

PATIENT PRESENTING CLINICAL SIGNS

Catty Marion History: ADR, straining in litter box for 4 days, manual fecal evacuation done yesterday under anesthesia

SPECIES Medication: Lactulose, SQF, Cerenia

Feline CBC- Hematocrit 53.9, WBC 4.2 with neutropenia and suspected band neutrophils, Platelets 75

BREED Chemistry Panel- BUN 118, Creatinine not read, SDMA 63, Phosphorus 14.1, AST 88, Sodium 145, Potassium 7.1, Chloride 110

Domestic Shorthair

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

SEX *Urinary System*

FS The urinary bladder exhibited normal tone with subjective generalized prominent walls with mild asymmetrical luminal surface contour. The urinary bladder wall contained a mild amount of urine prohibiting full evaluation of the urinary bladder walls. No evidence of neoplastic criteria or calculi was noted. The urethra was normal in structure and tone to a depth of 2.0 cm. The urinary bladder wall measured 0.42 cm width.

The area of the aortic trifurcation was free of pathology.

WEIGHT

10.5 Pounds

Normal size and margination were 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. Minor pyelectasia was present in both kidneys. The left kidney measured 3.8 cm in length. The right kidney measured 3.5 cm in length.

INTERPRETED BY

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(Canine and Feline)

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.44 cm width. The right adrenal gland was mildly prominent in size suspected to be secondary to mild stress hypertrophy, without evidence of adrenal tumors. The right adrenal gland measured 0.56 cm width.

IMAGING PERFORMED BY

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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 was subnormal in size likely owing to volume contraction, measuring 0.43 cm width.

HOSPITAL NAME

Easton AH

REFERRING VET

Dr. Craig

Liver/ Gallbladder

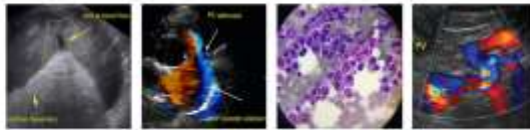
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

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PATIENT ***Gastrointestinal***

Catty Marion The stomach presented intact wall layering with a normal wall layer ratio. The stomach was moderately distended owing to retained anechoic fluid, extending into the pyloric outflow tract and duodenum. No overt evidence of upper gastrointestinal mechanical obstruction was noted.

SPECIES

Feline The jejunum and ileum exhibited Intact yet subjective prominent wall layering owing to propensity for mildly prominent muscularis layer along with segmental jejunoileal corrugation.

BREED

Domestic Shorthair The colon walls presented intact yet mildly prominent wall layering with mild thickened to echogenic submucosa. Segmental to diffusely strongly shadowing feces was noted in the area of the proximal colon / Ileocolic junction as well as the distal colon.

SEX

Nonformed to liquid fecal matter was present in the colon lumen with lumen dilation.

FS

Pancreas

AGE

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.

15 years

Free Abdomen

WEIGHT

Generalized mild nonuniform echogenic mesentery was present. Mild to moderate subjective cellular free fluid was noted. No overt evidence of significant concurrent lymphadenopathy was present.

10.5 Pounds

ULTRASONOGRAPHIC FINDINGS

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Primary Findings

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- Mild cystitis
- Bilateral mild chronic renal changes with minor pyelectasia
- Generalized subjectively acute gastroenteritis with gastric and duodenal hypomotility and segmental jejunoileal corrugation
- Colitis with segmental to diffuse strongly shadowing feces in area of the ileocolic junction / proximal colon and distal colon
- Generalized peritonitis exhibited by mild to moderate cellular free fluid and generalized echogenic mesentery

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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The pyelectasia in both kidneys may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

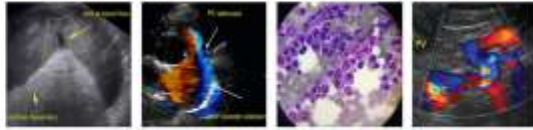
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Peritoneal effusion analysis, cytospin cytology, +/- culture and sensitivity if evidence of inflammatory cells is recommended for further clarification. The effusion may represent non-septic vs. septic effusion, while the possibility of neoplastic effusion i.e., carcinomatosis, lymphomatosis, or similar with

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PATIENT

Catty Marion

potential for early gastroenterocolic involvement or less likely FIP, given the age of the patient, is also possible.

SPECIES

Feline

The strongly shadowing proximal and distal colonic feces likely correlate with constipation / obstipation, given the patient history and provided radiographs. The possibility of mild nonobstructive or partially obstructive distal small intestinal foreign material, although thought unlikely, cannot be definitively excluded.

BREED

Domestic Shorthair

Given the presence of dehydration, suspected prerenal azotemia and electrolyte abnormalities, as well as constipation / obstipation, hospitalization with IV fluid therapy with monitoring of renal parameters and electrolytes with ideally sonographic reassessment of the gastrointestinal tract and peritoneal cavity in 24 hours is recommended. If evidence of inflammatory effusion / peritonitis, exploratory laparotomy with gastroenterocolic biopsies may be indicated.

SEX

FS

AGE

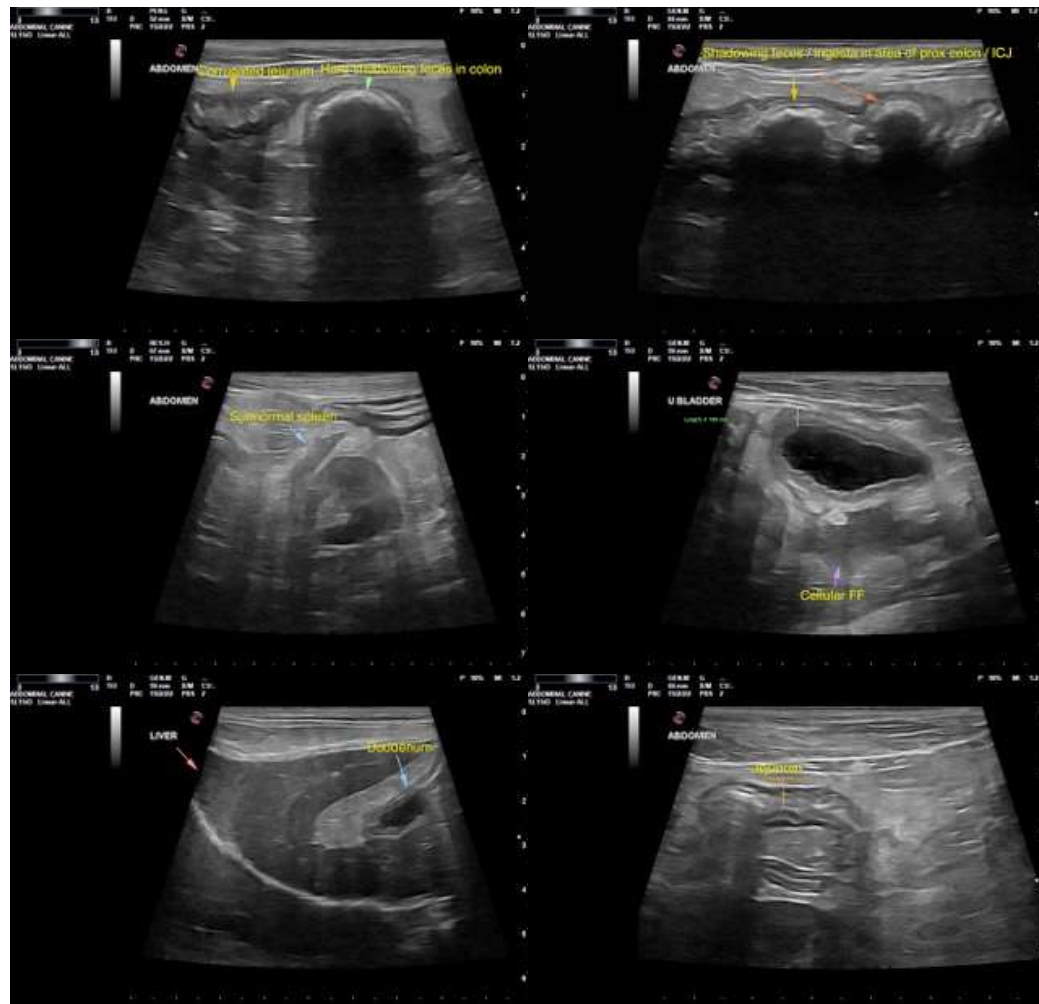
15 years

WEIGHT

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PATIENT

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SPECIES

Feline

BREED

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SEX

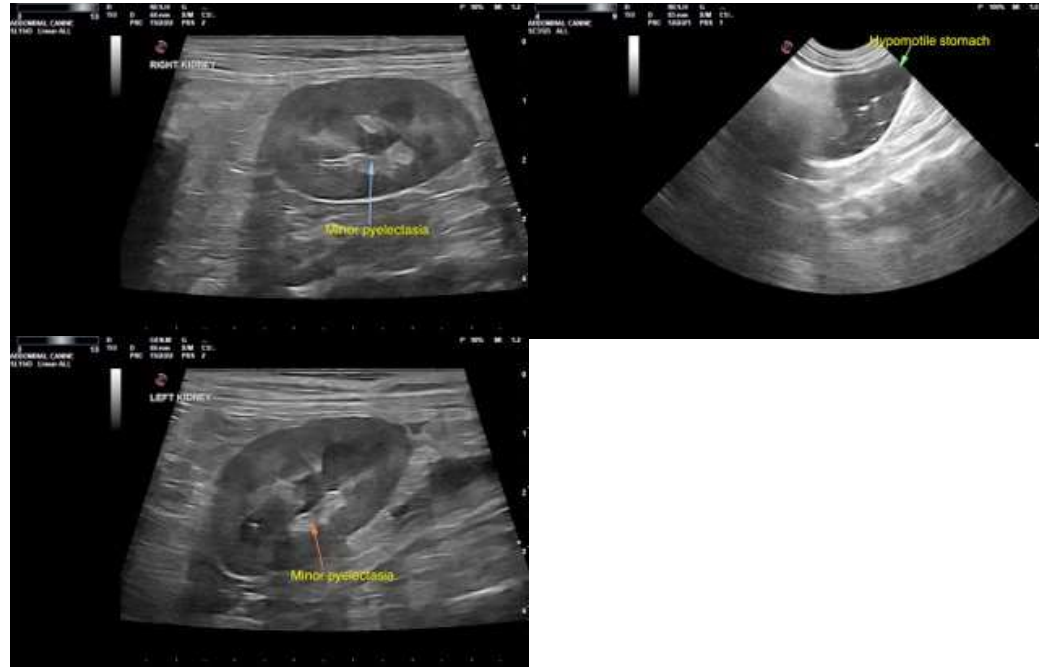
FS

AGE

15 years

WEIGHT

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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.

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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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