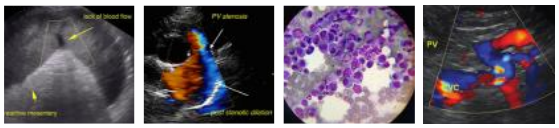


PATIENT

Mochi Fitzgerald

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

1 yr

WEIGHT

6.94 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Reid VH

REFERRING VET

Dr. Heider

INVOICE

14745

DATE

8/26/22

PRESENTING CLINICAL SIGNS

Lethargic Not eating, lack of water consumption P has hx of eating things Painful cranial-mid abdomen with palpation No vomiting/diarrhea noted No radiodense FB or obstructive gas pattern noted in radiographs, but SI generally very bunched in appearance

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 was 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 3.3 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

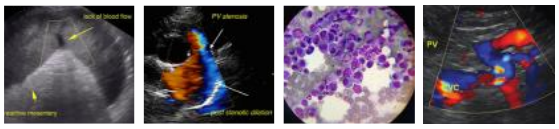
The bilateral adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.25 width and the right adrenal gland measured 0.34 width.

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/ 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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Gastrointestinal

The stomach presented sonographically unremarkable wall layering. The stomach contained a mild amount of retained mildly hyperechoic to focally shadowing ingesta / chyme. No evidence of mechanical pyloric outflow obstruction or obstructive pyloric mural pathology.

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.

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 were evident.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Mild retained focally shadowing gastric ingesta / chyme, possible although not definitive hairball-type gastric density
- Sonographically unremarkable small bowel - no evidence of mechanical / metabolic intestinal ileus, foreign material, or plication
- Normal pancreas

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of structural gastrointestinal pathology was evident.

Given the history of anorexia in this patient, the presence of mild retained focally shadowing gastric Ingesta may suggest some degree of metabolic gastric stasis without evidence of gastric outflow obstruction. Potential for focally shadowing dense ingesta is possible, although concern for possible nonobstructive hairball-type density in the stomach is warranted. This potential may also be considered if a clinical history of hairballs and in light of the patient history of dietary indiscretion.

Hospitalization with 24/hr monitoring +/- supportive IV fluids if evidence of dehydration and sonographic monitoring of the stomach following documented fast would be appropriate. Hairball therapy is recommended if clinically indicated. If persistent anorexia or persistent retained focally shadowing ingesta despite fasting, gastric endoscopy if possible may be considered for further assessment.

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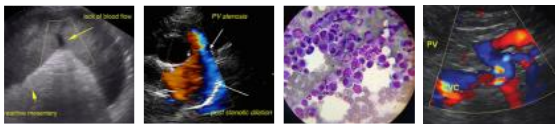

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MOBILE VETERINARY ULTRASOUND
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AnimalSoundsNW.com 541-357-9423

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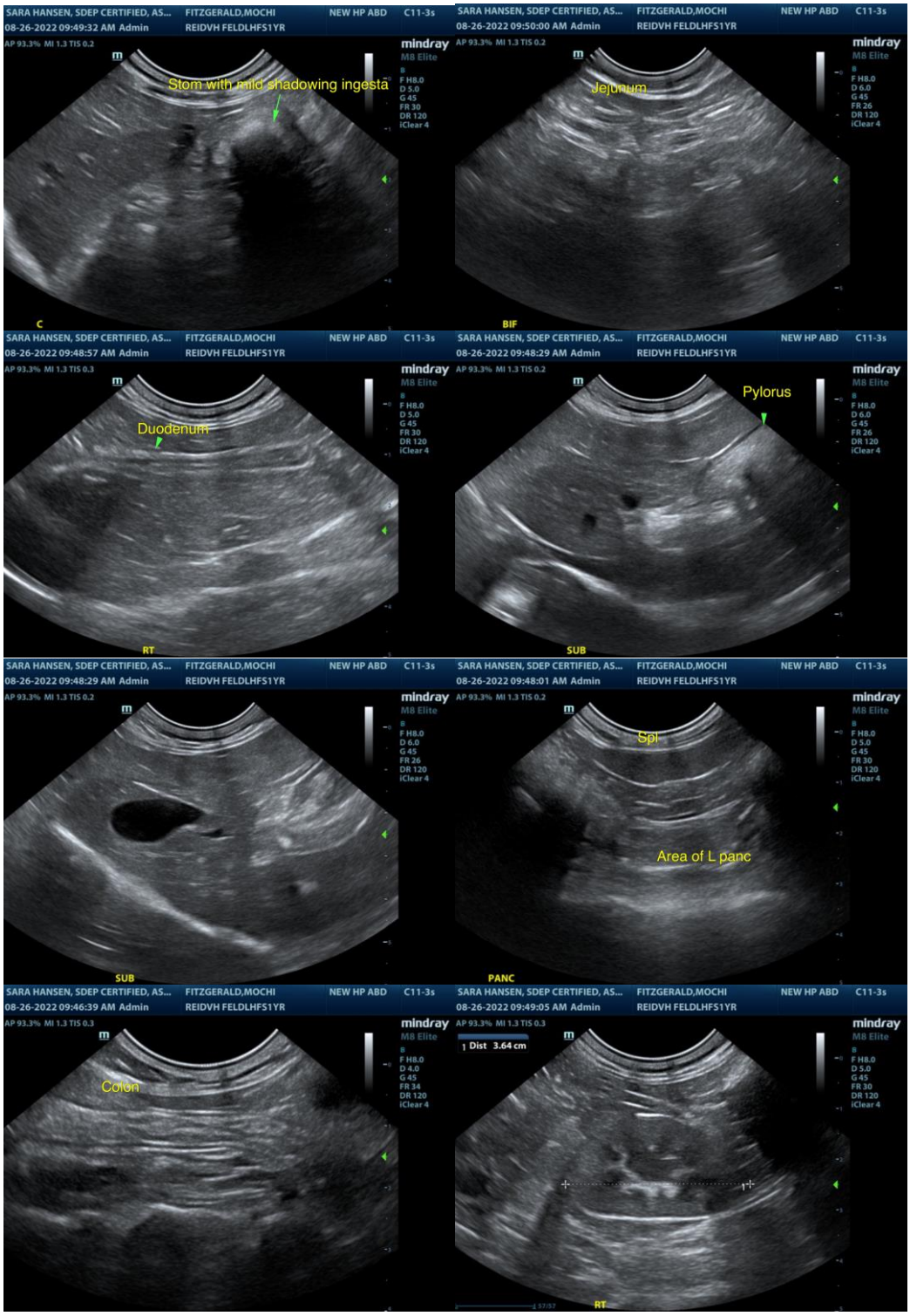

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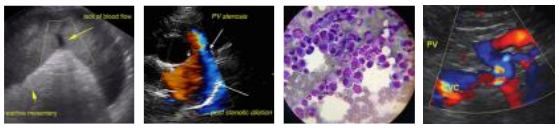

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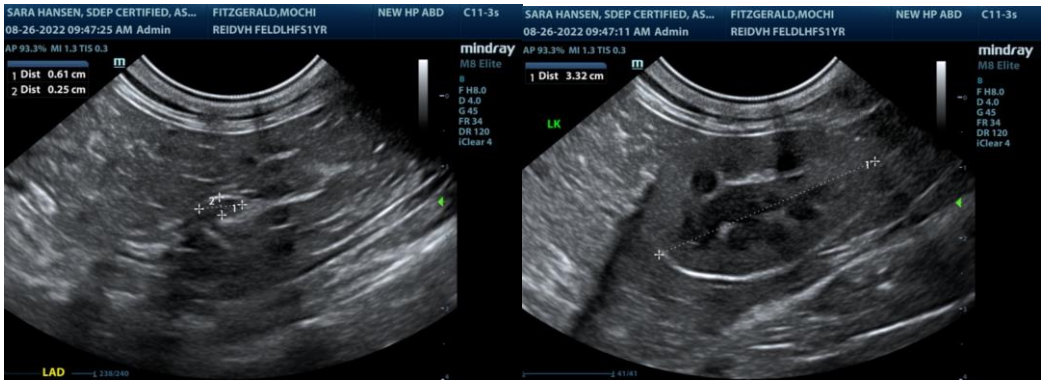

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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