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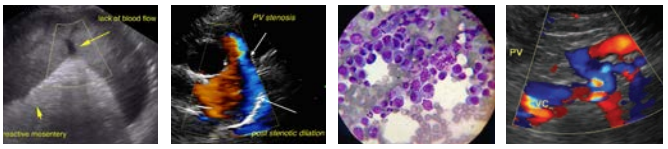
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Chip Cranney

SPECIES
Feline

BREED
DSH

SEX
Neutered Male

AGE
7.5 Years

WEIGHT
16 Pounds

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

IMAGING PERFORMED BY
Dr. Rodriguez

HOSPITAL NAME
Foxfield Vet Services

REFERRING VET
Dr. Rodriguez

INVOICE
25082

DATE
8/31/21

PRESENTING CLINICAL SIGNS

Vomiting multiple times. T=103.6
Abnormal PE/Chem/CBC/UA Results: WNL

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. Primarily anechoic urine was present in the lumen. Mild to moderate non-dependent, particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural 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 4.2 cm. The right kidney measured 4.3 cm.

Adrenal Glands

The adrenal glands were mildly prominent in size, yet without evidence of adrenal pathology or tumors. This may be owing to stress hyperplasia or patient variant. The right adrenal gland measured 0.54 cm in width. The left adrenal gland measured 0.51 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

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 exhibited sonographically unremarkable walls with intact layering and without evidence of significant mural hypertrophy. Mild retained anechoic fluid was present primarily in the mid gastric body, extending into the gastric antrum and pylorus along with luminal gas. Potential for minor retained hairball density or similar (which appeared to be non-obstructive) is possible. Gastric body wall measured 0.34 cm. Pylorus wall measured 0.30 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor non-obstructive duodenal ileus was present, yet overall the small intestine was sonographically unremarkable with maintained1:3 muscularis/mucosa ratio and without evidence of mechanical small intestinal obstruction or small intestinal foreign material. Duodenum wall measured 0.24 cm. Jejunum wall measured 0.20 cm.

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

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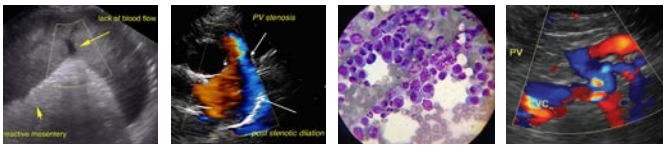

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Pancreas

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 was evident.

PRIMARY FINDINGS

- Gastritis/gastroduodenitis pattern with minor retained gastric fluid and luminal gas

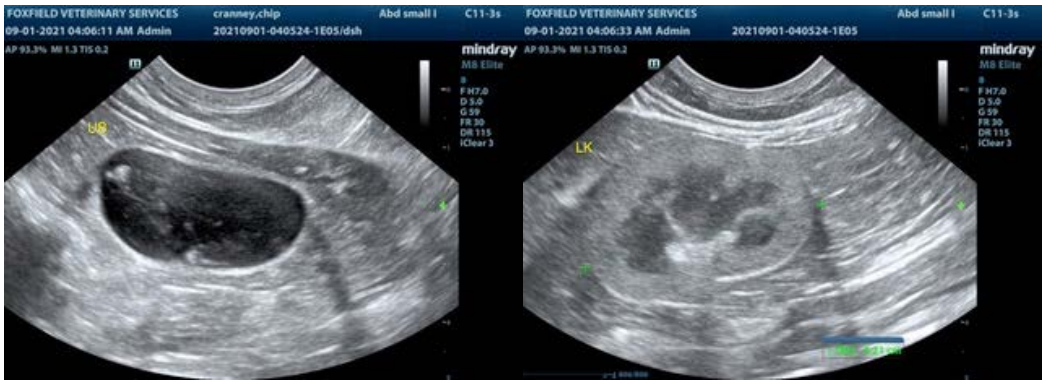
SECONDARY FINDINGS

- Mild to moderate particulate urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of gastrointestinal mechanical obstruction. However, potential for a mild amount of non-obstructive gastric hair or similar density cannot be definitively excluded, especially if history of hairballs. Hospitalization with IV fluids and gastrointestinal support +/- hairball therapy (if clinically indicated) is recommended. Potential for infectious gastroenteritis possible given the mild fever. Sonographic or radiographic monitoring of the stomach to assess for persistent gas artifact or possible hairball density would be ideal.

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.



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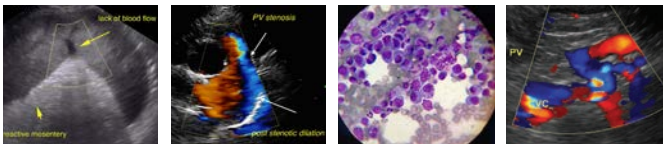

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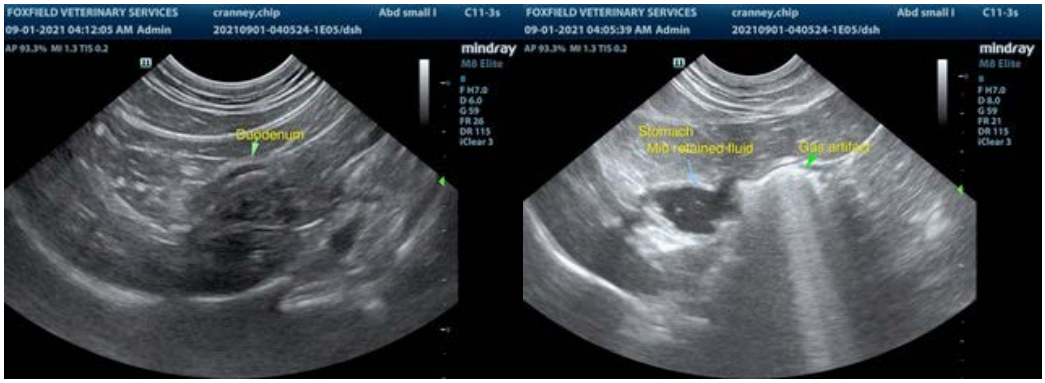

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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