



PATIENT

Doodle Elliot

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

15yr

WEIGHT

8.31lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Lacey Crook

HOSPITAL NAME

Rivers Edge Pet
Medical Center

REFERRING VET

Dr. Gibson

INVOICE

11502ag

DATE

08/30/2022

PRESENTING CLINICAL SIGNS

8/29- lethargy and vomiting several times the past 2 days 8/30- Re-presented dysphoric with collapse and crying/grunting on abdominal palpation. No obvious jaundice present Current Medications: Maropitant inj 0.4ml sq (last night) Cerenia 16mg- 1 tablet by mouth every 24 hours Metronidazole 100mg- 0.4ml by mouth every 12 hours

Abnormal PE/Chem/CBC/UA Results: labwork 8/29 - CBC = MCHC 36.2, WbC 2.24, Neuto 0.43, Eos 0.01 CHEM = Phos 3.0, Chlor 107, ALT 165, ALP 11, Tbili 1.6. Normal T4. See attached radiographs

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 was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.3 cm in length. The right kidney measured 3.5 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 0.44 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.

Spleen

The spleen exhibited mild subnormal size 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. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.55 cm in width at the level of the hilus.

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 non-distended in size with primarily anechoic luminal content. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction measuring 0.16 cm in diameter.

Gastrointestinal

The stomach presented intact yet regionally prominent wall layering in the area of the antrum and pylorus. The stomach was distended with retained anechoic fluid with no signs of ileus, obstruction or foreign material. The pylorus wall measured 0.32 cm in width.



PATIENT

Doodle Elliot

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild upper duodenal retained fluid with empty mid to distal descending duodenum was noted. No signs of ileus, obstruction or foreign material. The duodenum measured 0.21 cm in width. The jejunum measured 0.21 cm in width.

SPECIES

Feline

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

Pancreas

The pancreas was mildly prominent in size with areas of capsule asymmetry and mild hypoechoic to non-homogeneous parenchyma compared to adjacent hyperechoic omentum. Suspect reactive/benign pancreaticoduodenal lymph nodes.

BREED

DSH

Free Abdomen

Scant pockets of free fluid noted in the cranial abdomen adjacent to the caudal liver margins.

SEX

FS

ULTRASONOGRAPHIC FINDINGS

Primary

- Hypomotile stomach and upper duodenum without overt obstructive pattern-suspect gastric and upper duodenal metabolic stasis
- Pancreatitis pattern with regional peripancreatic mild hyperechoic mesentery
- Mild hepatopathy-suspect low grade reactive vs primary or secondary inflammatory hepatopathy
- Minor non-obstructive common bile duct dilation

WEIGHT

8.31lb

Secondary

- Mild chronic renal changes

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The appearance of the pancreas in combination with likely metabolic GI stasis and reported evidence of cranial abdominal discomfort, pancreatitis is a primary clinical factor in this patient. Correlation with a spec fPL is recommended. Hospitalization with medical therapy for pancreatitis with as needed GI support, IVF, analgesia and empirical antibiotic therapy given potential for sepsis. Close monitoring for evidence of progressive upper GI stasis or fluid accumulation and progressive clinical signs despite medical therapy with potential recheck sonogram if clinically indicated is recommended.

IMAGING PERFORMED BY

Amanda Lacey Crook

HOSPITAL NAME

Rivers Edge Pet
Medical Center

REFERRING VET

Dr. Gibson

INVOICE

11502ag

DATE

08/30/2022



PATIENT

Doodle Elliot

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

15yr

WEIGHT

8.31lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Lacey Crook

HOSPITAL NAME

Rivers Edge Pet Medical Center

REFERRING VET

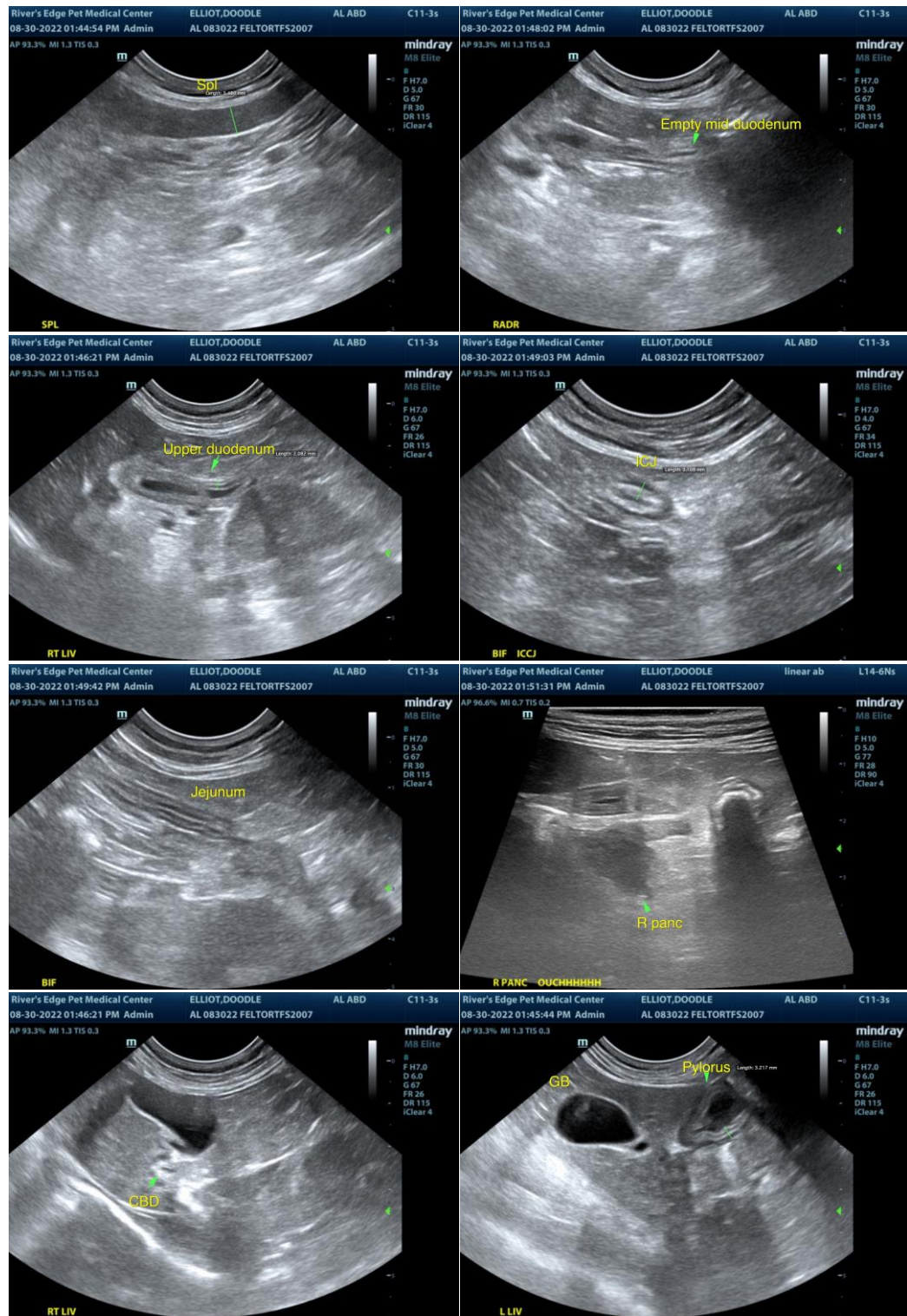
Dr. Gibson

INVOICE

11502ag

DATE

08/30/2022





PATIENT

Doodle Elliot

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

15yr

WEIGHT

8.31lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Lacey Crook

HOSPITAL NAME

Rivers Edge Pet
Medical Center

REFERRING VET

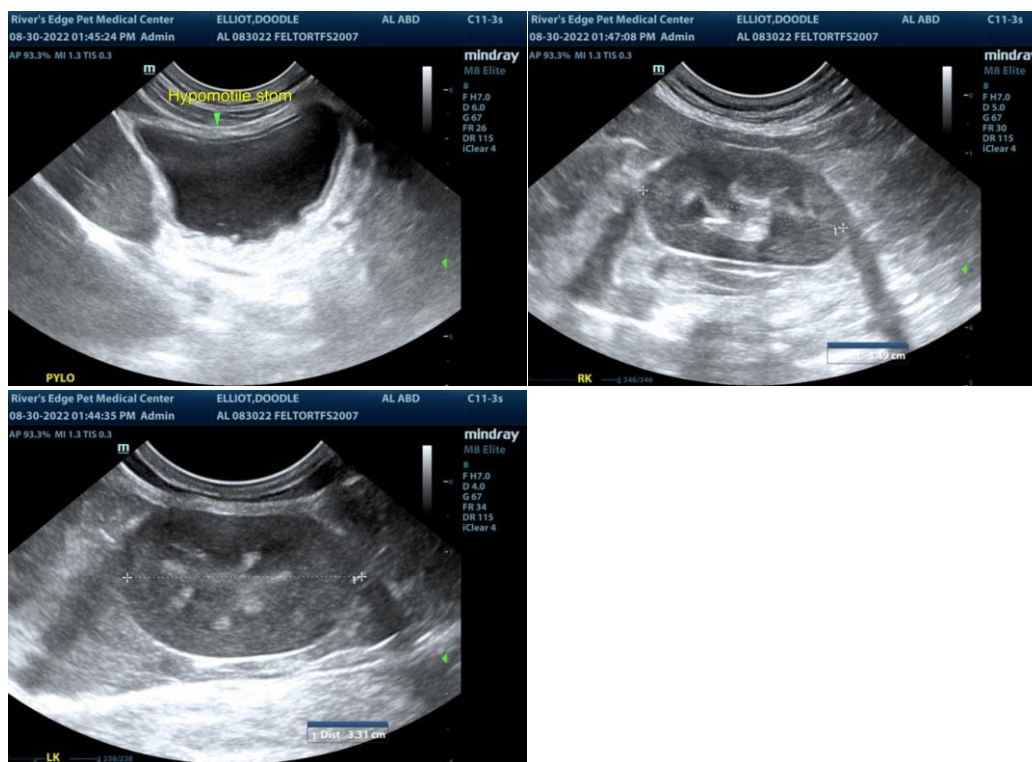
Dr. Gibson

INVOICE

11502ag

DATE

08/30/2022



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