



PATIENT

Lily Still

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

10 Years

WEIGHT

8 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Emma Herdener

HOSPITAL NAME

Eastgate VC

REFERRING VET

Emma Herdener

INVOICE

12892

DATE

9/1/21

PRESENTING CLINICAL SIGNS

History: Inappetence x 2-3 days. History of hairballs usually will barf a hairball and then appetite will come back. This happened about a month ago. On c/d stress for history of inappropriate urination but has not had urinary issues for some time. No changes in diet or lifestyle in past several months; other cat in household not affected. Indoor only.

Abnormal PE/Chem/CBC/UA Results: Moderate dental disease; abdominal sensitivity on palpation. Superchem/CBC/T4/UA results unremarkable

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 particulate non-dependent sediment was present without evidence of calculus formation. Focal dependent hyperechoic foci suggestive of focal mineral present in the urinary bladder. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted. Aortic trifurcation was normal.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.4 cm in length. The right kidney measured 3.5 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 0.34 cm width.

No overt pathology in the area of the right adrenal gland.

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. The spleen measured 0.67 cm width.

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 presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild luminal gas. No evidence of retained ingesta, fluid or foreign material. The gastric body wall measured 0.30 cm.



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The small intestine subjective intact wall layering with generalized mild to moderate ileus pattern. No evidence of loss of intestinal wall layering or distinct intestinal masses. Segmental non-specific subjectively non-obstructive hyperechoic small intestinal digesta or potential gas artifact present. The duodenum wall measured 0.25 cm. The jejunum wall measured 0.23 cm.

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Normal visible colon wall layers were present with subjective semi-formed feces. The ileocolic wall measured 0.27cm.

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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.

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Free Abdomen

Focal, mildly prominent to enlarged intermittent mesenteric lymph node was present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph node measured 0.36 cm width. No evidence of peritoneal effusion.

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ULTRASONOGRAPHIC FINDINGS

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- Enteropathy with generalized ileus
- Segmental non-specific, subjectively non-obstructive, hyperechoic small intestinal ingesta versus luminal gas
- Associated mild mesenteric lymphadenopathy-lymphoid hyperplasia or minor reactive lymphadenitis likely
- Mild chronic renal changes
- Mild urinary bladder sediment with probable focal mineral

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the generalized small intestinal ileus, and without overt evidence of mechanical obstruction, generalized metabolic ileus owing to underlying intestinal disease is suspected, however, given the patients history of hairballs, the possibility of focal non-obstructive hair within the intestinal tract cannot be definitively excluded. The generalized ileus also suggests decreased inefficient peristalsis. Considerations for the generalized intestine may include inflammatory enteropathy/IBD or other chronic inflammatory enteropathy while the possibility of neoplastic infiltrative enteropathy with round cells such as lymphoma cannot be definitively excluded. A definitive diagnosis would require intestinal biopsies for histopathology. Potential for low grade pancreatitis which may present sonographically normal and cannot be definitively excluded. Further assessment may include GI panel.

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Empirically, gastrointestinal support, which may include hospitalization with IV fluids would be appropriate. However, intestinal biopsies should be considered if persistent clinical signs and evidence of generalized intestinal ileus.

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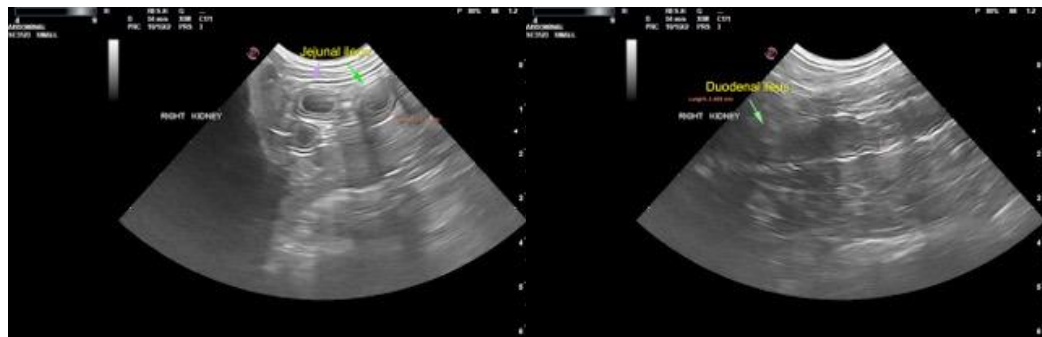
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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