

PATIENT PRESENTING CLINICAL SIGNS

Max Broccoli Ongoing inappetence and lethargy -Vomited once on Thursday-none since

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

4yr

WEIGHT

14.8lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

VCA Salem Animal
Hospital

REFERRING VET

Dr Hovenden

INVOICE

14693ag

DATE

08/21/2023

Abnormal PE/Chem/CBC/UA Results: ABNORMAL Laboratory Findings -CBC: WBC 11,030 with lymphopenia, PCV 51%, TS 7g/dL -Chemistry profile: BUN 38 (r/o dehydration, renal, post-renal), Na 138+ (r/o anorexia/vomiting), K+ 5.9 -Urinalysis (in-house): USG 1.037, trace protein, no RBCs or WBCs, no crystal, no bacteria --> moderately-concentrated urine, no evidence of urinary tract disease --> elevated BUN is likely secondary to dehydration Current Medications 8/19/23 TX= SQ fluids and a single dose of oral mirtazapine Radiographic Findings -3 view abdominal radiographs: Stomach appears empty, small amount of stool in the ascending and transverse colon --> no evidence of GI foreign body or mechanical bowel obstruction.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

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 4.3 cm in length. The right kidney measured 4.6 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.60 cm width. No overt pathology in the area of the right adrenal gland.

Spleen

The spleen exhibited possible subnormal size suggestive of volume contraction measuring 0.70 cm in width and 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.

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.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate retained primarily anechoic fluid with a small amount of non-specific



PATIENT

hyperechoic ingesta exhibiting subtle dirty to mild progressive distal acoustic shadowing with no signs of ileus, obstruction or foreign material. The pylorus wall measured 0.20 cm in width.

Max Broccoli

SPECIES

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.

Feline

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

BREED

Pancreas

DLH

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.

SEX

Free Abdomen

MN

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

AGE

ULTRASONOGRAPHIC FINDINGS

4yr

- Hypomotile stomach with retained fluid and mild non-specific hyperechoic ingesta- retained food, potential for non-obstructive gastric hairball density or similar.
- Sonographically unremarkable small bowel/pancreas.

WEIGHT

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

14.8lb

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Hospitalization with 24-48 hour IVF supportive care and as needed GI support +/- hairball therapy if clinical history of hairballs with assessment of clinical response and ideally sonographic reassessment of the stomach is recommended. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

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Pending additional diagnostics and monitoring, gastric endoscopy or exploratory laparotomy may be indicated for gross inspection of the stomach and biopsies if persistent clinical signs not responsive to supportive care.

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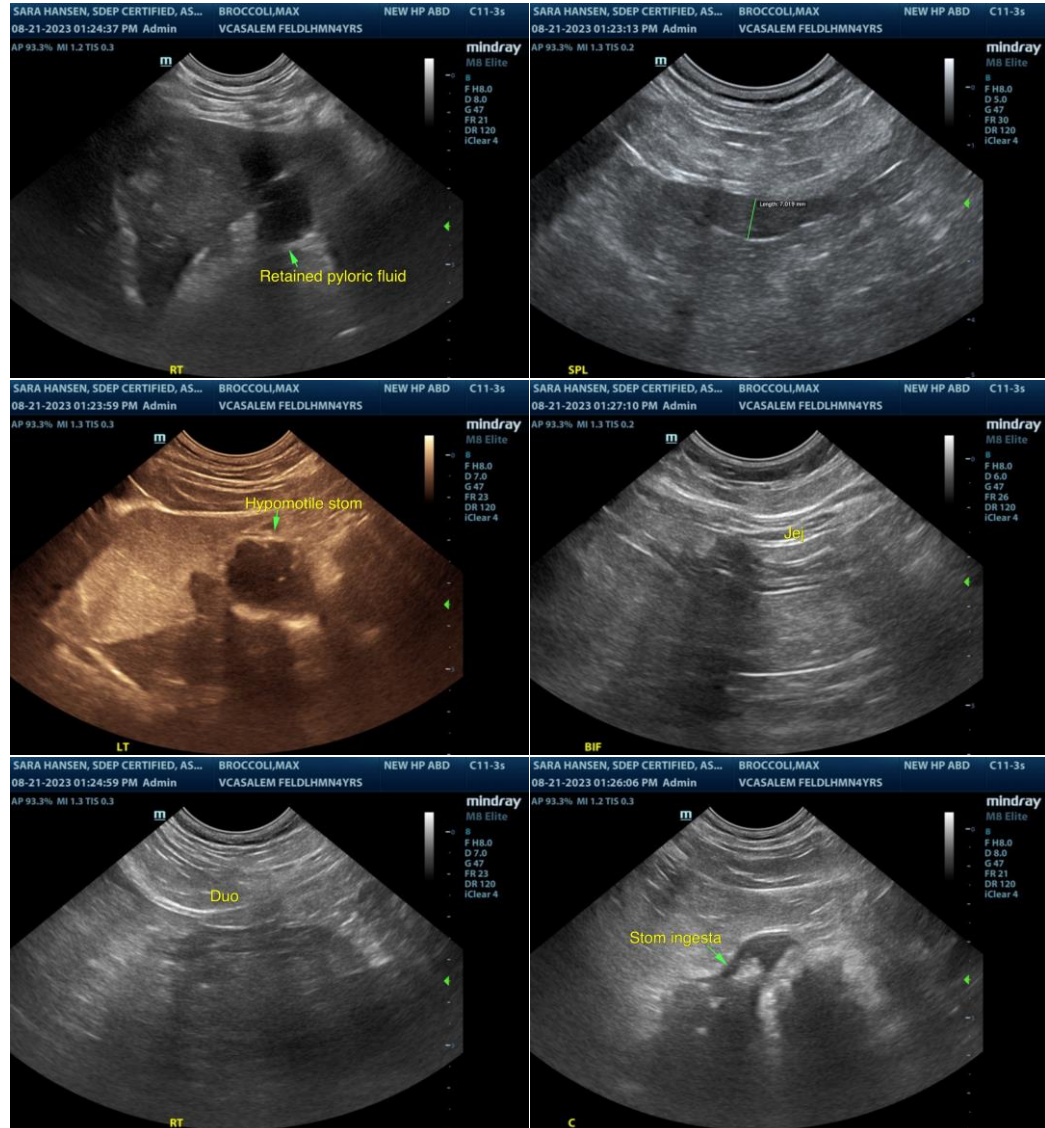
Dr Hovenden

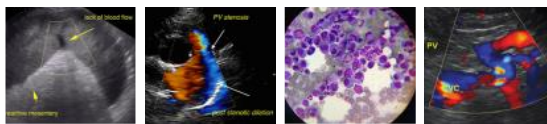
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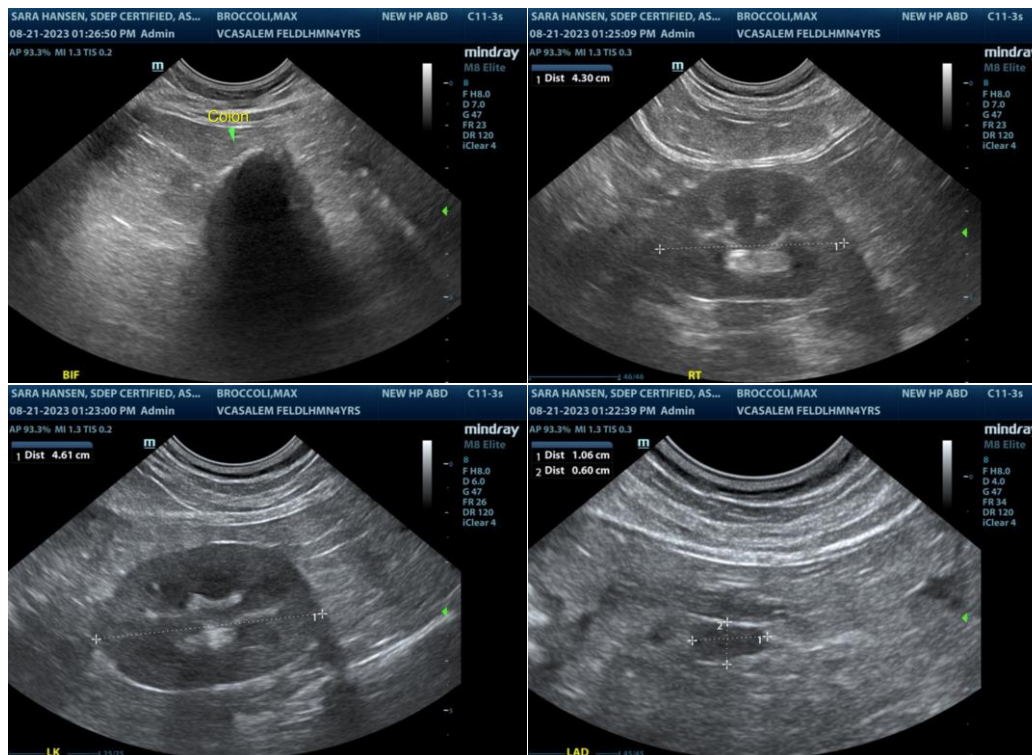
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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