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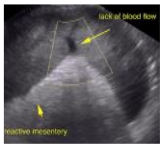

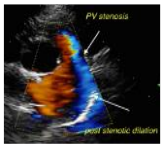

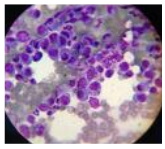
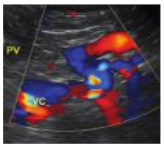

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1-800-838-4268 info@sonopath.com

PATIENT

Marvel Donaldson

SPECIES

Feline

BREED

Himalayan X

SEX

FS

AGE

8 yrs

WEIGHT

4.2 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Barthelemy

HOSPITAL NAME

Healing Traditions Holistics Vet

REFERRING VET

Dr. Tony Gerrow

INVOICE

14893

DATE

9-15-22

PRESENTING CLINICAL SIGNS

Daily vomiting. History of chronic pancreatitis. History of eating plastic bags in the past.
Abnormal PE/Chem/CBC/UA Results: Elevated specfpl @ 4.3 (ref 0-3.5). Normal CBC and chem.

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 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 3.4 cm in length. The right kidney measured 3.7 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 0.35 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.38 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. The spleen measured 0.60 cm width at the level of the hilus.

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 with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact and sonographically unremarkable wall layering in the area of the fundus and gastric body. The ventral gastric body wall width measured 0.25 cm. Intact yet mildly prominent wall layering was present in the area of the pylorus. The pylorus wall width measured 0.39 cm. No evidence of mechanical pyloric outflow obstruction or obstructive pyloric mural pathology.

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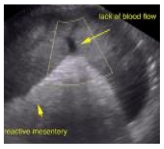

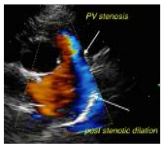

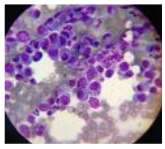
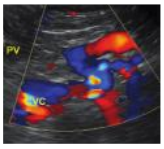

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The small intestine presented intact wall layering with a primarily maintained 1:3 muscularis/mucosa ratio with segmental propensity for subtly prominent muscularis layer yet no evidence of mural hypertrophy, loss of intestinal wall layering, or intestinal masses. The duodenum wall measured 0.24 cm width. The jejunum wall measured 0.24 cm width. The ileocolic wall measured 0.27 cm width.

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

Pancreas

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

Free Abdomen

Intermittent, mildly prominent, hypoechoic mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Subtle evidence of perilymphatic hyperechoic was evident. An example of lymph node size was 1.3 cm x 0.4 cm. No peritoneal free fluid or omental masses were noted.

ULTRASONOGRAPHIC FINDINGS

- Intact yet mildly prominent pylorus walls
- Overtly normal small bowel
- Subtle heterogeneous pancreas
- Intermittent mildly prominent subjectively benign / reactive mesenteric lymph nodes - probable lymphoid hyperplasia, or mild reactive lymphadenitis possibly owing to structurally Insignificant inflammatory bowel

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of significant abdominal specifically gastrointestinal or pancreatic pathology was noted.

Potential for mild pyloric gastritis is suspected, given the patient's reported consistent vomiting. Underlying structurally insignificant inflammatory bowel, low-grade to chronic pancreatitis, both of which may present as sonographically normal, or less likely early infiltrative gastric or gastrointestinal neoplasia, dietary indiscretion / food intolerance, occult parasitism, are all potentials. No evidence of gastrointestinal foreign material or mechanical / metabolic obstructive pattern was noted.

A GI panel to include PLI/TLI/Cobalamin/Folate for further assessment of the pancreas, as well as assessment of occult small intestinal disease, especially if evidence of weight loss going forward, may be considered. Empirically, a canned hydrolyzed diet, as well as gastroprotectant protocol and assessment of clinical response, would be reasonable. Sonographic reassessment of the stomach and small bowel is suggested if evidence of continued or progressive vomiting despite supportive care and dietary therapy.

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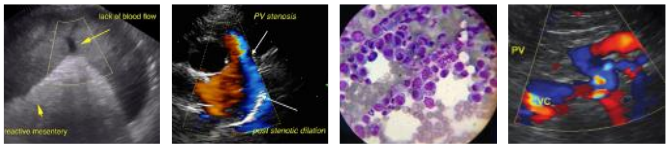

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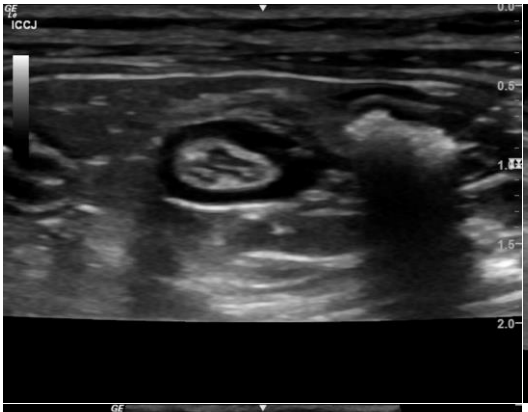

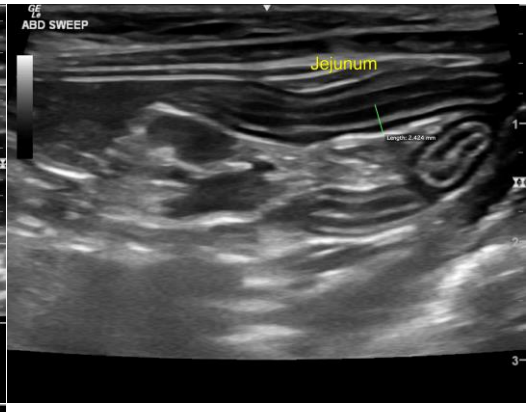

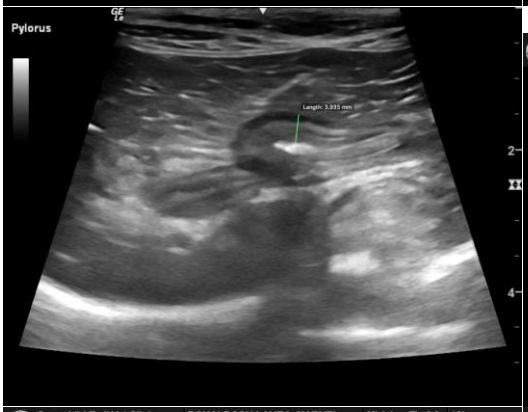

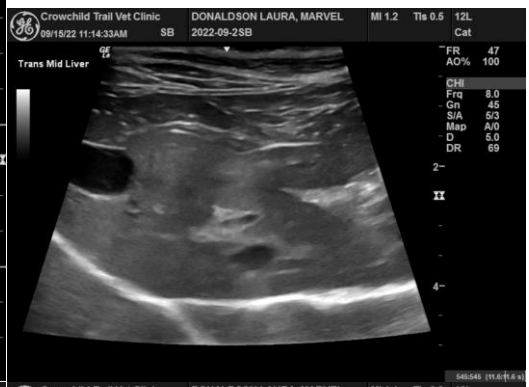

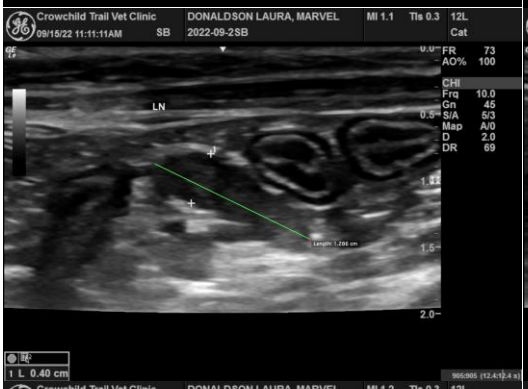

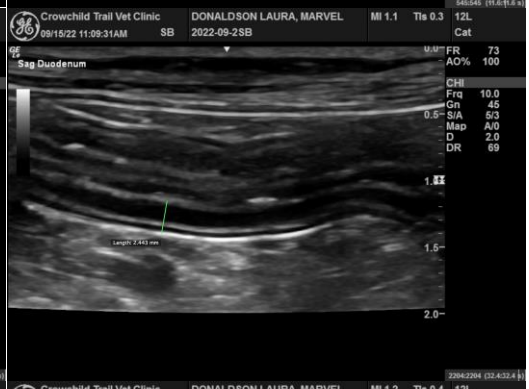

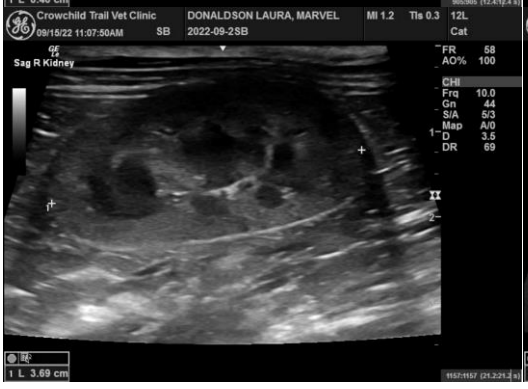

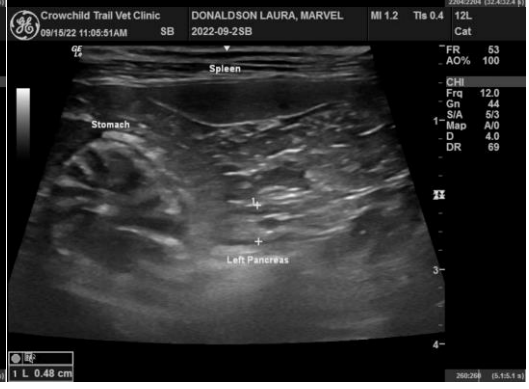

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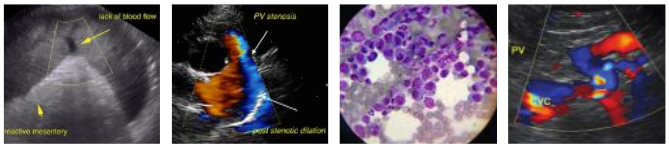

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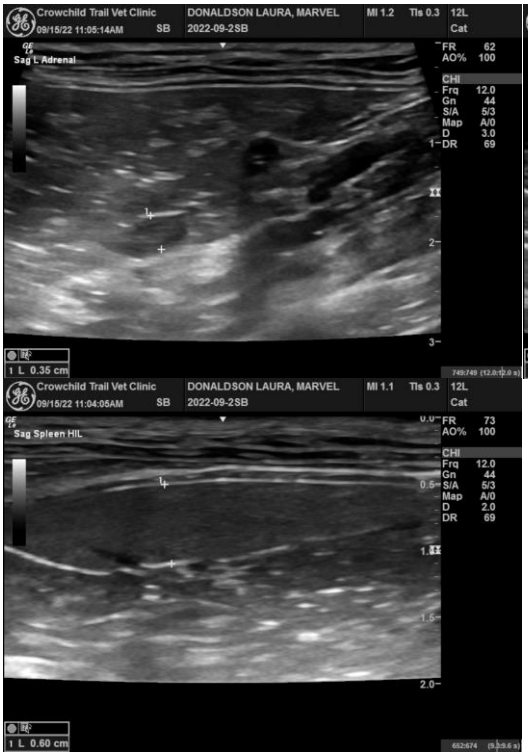

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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