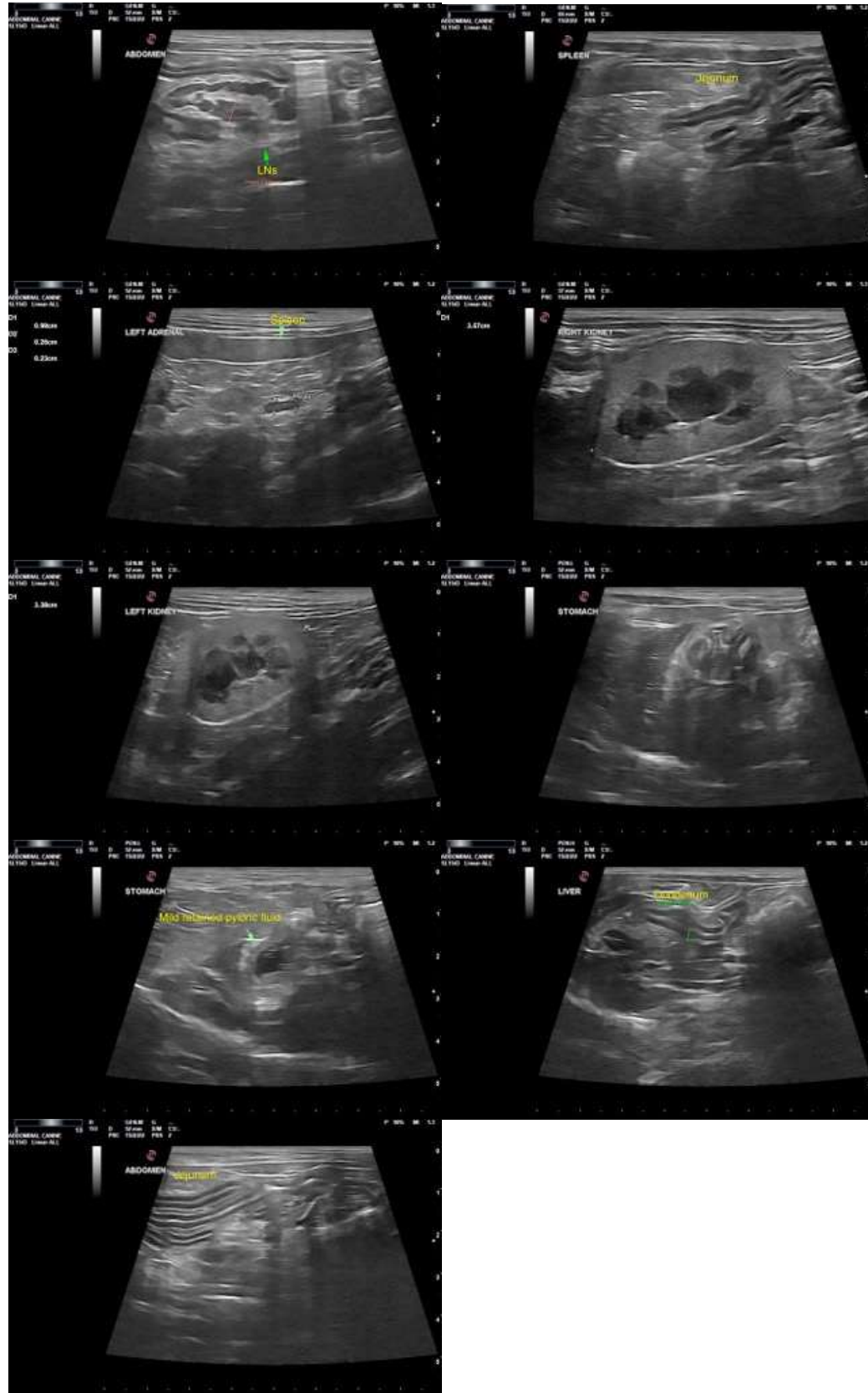
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
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