

PATIENT PRESENTING CLINICAL SIGNS

Tannis Gilchrist Possible foreign body, vomited up a piece of plastic this morning. Has eaten a meal since then this am (about 6 hours ago) and has not vomited yet at clinic. Rads unremarkable. Last meal 7am. No current meds.

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DSH

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.

SEX

FS

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 3.0 cm in length. The right kidney measured 3.0 cm in length.

AGE

1yr

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

WEIGHT

3.74kg

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.30 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 cm width.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Crystal Hill

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 mildly subnormal in size likely secondary to the presence of gastric ingesta with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

HOSPITAL NAME

Nelson Animal Hospital

REFERRING VET

Dr. Anderson

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate ingesta exhibiting progressive to strong distal acoustic shadowing with no signs of ileus, obstruction or foreign material.

INVOICE

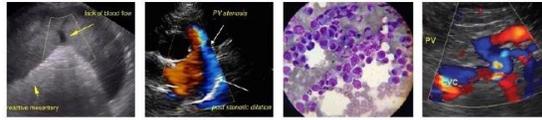
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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained segmental to generalized non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material.

DATE

08/29/2022

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



PATIENT *Pancreas*

Tannis Gilchrist 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.

SPECIES *Feline*

No overt lymphadenopathy or peritoneal effusion was present.

BREED *ULTRASONOGRAPHIC FINDINGS*

- Moderate progressive to strongly shadowing gastric ingesta
- Overtly normal small bowel with mild non-shadowing ingesta/chyme

SEX *INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS*

FS No evidence of mechanical obstructive GI pathology was observed in this scan. No foreign material was visualized. The gastric ingesta and minor segmental small intestine ingesta likely correlates with reported recent meal ingestion. Technically the possibility of a small amount of non-obstructive foreign material in the stomach surrounded by shadowing ingesta cannot be excluded.

AGE
1yr

Monitoring for evidence of normal GI emptying and motility over the next 12 hours with as needed GI support would be reasonable for this patient, given the lack of GI pathology and clinical signs. If radiographic evidence of persistent gastric ingesta and/or progressive vomiting/anorexia is present, a recheck sonogram could be recommended.

WEIGHT
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REFERRING VET

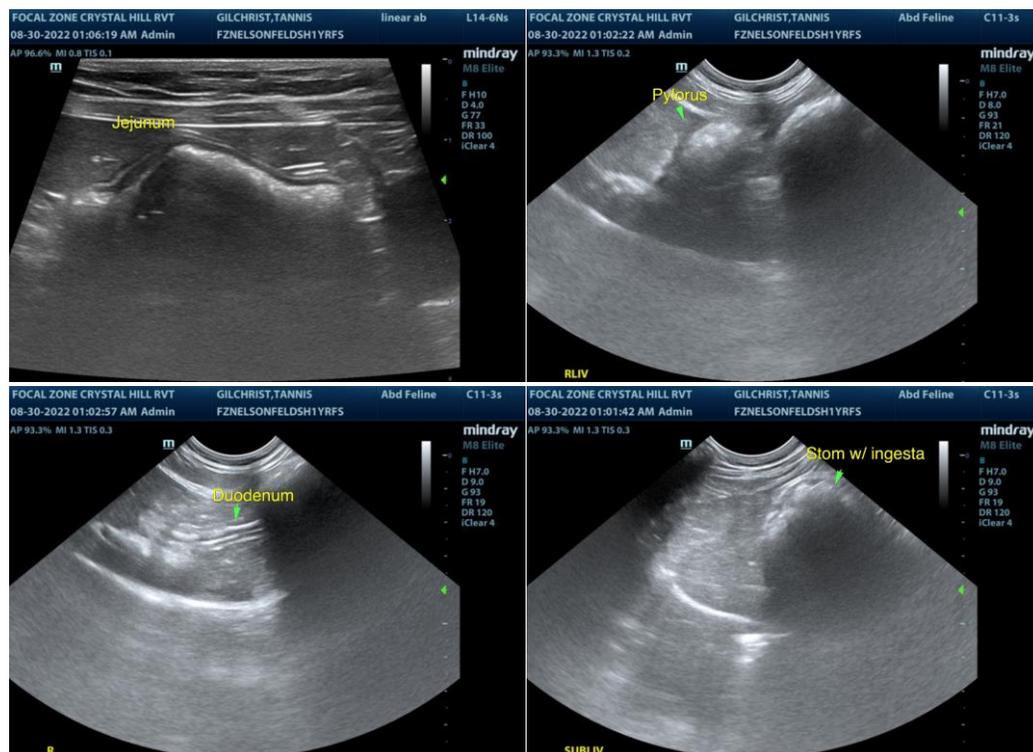
Dr. Anderson

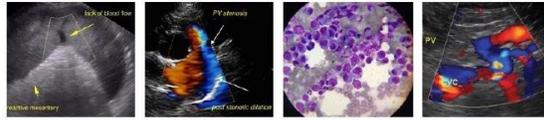
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PATIENT

Tannis Gilchrist

SPECIES

Feline

BREED

DSH

SEX

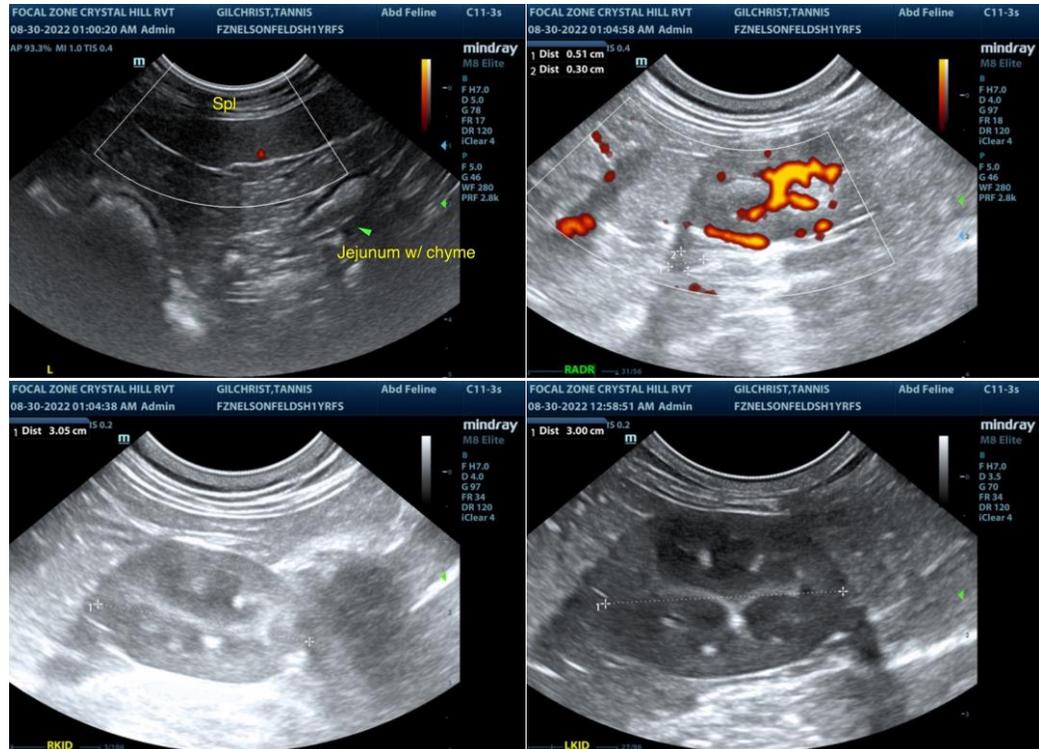
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AGE

1yr

WEIGHT

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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)

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