



PATIENT

Donut Defilippis

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7 years

WEIGHT

10.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Well Pet AH

REFERRING VET

Dr. Wellington

INVOICE

12329

DATE

9/28/21

PRESENTING CLINICAL SIGNS

-History of chronic vomiting, abd US needed. Current meds: Cerenia, Pepcid

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 was present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. Focal increased cortex echogenicity and asymmetrical renal margination were noted in the craniolateral right kidney, consistent with cortical infarction. No evidence of pelvic dilation was noted. The left kidney measured 4.2 cm in length. The right kidney measured 4.4 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 0.36 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 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/ 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 wall layering with a normal wall layer ratio. Minor retained anechoic fluid was present. No evidence of retained ingesta or foreign material was noted. The pylorus wall width measured 0.30 cm. The gastric body wall width measured 0.35 cm.

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 jejunum wall width measured 0.20 cm. The duodenum wall width measured 0.26 cm. The ileocolic wall width measured 0.35 cm.



PATIENT

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

Donut Defilipps

Pancreas

SPECIES

The left pancreas was normal in size and contour with very subtle hypochoic parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Feline

Free Abdomen

BREED

Minor subjectively benign or reactive colic lymphadenopathy was noted, which is an area of antigenic stimulation.

DSH

SEX

ULTRASONOGRAPHIC FINDINGS

Neutered Male

Primary Findings

AGE

- Suspect mild gastritis and potential mild gastric stasis
- Sonographically unremarkable small bowel
- Subtle heterogeneous to hypochoic left pancreas

7 years

WEIGHT

Secondary Findings

10.2 lbs.

- Right kidney cortical infarction

INTERPRETED BY

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Aside from suspected mild gastritis and potential mild gastric stasis, dietary indiscretion / food intolerance, occult parasitism, or structurally insignificant inflammatory bowel disease may be possible.

IMAGING PERFORMED BY

Empirically, continued gastrointestinal support and gastroprotectants would be appropriate. Potential for low-grade or chronic pancreatitis may be present yet ultrasonographically normal. Correlation with a Spec fPL or a GI panel to include Cobalamin/Folate levels may be considered. Broad-spectrum deworming is recommended even if fecal testing is negative. Heartworm antigen/antibody testing may also be considered as cats with heartworm disease often exhibited chronic persistent vomiting. Upper gastrointestinal endoscopy may be indicated if persistent vomiting is nonresponsive to conservative support and pending additional diagnostics may be considered.

Jessica Miller

HOSPITAL NAME

Well Pet AH

REFERRING VET

Dr. Wellington

INVOICE

12329

DATE

9/28/21





PATIENT

Donut Defilipps

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

7 years

WEIGHT

10.2 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jessica Miller

HOSPITAL NAME

Well Pet AH

REFERRING VET

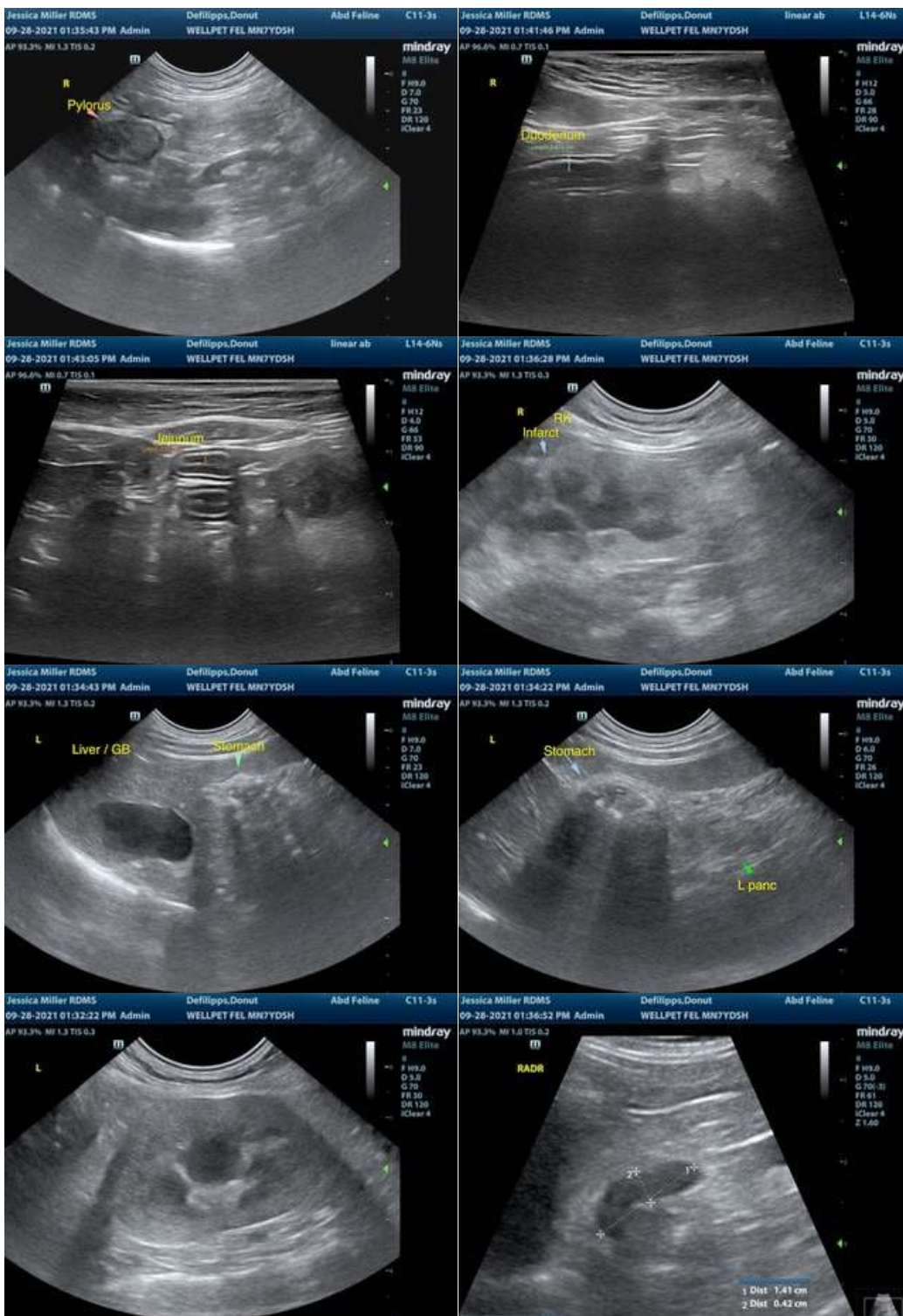
Dr. Wellington

INVOICE

12329

DATE

9/28/21



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



PATIENT

Donut Defilipps

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.

SPECIES

Feline

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

BREED

DSH

SEX

Neutered Male

AGE

7 years

WEIGHT

10.2 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Jessica Miller

HOSPITAL NAME

Well Pet AH

REFERRING VET

Dr. Wellington

INVOICE

12329

DATE

9/28/21