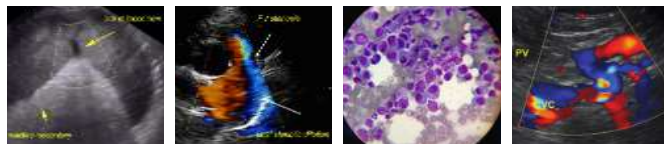




PATIENT	PRESENTING CLINICAL SIGNS
GRETA RODRIGUEZ	Date: 8/29/2021 Chief Complaint: drinking more water History: about 2 weeks ago o noticed p was drinking alot of water, p is doing alot of excessive grooming hind paws and by the rectal area, wasn't eating very much last week, noticed p is drooling, always drooled,, gave mirataz, now is eating better, drinking decreased again
SPECIES	Abnormal PE/Chem/CBC/UA Results: Hydration: Appropriately hydrated Mentation: BAR EENT: No nasal discharge; clear no discharge OU; clean no exudate AU; No cough on tracheal palpation. Oral Cavity: mild dental tartar present, no oral lesions present Lymph Nodes: Symmetrical, no changes in size, shape, consistency Skin: Good hair coat, no signs of ectoparasites. No lesions noted. CV/Respiratory: No murmur/arrhythmia or crackles/wheezing auscultated. Synchronous pulses, normal rate. Normal bronchovesicular sounds. Abd/GI: Soft non painful abdomen, no organomegaly, small mid abdominal round mass/thickening palpated Uro/Perineum: N Musculoskeletal: Normal ambulation, no lameness noted. Adequate musculature BCS 4/9 Neurological: Appropriate Rads----- Diagnosis 1) Mild Ileus 2) Focal Wall thickening small intestine 3) Mineralization close to rib 12 Recommendations: The mild localized ileus suggests a focal obstruction or may be due to inflammation. In association with the localized wall thickening this may be due to a tumor; DDx granuloma and mucous plug. AUS recommended with the focus on wall thickness and layering. 1) CBC: NEU 9240 (2500-8500) 2) CHEM: WNL 3) TT4: WNL 4) UA (cysto): NSF
Feline	
BREED	
DSH	
SEX	
SF	
AGE	
14 Years	
WEIGHT	
7.42 lbs	
INTERPRETED BY	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<i>Urinary System</i>
IMAGING PERFORMED BY	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 were noted.
Michaleen	No evidence of pathology in the area of the aortic trifurcation.
HOSPITAL NAME	Normal size and margination was 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 3.4 cm in length. The right kidney measured 3.7 cm in length.
DPC Veterinary Hospital	<i>Adrenal Glands</i>
REFERRING VET	No overt pathology in the area of the left or right adrenal glands.
Dr. Duke	<i>Spleen</i>
INVOICE	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.
47414	<i>Liver/ Gallbladder</i>
DATE	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.
9-17-21	<i>Gastrointestinal</i>



PATIENT	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 measured 0.25 cm width.
GRETA RODRIGUEZ	
SPECIES	The visualized small intestine exhibited subjective normal wall layering with maintained 1:3 muscularis/mucosa ratio and was primarily empty. A focal segment of mid abdominal jejunum exhibited mild ileus not consistent with obstructive pattern and without overt evidence of obstructive mural pathology. The jejunum wall measured 0.25 cm width.
Feline	
BREED	Normal visible colon wall layers were present with apparent formed feces in lumen.
DSH	
SEX	<i>Pancreas</i>
SF	The left limb of the pancreas exhibited normal size and contour with subtle hypoechoic parenchyma compared to adjacent omentum. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.
AGE	<i>Free Abdomen</i>
14 Years	No overt masses, lymphadenopathy, or peritoneal effusion was present.
WEIGHT	ULTRASONOGRAPHIC FINDINGS
7.42 lbs	<ul style="list-style-type: none"> • Mild chronic renal changes. • Segmental nonobstructive jejunal ileus, overall subjectively normal small bowel wall layering. • Mildly hypoechoic left pancreas.
INTERPRETED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The segmental jejunal ileus is nonspecific yet may be owing to segmental jejunal hypomotility potentially owing to segmental or generalized inflammatory enteropathy without evidence of mural changes. However, given the lack of reported gastrointestinal signs or evidence of weight loss, this finding is nonspecific. Overt evidence of obvious small intestinal mural pathology or mechanical obstruction was not noted.
IMAGING PERFORMED BY	The mildly hypoechoic pancreas was nonspecific and may indicate age related or patient variant; however, the possibility of low grade chronic active inflammation cannot be excluded. Correlation with a GI panel to include PLI/TLI/Cobalamin/Folate would be appropriate.
Michaleen	
HOSPITAL NAME	If not done, three view chest radiographs suggested to rule out occult thoracic pathology recommended.
DPC Veterinary Hospital	Continued as needed gastrointestinal supportive care is suggested with potential recheck sonogram to assess for progressive jejunal ileus or intestinal mural changes if continued gastrointestinal signs or evidence of weight loss are noted.
REFERRING VET	
Dr. Duke	
INVOICE	
47414	
DATE	
9-17-21	



PATIENT

GRETA RODRIGUEZ

SPECIES

Feline

BREED

DSH

SEX

SF

AGE

14 Years

WEIGHT

7.42 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Michaleen

HOSPITAL NAME

DPC Veterinary
Hospital

REFERRING VET

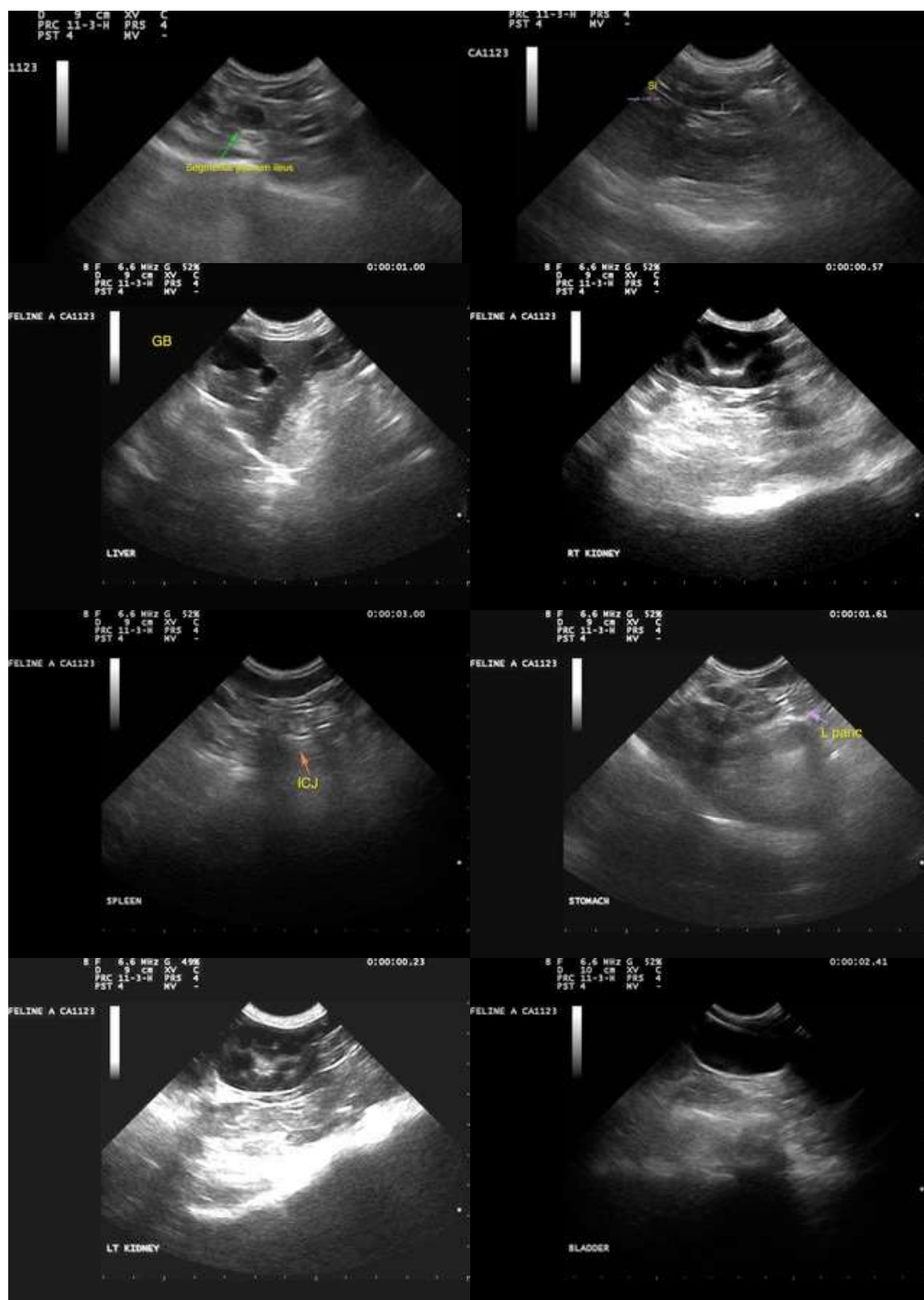
Dr. Duke

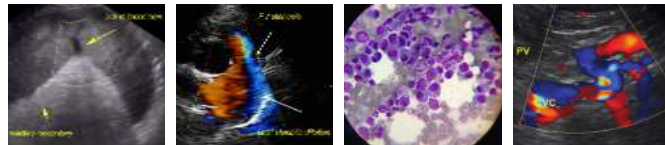
INVOICE

47414

DATE

9-17-21





PATIENT

GRETA RODRIGUEZ

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.

SPECIES

Feline

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.

BREED

DSH

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com

SEX

SF

AGE

14 Years

WEIGHT

7.42 lbs

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Michaleen

HOSPITAL NAME

DPC Veterinary
Hospital

REFERRING VET

Dr. Duke

INVOICE

47414

DATE

9-17-21