



PATIENT	PRESENTING CLINICAL SIGNS
Karma Ewing	not eating well since dental July 15/21, seems like she wants to eat but won't-only licks surface. Lip smacking and rubbing at face. Has had 3 hairballs since dental. Stools softer but regular.
SPECIES	CBC- Hematocrit 0.41, WBC 8.9 with minor monocytosis
Feline	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
DSH	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.
SEX	The area of the aortic trifurcation was free of pathology.
Spayed Female	
AGE	Normal size and margination were 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 3.6 cm in length. The right kidney measured 3.8 cm in length.
14 years	
WEIGHT	Adrenal Glands
6.24 kg	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 0.30 cm width.
INTERPRETED BY	Spleen
R. McKenzie Daniel, DVM, DABVP	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. The spleen measured 0.88 cm width.
IMAGING PERFORMED BY	Liver/ Gallbladder
Kelly Reshny, RVT	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.
HOSPITAL NAME	
East Credit VH	
REFERRING VET	
Dr. Webster	
INVOICE	Gastrointestinal
12151	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, foreign material, or hairball density. The gastric body wall width measured 0.25 cm. The pylorus wall width measured 0.27 cm.
DATE	
9/1/21	



PATIENT

Karma Ewing

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 ileus, obstruction, or foreign material. The duodenum wall measured 0.28 cm width. The jejunum wall measured 0.24 cm width.

SPECIES

Feline

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

Pancreas

BREED

DSH

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.

Free Abdomen

SEX

Spayed Female

Several mildly enlarged to hypoechoic mesenteric lymph nodes were present in the mid-abdomen. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width:length ratio was maintained (<0.5). Evidence of mild regional perilymphatic reactive mesentery was evident. An example of lymph node size was 1.4 cm x 0.46 cm. No evidence of effusion was noted.

AGE

14 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

6.24 kg

- Sonographically unremarkable gastrointestinal tract
- Mild midabdominal mesenteric lymphadenopathy with mild regional perilymphatic reactive mesentery - suspect minor mesenteric lymphadenitis or lymphoid hyperplasia

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

The clinical significance of the midabdominal mesenteric lymphadenitis or lymphoid hyperplasia without evidence of neoplastic criteria is unclear. This may be owing to potential inflammatory bowel episode without evidence of mural changes given the patient's decreased appetite. However, additional causes such as persistent oral pain and/or nonobvious orthopedic pain, or potential neurological disease if clinically indicated may be considered.

IMAGING PERFORMED BY

Kelly Reshny, RVT

No evidence of persistent gastric or gastrointestinal hairball density or other evidence of mechanical / metabolic ileus. Continued gastrointestinal supportive care would be appropriate. If antibiotic therapy is elected, Zithromax / Metronidazole combination may be considered given the potential mesenteric lymphadenitis.

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SPECIES

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DSH

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Spayed Female

AGE

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DVM, DABVP

**IMAGING
PERFORMED BY**

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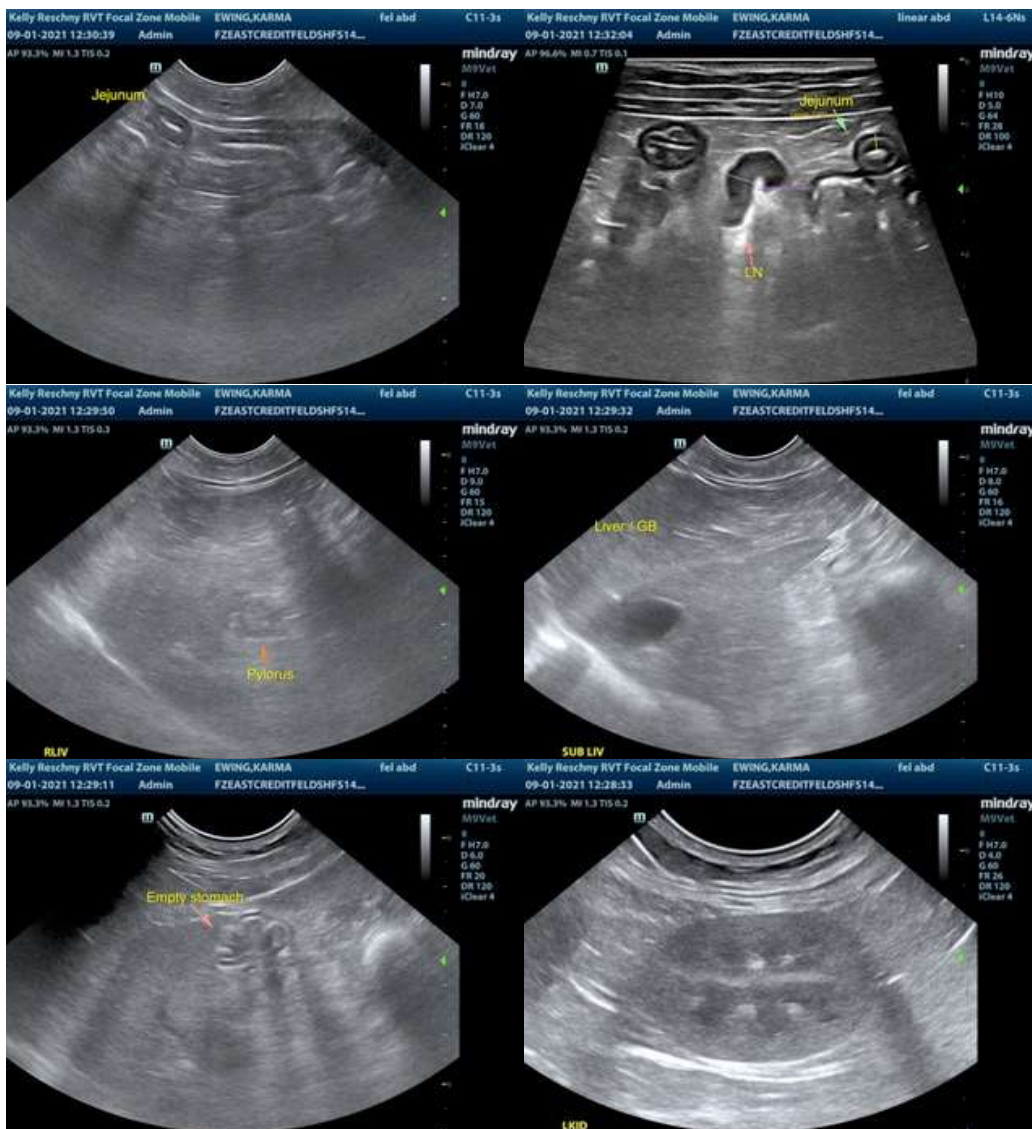
Dr. Webster

INVOICE

12151

DATE

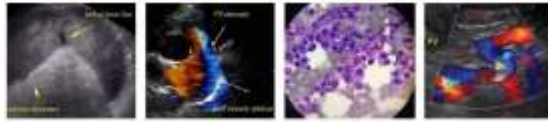
9/1/21



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



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Feline

BREED

DSH

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Spayed Female

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