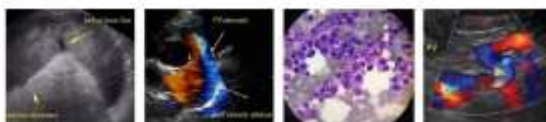




PATIENT	PRESENTING CLINICAL SIGNS
Ellie Flater	WNL Patient has been having ongoing GI problems like vomiting and diarrhea for the past year and a half. They are a new patient to us and we are trying to do a full workup. currently on cerenia and tylosin Abnormal PE/Chem/CBC/UA Results: Glob 53, GGT 6
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Feline	<i>Urinary System</i>
BREED	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.
DSH	
SEX	No evidence of pathology in the area of the aortic trifurcation.
FS	Normal size and margination was 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 3.5 cm in length. The right kidney measured 3.6 cm in length.
AGE	<i>Adrenal Glands</i>
7 Years	No evidence of pathology in the area of the left or right adrenal glands.
WEIGHT	<i>Spleen</i>
3.62kg	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.
INTERPRETED BY	<i>Liver</i>
R. McKenzie Daniel, DVM, DABVP	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.
IMAGING PERFORMED BY	<i>Gastrointestinal</i>
Kelly Reshny, RVT	The stomach exhibited sonographically unremarkable wall layering without evidence of mural hypertrophy. Mild retained anechoic fluid was present in the gastric lumen extending into the pyloric outflow. No evidence of retained gastric ingesta, foreign material, or mechanical pyloric outflow obstruction. The gastric body wall measured 0.20 cm width.
HOSPITAL NAME	INVOICE
Acton VC	47462
REFERRING VET	DATE
Gajadhar	9-20-21
	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 0.25 cm width and the jejunum wall measured 0.20 cm width.
	Normal visible colon wall layers were present with semi-formed to soft feces in lumen.
	<i>Pancreas</i>
	The mid to distal left pancreatic limb was hyperechoic to adjacent omental fat with diffuse parenchyma remodeling. The capsule of the pancreas was mildly asymmetrical in contour without evidence of



PATIENT

Ellie Flater

peripancreatic inflammation. These changes may suggest chronic inflammation, fibrosis, or saponification if previous history of pancreatitis. No overt signs of pancreatic neoplasia.

Free Abdomen

SPECIES

Feline

No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

BREED

DSH

- Mild retained anechoic gastric fluid.
- Sonographically unremarkable small bowel and colon with subjective semi-formed to soft feces.
- Chronic active pancreatitis pattern most prominent in mid to distal left pancreas.

SEX

FS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of significant gastroenterocolic mural pathology. Dietary intolerance/food hypersensitivity, dysbiosis, structurally insignificant inflammatory bowel disease may be possible. The presence of minor retained gastric fluid is nonspecific yet may suggest some degree of metabolic gastric stasis. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate as well as diarrhea pcr panel.

AGE

7 Years

Empirically, dietary therapy which may include hydrolyzed diet, lower carbohydrate diet (less than 7%), or higher fiber diet with potential for rotation of protein source, high colony count probiotic, such as Provable, empirical deworming, as needed empirical current antibiotics, and gastrointestinal support would be appropriate. Some contributor to the patient's vomiting may be chronic active pancreatitis often seen concurrently with underlying intestinal disease in cats. Pending clinical response to recommended conservative therapy, recheck sonogram may be considered to assess for progressive inflammatory gastrointestinal or pancreatic changes.

WEIGHT

3.62kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP

IMAGING PERFORMED BY

Kelly Reshny, RVT

HOSPITAL NAME

Acton VC

REFERRING VET

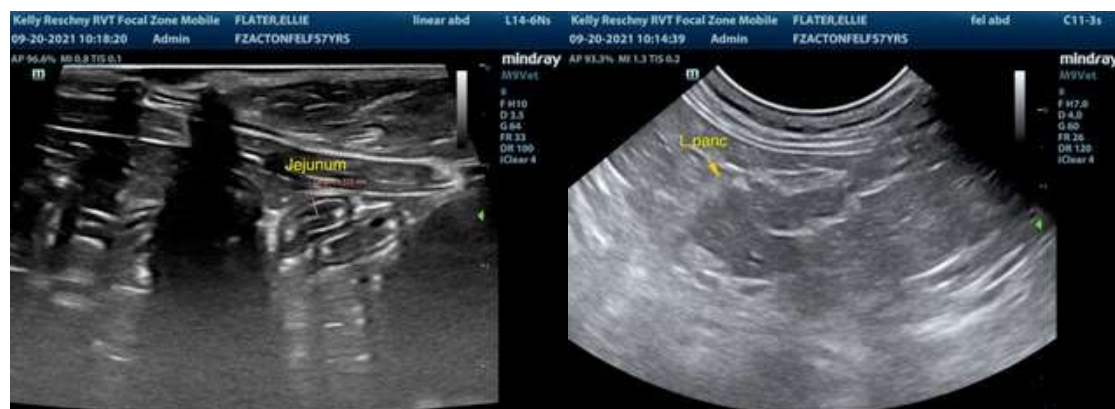
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DATE

9-20-21





PATIENT

Ellie Flater

SPECIES

Feline

BREED

DSH

SEX

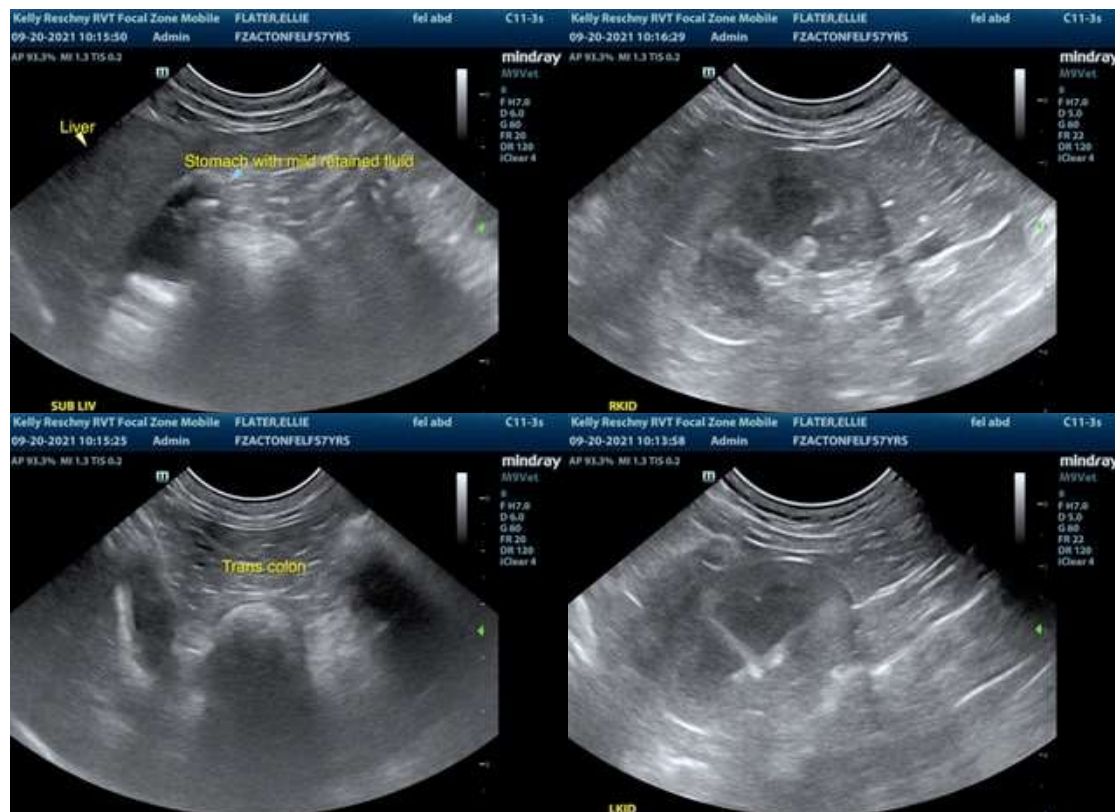
FS

AGE

7 Years

WEIGHT

3.62kg



INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Kelly Reshny, RVT

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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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com