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Clinical Sonography & Telecytology
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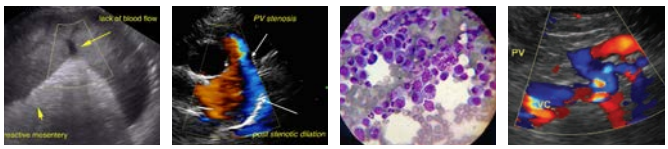

SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT
Angel Wagner

SPECIES
Feline

BREED
DSH

SEX
Spayed Female

AGE
12 Years

WEIGHT
6.36

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

IMAGING PERFORMED BY
Bennett

HOSPITAL NAME
Wilvet South

REFERRING VET
Dr. Schofield

INVOICE
44634

DATE
8/13/23

PRESENTING CLINICAL SIGNS

Presented 8/12 for 6 days intermittent vomiting. Last ate 8/12 at 2pm (shortly prior to rads). Hx of chronic constipation. Had large BM in exam room prior to rads.

Abnormal PE/Chem/CBC/UA Results: CBC: WNL Chem 17: Glu 292 (H), GGT 9 (H) Electrolytes: WNL Rads report: Heterogeneous material in stomach (r/o ingesta). Potential for small intestinal wall thickening. fPL = 2.7 (not consistent with pancreatitis) Exam: Normothermic on presentation on 8/12. Mildly elevated temp overnight (103.1). Somewhat fractious. Exam unremarkable. Non-painful abdomen. Fasted overnight prior to US.

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. 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.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.0 cm. The right kidney measured 4.3 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm. The right adrenal gland measured 0.38 cm.

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 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 overall intact wall layering with subjective borderline prominent intact pylorus wall. The lumen of the stomach was empty without evidence of retained ingesta, fluid or foreign material. Pylorus wall measured 0.30 cm.

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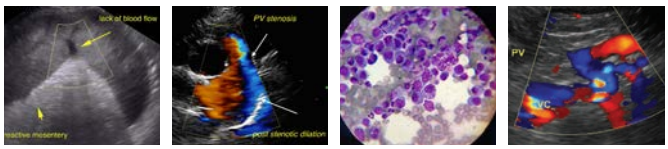

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The small intestine presented generalized intact, mildly prominent wall layering with overall subjective maintained 1:3 muscularis/mucosa ratio. Minor segmental propensity for subtly prominent muscularis layer. No evidence of mechanical or metabolic intestinal ileus, loss of intestinal wall layering, or intestinal masses. Duodenum wall measured 0.25 cm. Jejunum wall measured 0.28-0.30 cm in several visualized intestinal segments. Ileocolic wall measured 0.37 cm.

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

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 was evident.

Free Abdomen

No omental masses, lymphadenopathy, or peritoneal effusion.

PRIMARY FINDINGS

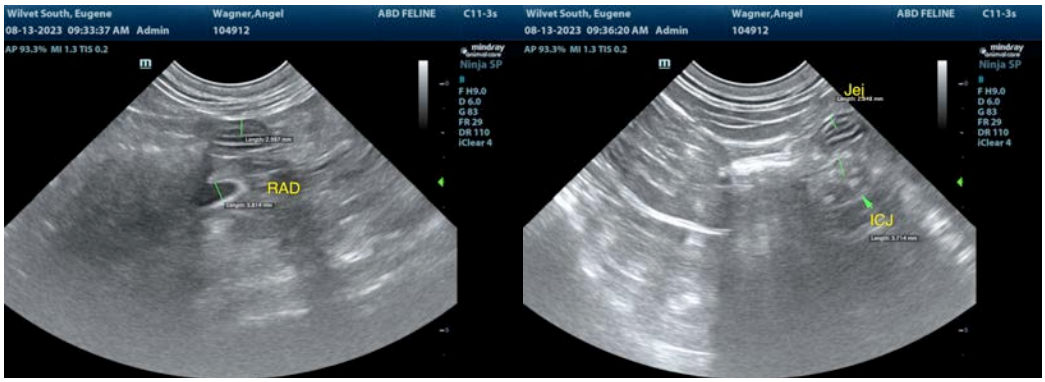
- Empty stomach with subjective borderline prominent pylorus wall
- Intact, mild to variably thickened small intestine wall
- Normal pancreas

SECONDARY FINDINGS

- Mild age related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no evidence of significant visceral pathology. The small intestine and possibly the pylorus exhibited mild mural changes which are suggestive of mild inflammatory gastroenteropathy criteria ie gastroenteritis or possible emerging IBD or similar. No sonographic evidence of overt gastrointestinal neoplastic criteria, mechanical gastrointestinal obstruction, or active pancreatitis. Canned novel protein or hydrolyzed diet trial, gastroprotectant protocol, and as needed constipation therapy may prove beneficial. Recheck sonogram is suggested to monitor for progressive gastrointestinal wall changes if progressive or persistent gastrointestinal signs or weight loss.



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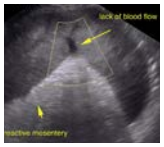
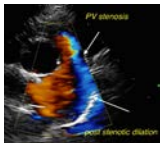
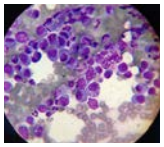
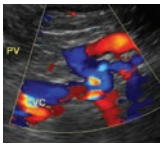

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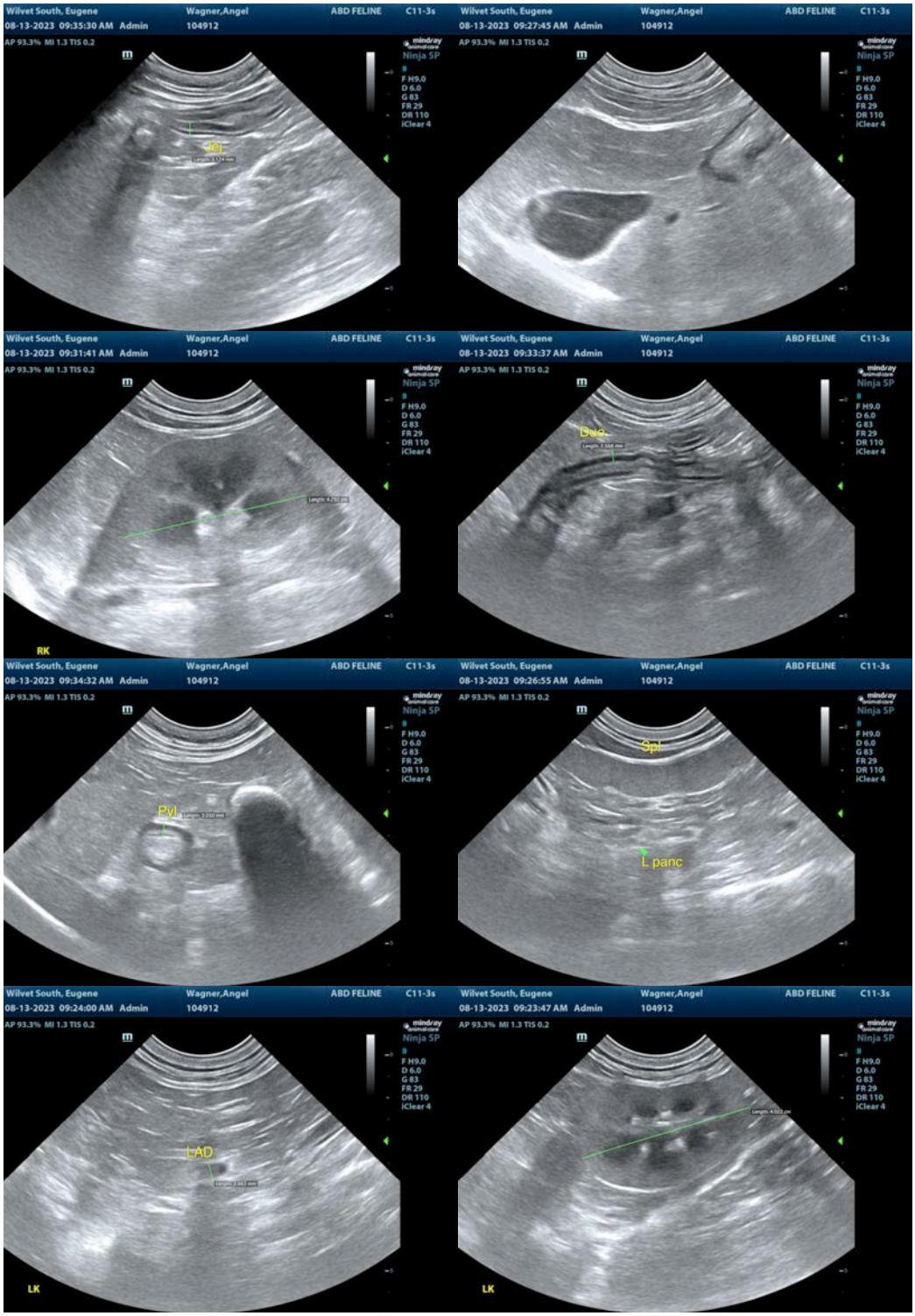

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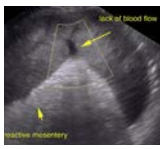
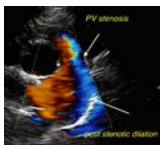
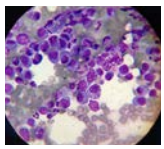
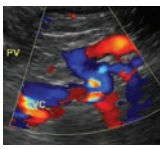

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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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