



PATIENT

Storm Anderson

SPECIES

Feline

BREED

DLH

SEX

Spayed Female

AGE

6 Years

WEIGHT

10 lb 14 oz

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Crook – SDEP
Certified Clinical
Sonographer

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

Dr. Eric Glaze

INVOICE

25301

DATE

9/10/21

PRESENTING CLINICAL SIGNS

5 day history of vomiting and progressive anorexia, bile and vomitus. No obvious pain on palpation or abnormal structures felt. Given Cerenia, IVF and butorphanol prior to AUS.
Abnormal PE/Chem/CBC/UA Results: See attached - low chloride, potassium and total protein; elevated neutrophils, slightly elevated glucose. Radiographs - no obvious obstructive patterns, serosal detail good, stomach empty.

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 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 3.7 cm. The right kidney measured 3.9 cm.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.44 cm in width. The right adrenal gland measured 0.36 cm in 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.

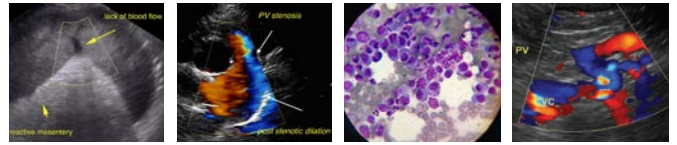
Liver

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 and cystic bile duct exhibited mild dilation with mild non-dependent, non-organized luminal debris. No overt evidence of post-hepatic obstruction.

Gastrointestinal

The stomach presented mild wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild retained anechoic fluid present, primarily in the mid gastric body, antrum and pylorus, without evidence of retained ingesta or foreign material, or evidence of mechanical pyloric outflow obstruction. Pylorus wall measured 0.30 cm.

The upper duodenum exhibited subtle indistinct wall layering with mild subjective mural hypertrophy and mild upper duodenal stasis exhibited by mild retained upper duodenal luminal fluid. Upper duodenum wall measured 0.31 cm. The mid to descending duodenum exhibited intact yet subjective mild prominent wall layering without evidence of concurrent stasis. By comparison, the descending duodenum wall measured 0.25 cm. The jejunum and ileum exhibited intact wall layering and maintained 1:3 muscularis/mucosa ratio with subjective propensity for subtly prominent muscularis layer without evidence of mural hypertrophy.



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Jejunum wall measured 0.20 cm. No evidence of pathology in the area of the ileocolic junction, measuring 0.30 cm wall width.

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

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Pancreas

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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.

BREED

Free Abdomen

DLH

No overt lymphadenopathy or peritoneal effusion was present.

SEX

ULTRASONOGRAPHIC FINDINGS

Spayed Female

- Mild urinary bladder sediment
- Subjective gastroduodenitis pattern with mild gastric stasis
- Mild non-obstructive gallbladder and cystic bile duct dilation with mild luminal debris
- Sonographically unremarkable pancreas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Minor potential for early infiltrative gastric or gastroduodenal mural disease possible, yet considered less likely given the overall maintained intact wall layering. Potential for generalized gastroenteropathy or possible low-grade pancreatitis (which may present sonographically normal) may be possible.

If it suspected that the mildly dilated gallbladder and cystic bile duct with luminal debris is likely owing to anorexia/fasting given the lack of hepatic enzyme elevation.

No indication for immediate surgical intervention. Hospitalization with correction of potential dehydration, electrolyte supplementation, and as-needed gastrointestinal support +/- helicobacter protocol would be appropriate. If clinical signs continue, gastrointestinal biopsies obtained via endoscopy or laparotomy may be indicated.

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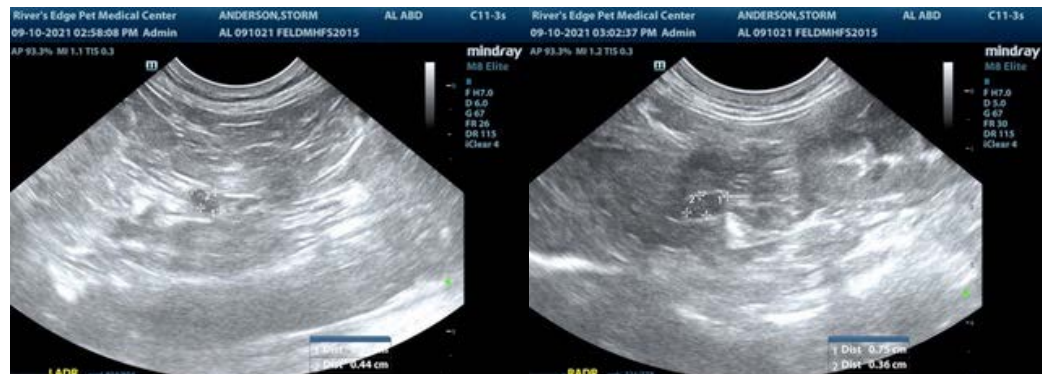
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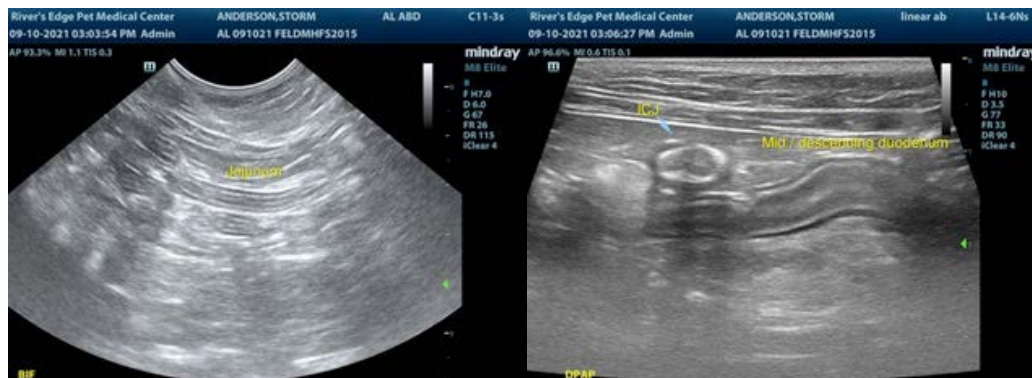
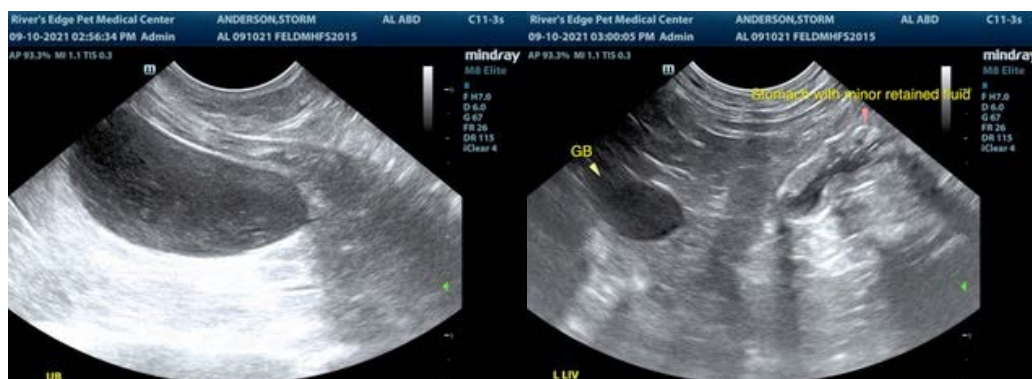
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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