



PATIENT	PRESENTING CLINICAL SIGNS
Willow Hillis	Painful abdomen, ate string recently (about 6 days ago). Owner pets stomach and cat seems "off". Hissing when stomach touched, unusual for her. Did vomit a few weeks ago but owner had a spider plant and she may have eaten or chewed some. Underspayed. Indoors. Painful for palpation - tried to bite, NAF rectal palp, BAR, MM pink, HR strong and regular. No meds.
SPECIES	
Feline	Abnormal PE/Chem/CBC/UA Results: Lateral rad shows debris filling stomach and lowering position of pylorus also gas ++ and debris in intestines. No obvious plication. VD demonstrated ingesta throughout as well.
BREED	
DSH	
SEX	
FI	
AGE	
2.5 years	
WEIGHT	
2.90 kg	
INTERPRETED BY	
R. McKenzie Daniel, DVM, DABVP	
IMAGING PERFORMED BY	
Crystal Hill	
HOSPITAL NAME	
Simcoe AH	
REFERRING VET	
Lancashire	
INVOICE	
14789	
DATE	
8/3/23	

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 3.7 cm in length. The right kidney measured 3.7 cm in length.

Adrenal Glands

The left and right adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.44 cm width and the right adrenal gland measured 0.38 cm 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.



PATIENT

Gastrointestinal

Willow Hillis

The stomach presented intact, borderline prominent wall layering containing a mild amount of retained anechoic fluid without evidence of gastric ingesta, or foreign material. No evidence of mechanical pyloric outflow obstruction was noted. The gastric body wall width measured 0.30 cm.

SPECIES

Feline

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 mechanical / metabolic ileus, obstruction, or foreign material. The small intestinal wall width measured 0.24 cm.

BREED

DSH

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

SEX

FI

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.

AGE

2.5 years

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

WEIGHT

2.90 kg

ULTRASONOGRAPHIC FINDINGS

- Mild hypomotile stomach, suspect mild gastritis
- Sonographically unremarkable small bowel
- Normal pancreas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no evidence of gastrointestinal foreign material or obstructive pattern. Potential for low-grade pancreatitis, which may present as sonographically normal, may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a Spec fPL or a full GI panel to rule out nonstructural intestinal disease as a contributing factor may be considered. There is no indication for surgical intervention. Empirical therapy for gastritis / gastroenteritis, potentially secondary to dietary indiscretion, is recommended.

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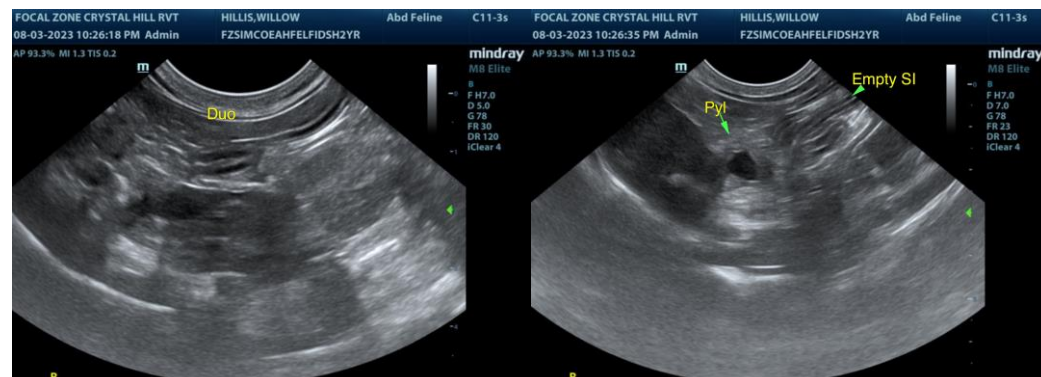
Lancashire

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PATIENT

Willow Hillis

SPECIES

Feline

BREED

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AGE

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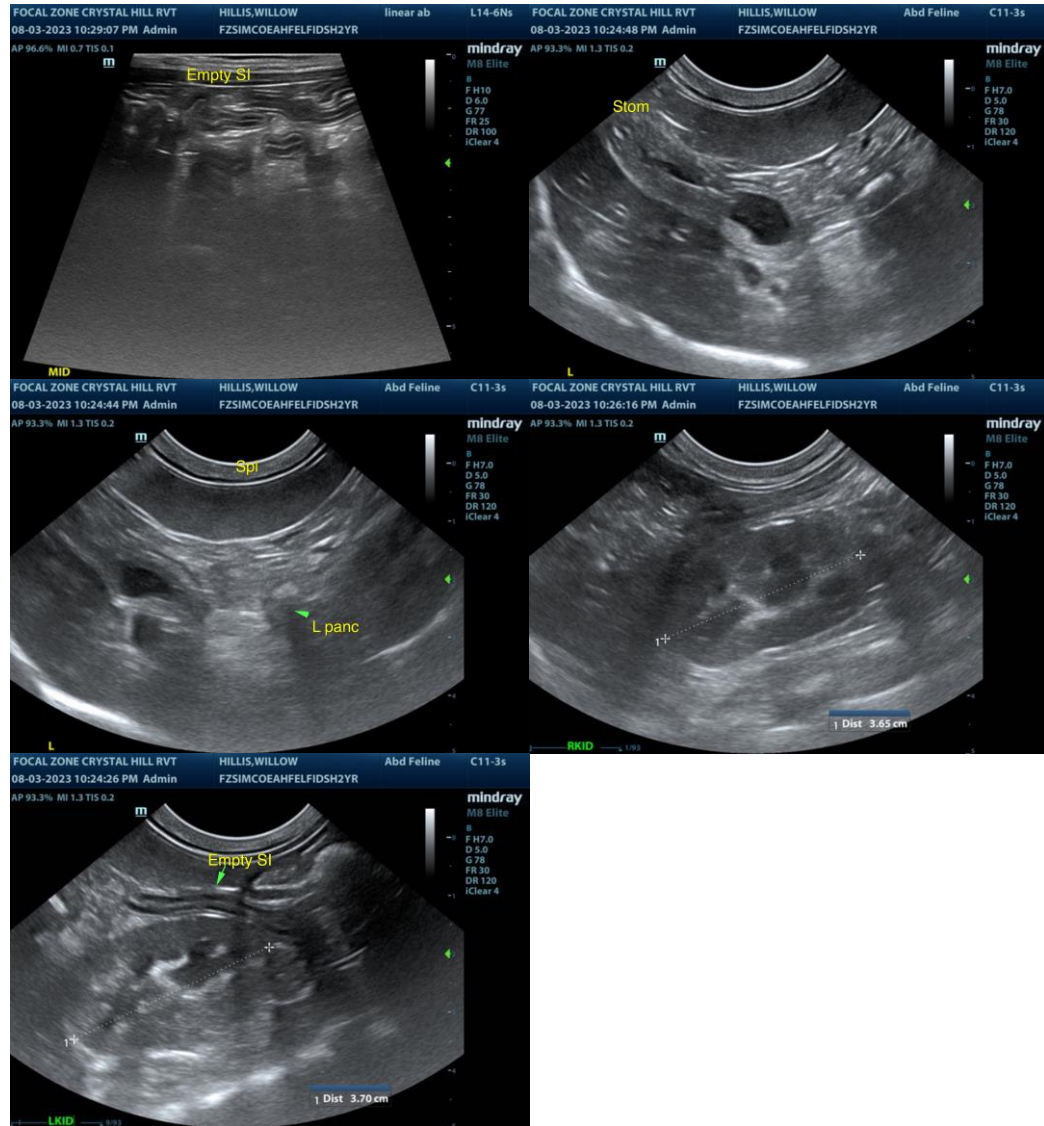
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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