



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Kevin Zavala

SPECIES Feline

BREED DSH

SEX MN

AGE 1yr

WEIGHT 12.28lb

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

IMAGING PERFORMED BY Jenna Walsh CVT

HOSPITAL NAME Corvallis Veterinary Hospital

REFERRING VET Dr. Gross

INVOICE 11724ag

DATE 09/26/2022

Kevin first presented due to chronic vomiting (pet vomits about twice a day) on 9-23-22. He first started vomiting on 9-15 and was taken to the ER. At the ER a chem and CBC were done and seemed relatively wnl. Radiographs were performed and a radiologist concluded pet had " mild generalized gas and fluid opacity iand it was a nonspecific finding possibly compatible with gastroenterocolitis of unknown etiology. Transit of foreign material could not be excluded but there was no evidence of occlusion. " Pet was treated with SQ fluids and cerenia and did well with no vomiting for about 24 hours. Pet usually vomits 2-3 x in a.m. and then refuses food and feels nauseous . He eats in p.m. and vomits again later in the evening. Pet has lost about one pound since his ER visit. Pet PE was relatively wnl except we palpated increased gas in the cranial abdomen Radiographs showed some increased gas in the ascending and transverse colon.

Abnormal PE/Chem/CBC/UA Results: He was FELV/FIV negative. His chem panel was again wnl but his CBC showed a leukocytosis at 22500, lymphocytosis at 14,000, and monocytosis at 1510. Hit was 45% and platelets were 194,000 but clumped.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

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 4.0 cm in length. The right kidney measured 4.1 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 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.

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



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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

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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 in width.

BREED

DSH

The small intestine presented intact yet mild prominent wall layering owing to segmental prominent muscularis layer. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The jejunum wall measured up to 0.31 cm in width. The duodenum wall measured 0.31 cm in width.

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

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Pancreas

The left limb of the pancreas exhibited mild prominent size, symmetrical contour and subtle hypoechoic to nonhomogeneous parenchyma compared to the adjacent omental fat. The visible pancreatic duct was normal.

WEIGHT

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Free Abdomen

Focal, mildly prominent to enlarged mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example measured 1.4 cm x 0.4 cm.

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No evidence of peritoneal free fluid.

ULTRASONOGRAPHIC FINDINGS

- Intact yet mildly prominent small bowel walls
- Mildly prominent to hypoechoic pancreas
- Intermittent minor benign/reactive mesenteric lymph nodes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Overall, no overt evidence of significant visceral pathology was observed. The small intestine exhibited subtle prominent wall layering which may suggest underlying mild inflammatory enteropathy. Potential for concurrent low grade pancreatitis may be possible and may be suspected if evidence of cranial abdominal discomfort on palpation. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Dietary intolerance / food hypersensitivity or occult parasitism are both potentials.

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Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative), and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Sonographic monitoring of the GI tract for evidence of progressive prominent wall layering if persistent vomiting or evidence of weight loss is recommended.

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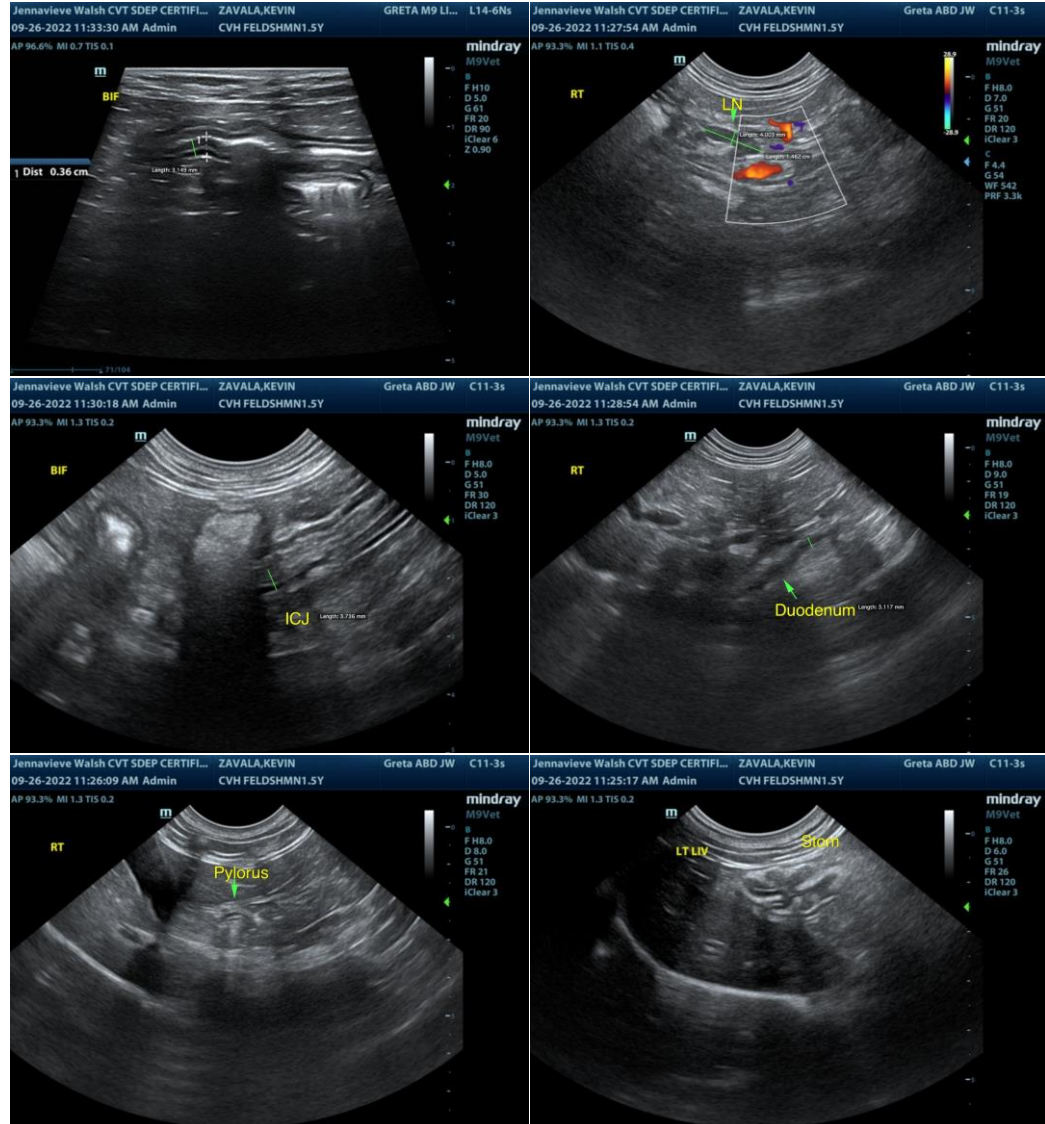
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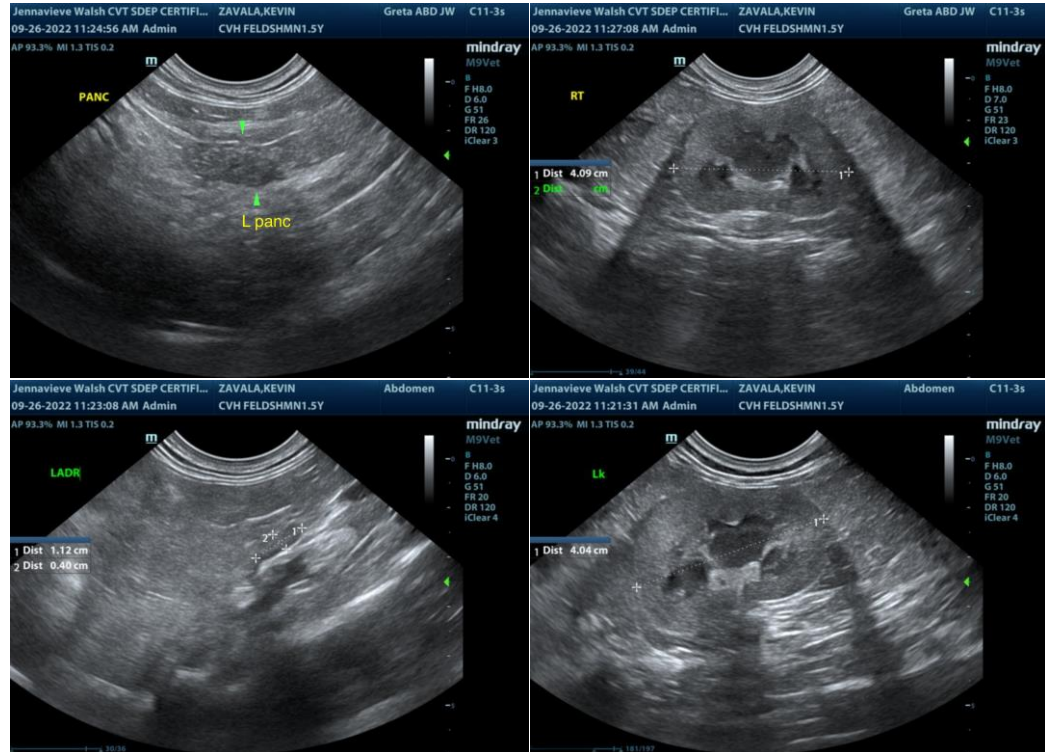
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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