



PATIENT PRESENTING CLINICAL SIGNS

Stone McClafflin

Vomiting several times per day for the last month. Will vomit food, bile, or hair balls. Timing of vomit is random throughout the day and night. Appetite slightly reduced. P had a similar period of vomiting in March that resolved once starting an i/d diet; CBC/chem/PSL at that time showed hemoconcentration and mild lymphopenia but was otherwise NSF. P is still eating an i/d diet, but O recently added canned Friskies, and the vomiting has slightly improved for the last few days. Overweight, but otherwise exam was WNL. Current Medications Cerenia

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

3 Years

WEIGHT

16.45

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh

HOSPITAL NAME

West Eugene AH

REFERRING VET

Dr. Powers

INVOICE

24673

DATE

8/13/21

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 particulate echogenic 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 area of the aortic trifurcation was free of pathology.

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 4.0 cm. The right kidney measured 4.2 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 cm in width. The right adrenal gland measured 0.38 cm in width.

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.

Liver

The liver was normal in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with 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 lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. Gastric body wall measured 0.25 cm.

The small intestine presented intact wall layering without evidence of significant mural hypertrophy, yet segmental to generalized propensity for mildly prominent muscularis layer. Duodenum wall measured 0.28 cm. Jejunum wall measured 0.28 cm. Ileocolic wall measured 0.32 cm.



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

Stone McClaflin **Pancreas**

SPECIES 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 was evident.

Feline

BREED **Free Abdomen**

DSH

Intermittent, mildly enlarged mesenteric nodes were present. Example measured 0.50 cm diameter. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

SEX

Neutered Male

No evidence of peritoneal effusion.

AGE

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ULTRASONOGRAPHIC FINDINGS

- Suspect low-grade inflammatory enteropathy
- Sonographically unremarkable stomach
- Mildly echogenic liver – non-specific
- Mild particulate urinary bladder sediment

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

Although not definitive, the small intestine exhibited subtle mural changes that may suggest low-grade inflammatory enteropathy or potential IBD.

The subjective echogenic liver is non-specific with considerations including patient variant, possible mild inflammatory parenchymal disease, mild lipidosis, or other. Correlation with recheck CBC/Chem panel is recommended. Potential for low-grade pancreatic inflammation (which may present sonographically normal) cannot be excluded, yet no overt sonographic evidence of pancreatitis. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Empirically, continued gastrointestinal support and hairball therapy (if clinically indicated) including bland or hydrolyzed diet trial and gastroprotectants would be appropriate.

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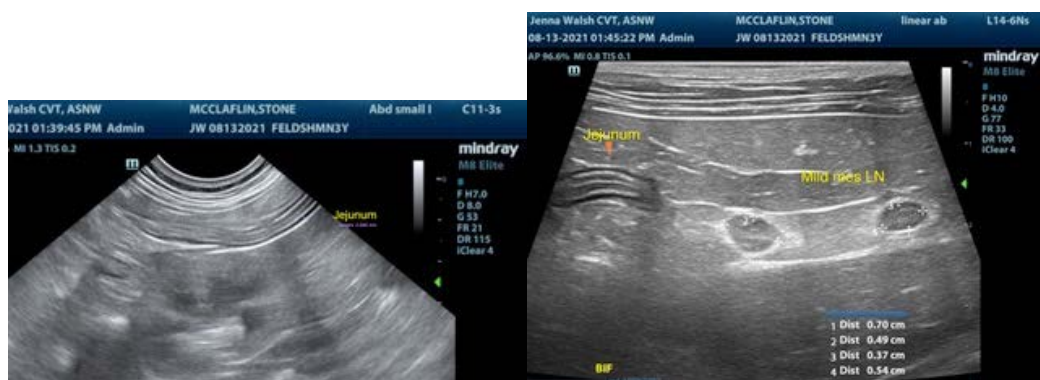
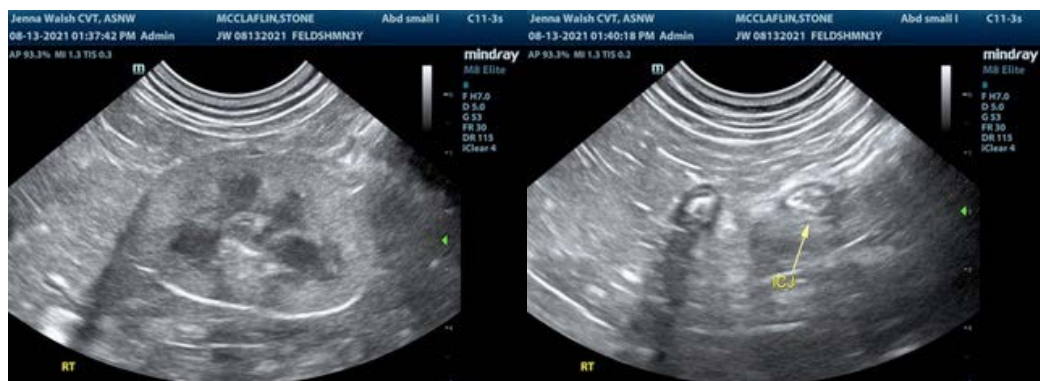
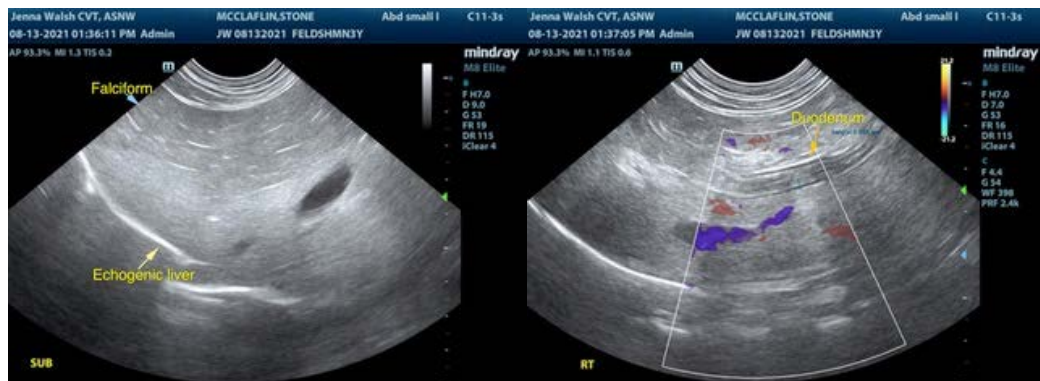
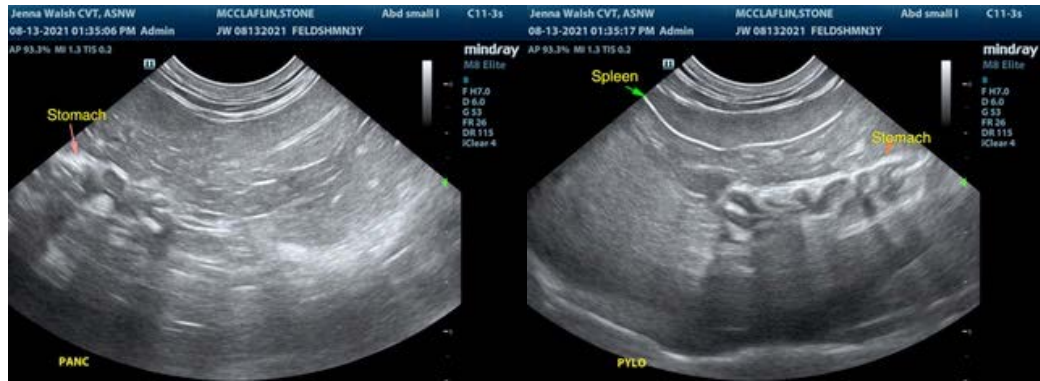
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PATIENT

Stone McClaflin

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.

SPECIES

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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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info@SonoPath.com

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