



PATIENT

Luna Sandhu

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

4 Years

WEIGHT

3.52

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Alastair Westcott

HOSPITAL NAME

Dr. Alastair Westcott

REFERRING VET

Dr. Alastair Westcott

INVOICE

25825

DATE

9/27/21

PRESENTING CLINICAL SIGNS

72 hr. history of vomiting and anorexia. Could not keep down syringed water. Is indoor/outdoor. Possible dental floss access.

Abnormal PE/Chem/CBC/UA Results: Tense and uncomfortable abdomen. Dehydrated. Lethargic Mild neutropenia and stress lymphopenia. Stress hyperglycemia. Hypokalemia

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 to moderate non-dependent 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 3.4 cm. The right kidney measured 3.7 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 0.33 cm. The right adrenal gland measured 0.32 cm.

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 0.97 cm in width.

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 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 wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. Gastric body wall measured 0.25 cm.

The intestinal walls demonstrated intact wall layering. No evidence of mural hypertrophy, yet subjective propensity for mildly prominent to echogenic submucosa, as well as mildly prominent muscularis layer. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental mild ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material. Jejunum wall measured 0.25 cm. Duodenum wall measured 0.28 cm. Ileocolic wall measured 0.30 cm.



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The colon exhibited intact yet variably prominent wall layering (primarily noted in the descending colon) with potential for subtle duodenal corrugation. The colon was primarily empty with minor luminal gas and segmental minor semiformed soft to nonformed feces present. Colon wall measured 0.30 cm.

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Pancreas

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.

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Free Abdomen

Multiple enlarged jejunocolic lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident.

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Very scant pockets of free fluid were noted adjacent to the small intestine intermittently.

ULTRASONOGRAPHIC FINDINGS

AGE

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- Jejunocolic lymphadenitis, likely acute inflammatory bowel episode
- Probable colitis with minor nonformed feces and luminal gas
- Urinary bladder sediment

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

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No overt evidence of mechanical enterocolic obstruction or overt foreign material. However, given the patient's history and potential access to dental floss, a focal to mild amount of non-obstructive passed dental floss within the colon cannot be definitively excluded. Empty colon lumen with hyperechoic luminal interface and minor nonformed feces as well as potential mucus can exhibit similar appearance as a linear foreign body. Dietary indiscretion/food intolerance, occult parasitism, infectious enterocolitis, enterotoxic insult, or acute inflammatory bowel episode with potential for more chronic infiltrative versus less likely neoplastic enterocolonopathy possible.

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Enterocolic biopsies would be required for definitive diagnosis. However, given the acute onset of gastrointestinal signs, hospitalization with as-needed supportive care as well as Zithromax/Metronidazole antibiotic combination (given the suspected lymphadenitis) and assessment of clinical response would be appropriate.

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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.

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