SonoPath
Clinical Sonography & Telecytology
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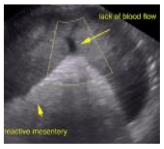
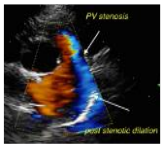
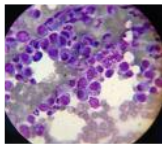
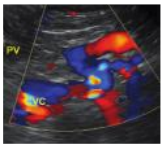




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Morgan Duenas

SPECIES

Feline

BREED

DSH

SEX

Male Neuter

AGE

6 years

WEIGHT

8 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Animal Clinic Downtown

REFERRING VET

Dr. Bennett

INVOICE

14514

DATE

8/4/22

PRESENTING CLINICAL SIGNS

Body Score 5/5 not eating lethargic vomiting and constipated. Was at emergency clinic last week treated for megacolon. Patient given short term GA for scan
Abnormal PE/Chem/CBC/UA Results: Non diagnostic

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 margination was present in the kidneys. Both kidneys were mildly enlarged compared to normal renal size for cats. 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 4.7 cm in length. The right kidney measured 5.5 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.32 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.34 cm width.

Spleen

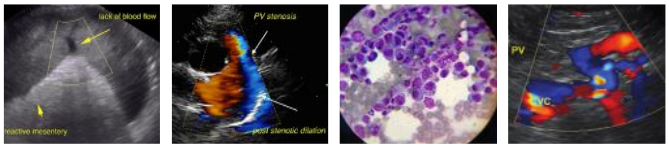
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute 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 containing anechoic content with mild hyperechoic luminal debris. The cystic and common bile ducts were normal. The gallbladder was otherwise normal. No evidence of gallbladder or peripheral gallbladder inflammatory criteria was noted.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material. The gastric body wall width measured 0.25 cm.



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The small intestine presented intact wall layering and primarily maintained 1:3 muscularis/mucosa ratio with segmental propensity for mildly prominent intestinal wall layering primarily in the jejunum. The duodenum wall measured 0.28 cm width. The jejunum wall measured 0.29 cm width. The ileocolic wall measured 0.27 cm width.

The colon exhibited sonographically unremarkable visualized wall layering. The colon exhibited generalized subjective moderate distention containing formed strongly shadowing fecal matter.

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Generalized distended colon with formed to strongly shadowing fecal matter - suggestive of constipation
- Intact yet mild segmentally prominent small bowel walls
- Mild heterogeneous pancreas
- Minor gallbladder debris - likely incidental but potentially secondary to fasting
- Overtly normal yet mildly enlarged bilateral kidneys

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine exhibited segmental subjective mildly prominent wall layering without evidence of significant mural hypertrophy or loss of intestinal wall layering. This is a nonspecific finding with potential for patient variant, although segmental low-grade inflammatory enteropathy, given the patient's GI signs, could be possible.

Empirically as-needed gastrointestinal supportive care and medical therapy for constipation, if clinically indicated, would be reasonable.

Likewise, potential for low-grade to chronic pancreatitis, which may present as sonographically normal, cannot be excluded. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate.

The mildly enlarged kidneys, given maintained normal renal architecture, is suspected to be a patient variant given patient body size. No overt evidence of nephritis or renal neoplastic criteria was noted.

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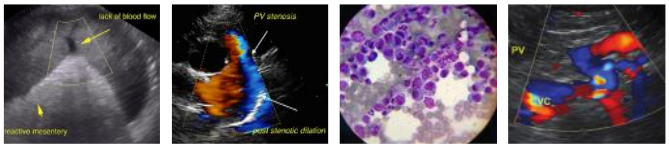

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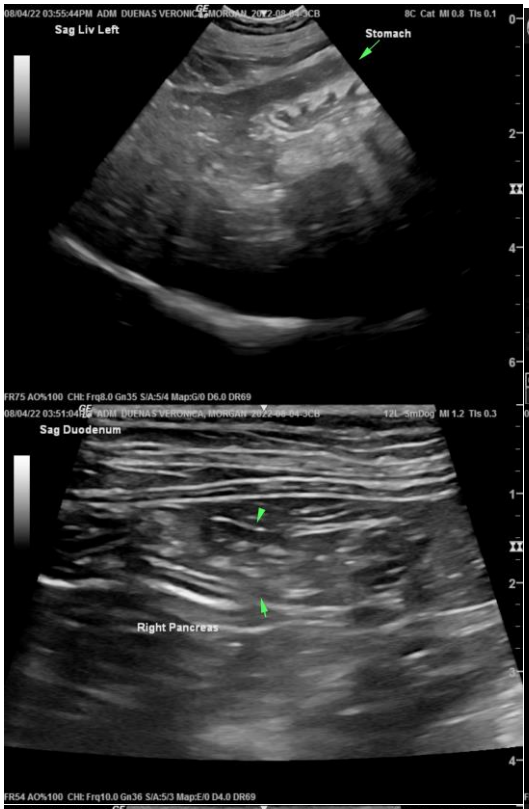

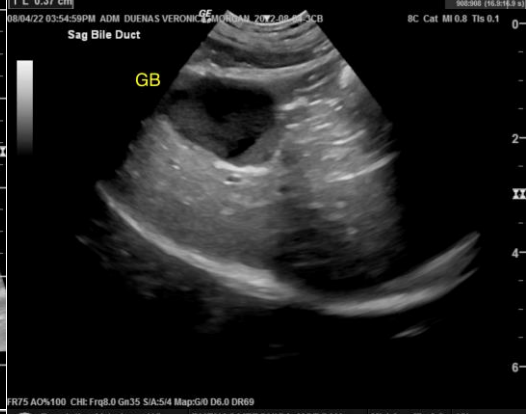

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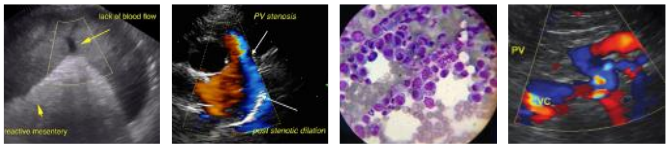

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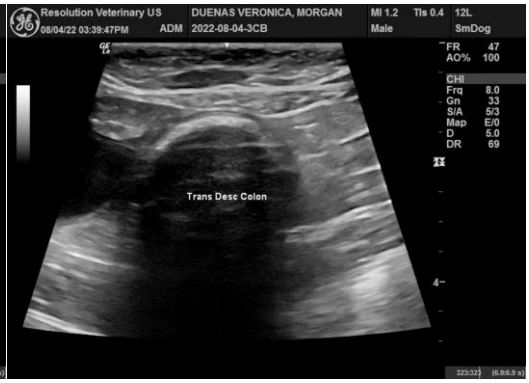

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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