



PATIENT	PRESENTING CLINICAL SIGNS
Izzy Daniels	Vomiting last 2 days sent home on cerenia and still drooling ,lethargic and Inappetent . POCUS area of steatitis seen cranial right abdomen on diagnostic
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Feline	Urinary System
BREED	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.
DSH	
SEX	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 3.7 cm in length.
FS	
AGE	The area of the aortic trifurcation was free of pathology.
2	Adrenal Glands
WEIGHT	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.41 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 cm width.
6.2	Spleen
INTERPRETED BY	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.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Liver/Gallbladder
IMAGING PERFORMED BY	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. Normal vascular volume. 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.
Dr Belan	Gastrointestinal
HOSPITAL NAME	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained retained nonshadowing ingesta/chyme with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.23 cm in width.
Fish Creek Animal Hospital	
REFERRING VET	
Dr Brugnola	
INVOICE	The small intestine presented generalized intact wall layering with normal muscularis/mucosa ratio. A segment of jejunum in the mid abdomen exhibited intact mildly thickened wall layering with segmental retained non-shadowing ingesta/chyme. Within the thickened segment of jejunum, a possible small
14658ag	
DATE	
08/19/2023	



PATIENT

Izzy Daniels

nonobstructive shadowing echo was present measuring ~ 0.5 cm in diameter. Segmental thickened yet intact jejunum measured 0.33 cm in wall width. The normal appearing small intestine measured 0.25 cm in width.

SPECIES

Feline

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.

BREED

DSH

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

SEX

FS

Intermittent mildly prominent to enlarged mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example measured 1.4 cm x 0.35 cm.

AGE

2

ULTRASONOGRAPHIC FINDINGS

- Normal stomach with mild retained non shadowing ingesta / chyme, no overt gastric foreign body
- Segmental mild thickened to hypomotile jejunum with regional mild peri intestinal reactive omentum
- Possible small, nonobstructive shadowing lumen echo in the segmental thickened jejunum vs gas artifact
- Mild sonographically benign / mild reactive mesenteric lymphadenopathy

WEIGHT

6.2

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATION

The segmental thickened jejunum may indicate segmental inflammation and metabolic segmental stasis, less likely early infiltrative jejunal neoplasia or granulomatous disease. There is potential for small nonobstructive to passing jejunal foreign body, although not definitive. The remainder of the small intestine was normal with intact normal wall layering and without additional ileus pattern.

IMAGING PERFORMED BY

Dr Belan

HOSPITAL NAME

Fish Creek Animal
Hospital

Exploratory laparotomy with potential enterotomy vs resection / anastomosis (if clinically indicated based on gross findings and appearance of the jejunum) and with biopsies considered essential despite exploratory findings is recommended.

REFERRING VET

Dr Brugnola

INVOICE

14658ag

DATE

08/19/2023



PATIENT

Izzy Daniels

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

2

WEIGHT

6.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Belan

HOSPITAL NAME

Fish Creek Animal
Hospital

REFERRING VET

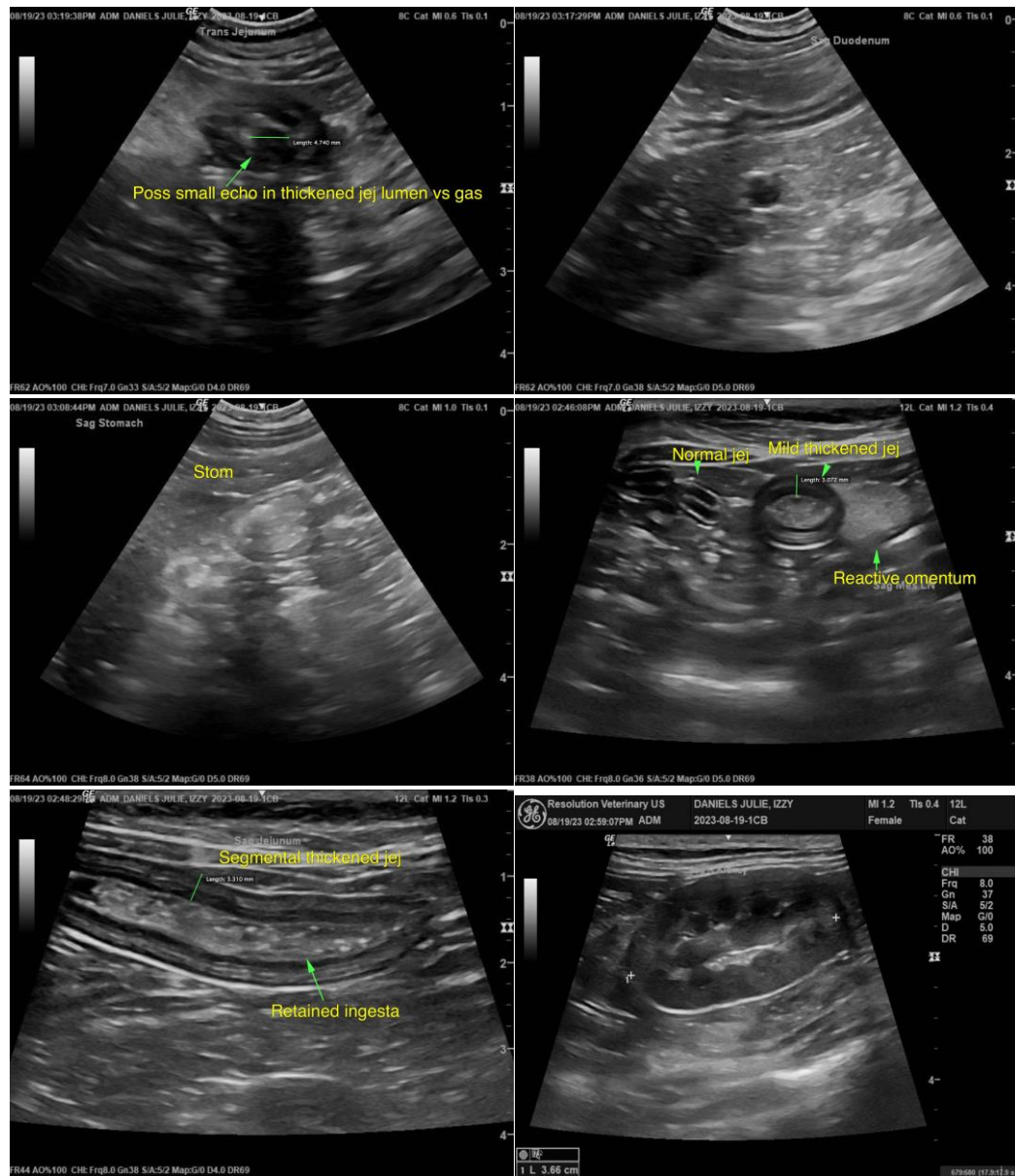
Dr Brugnola

INVOICE

14658ag

DATE

08/19/2023





PATIENT

Izzy Daniels

SPECIES

Feline

BREED

DSH

SEX

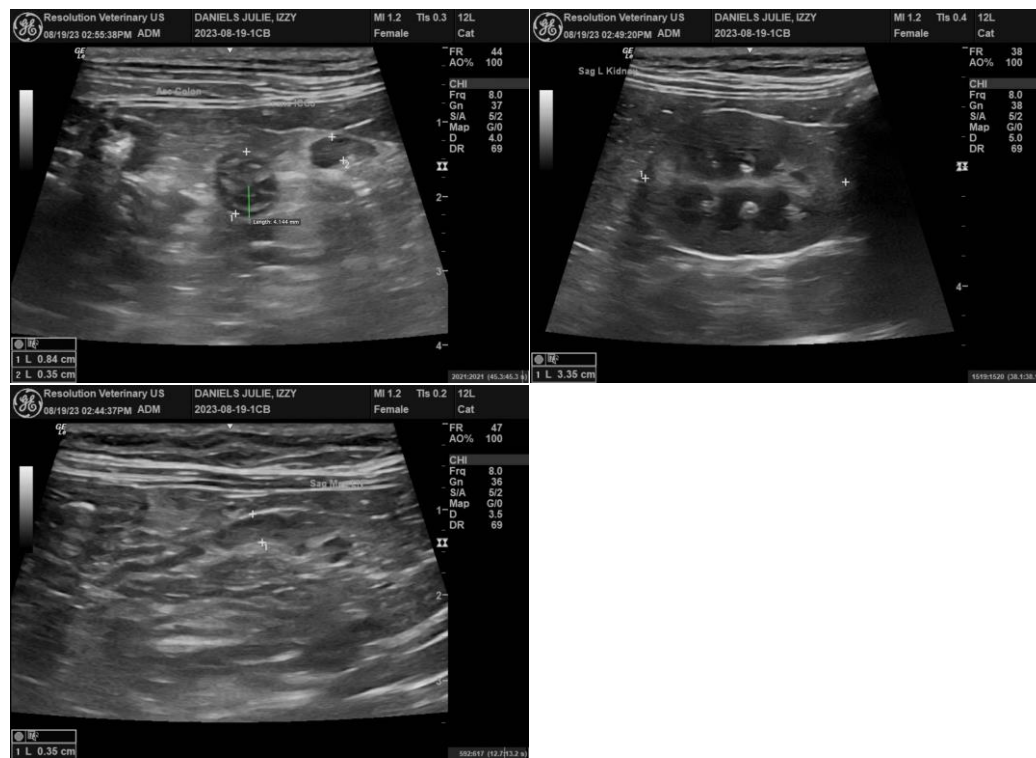
FS

AGE

2

WEIGHT

6.2



INTERPRETED BY

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

IMAGING PERFORMED BY

Dr Belan

HOSPITAL NAME

Fish Creek Animal
Hospital

REFERRING VET

Dr Brugnola

INVOICE

14658ag

DATE

08/19/2023

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