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Clinical Sonography & Telecytology
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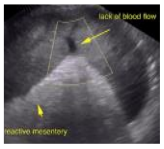
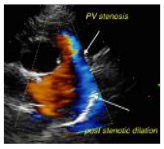
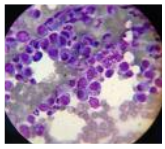
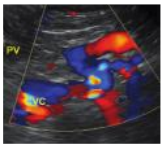




SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Milka Sirkis

SPECIES

Feline

BREED

Bengal

SEX

FS

AGE

5 months

WEIGHT

5.14 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Suciu

HOSPITAL NAME

Elmhurst Animal Emergency Hospital

REFERRING VET

Dr. Suciu

INVOICE

15001

DATE

9/28/22

PRESENTING CLINICAL SIGNS

Milka vomited several times in the last 3 days (liquid, 2 days ago in a "projectile" way), she didn't have any bowel movements in the last 3 days. Owner thinks this was caused by Milka chewing some Styrofoam foil, but in the vomit owner didn't see any foreign material. No change in the diet, she is vaccinated. No coughing, sneezing or diarrhea, water intake and urination are normal. RX cerenia Milkas vomited her food last night

Abnormal PE/Chem/CBC/UA Results: Owner took her to the family vet on 9/24 and to VEG Brooklyn 9/25; radiology report stated: -Stomach is filled with moderate amount of gas and minimal soft tissue opaque fluidlike material. Gas appropriately redistributes between images. -Serosal contrast is mildly reduced consistent with patient young age. -There is mild bunching of the small intestines within the right caudal lateral peritoneal cavity on the VD. Small intestines are within normal limits on the lateral images. -Colon contains a moderate amount of formed, partially mineral opaque fecal like material. Colon is not distended at this time. -Liver, spleen and visible kidneys are within normal limits. -Included cardiovascular structures, pulmonary parenchyma, pleura and mediastinum are normal. -In the region of the esophagus is mild to moderate amount of variable gas and faint fluidlike material. Conclusion -Bunching of small intestines may be associated with the enteritis or be patients normal variant. An early linear foreign body of the small intestines cannot be entirely excluded. No evidence of complete gastrointestinal mechanical obstruction or overt foreign material. -Fecal material is partially mineral opaque, this may be secondary to patients diet or associated with desiccation. BW: unremarkable UA: Non performed

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction 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.

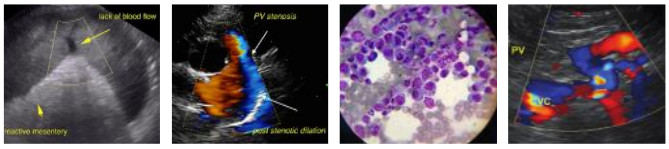
Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.4 cm in length. The right kidney measured 3.0 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 0.44 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 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



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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 sonographically unremarkable wall layering. The stomach was moderately distended with retained primarily anechoic to mildly echogenic fluid. No evidence of mechanical pyloric outflow obstruction, retained ingesta, or overt gastric foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor segmental corrugation was noted, yet without evidence of plication, mechanical / metabolic ileus, or overt intestinal foreign material.

Normal visible colon wall layers were present containing formed, strongly shadowing fecal matter in the descending colon.

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 were evident.

Free Abdomen

Intermittent mesenteric lymph 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 lymph node measured 1.0 cm x 0.39 cm. No peritoneal free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

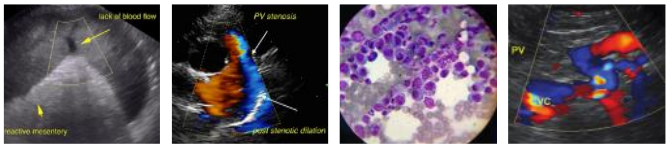
- Gastroenteritis pattern with mild to moderate gastric hypomotility
- Intermittent mildly prominent subjective benign/ reactive mesenteric lymph nodes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Without overt evidence of gastrointestinal foreign material or pyloric outflow obstruction, the gastric hypomotility is suspected to be metabolic in nature potentially owing to inflammatory bowel episode.

Likewise, the mild mesenteric lymphadenopathy may indicate reactive lymphoid hyperplasia vs. mild lymphadenitis secondary to inflammatory bowel episode with potential for lymphatic immunologic immaturity.

No obvious indication for Immediate surgical intervention. Conservative therapy for gastroenteritis / inflammatory bowel episode +/- constipation if clinically indicated should prove beneficial. Continued



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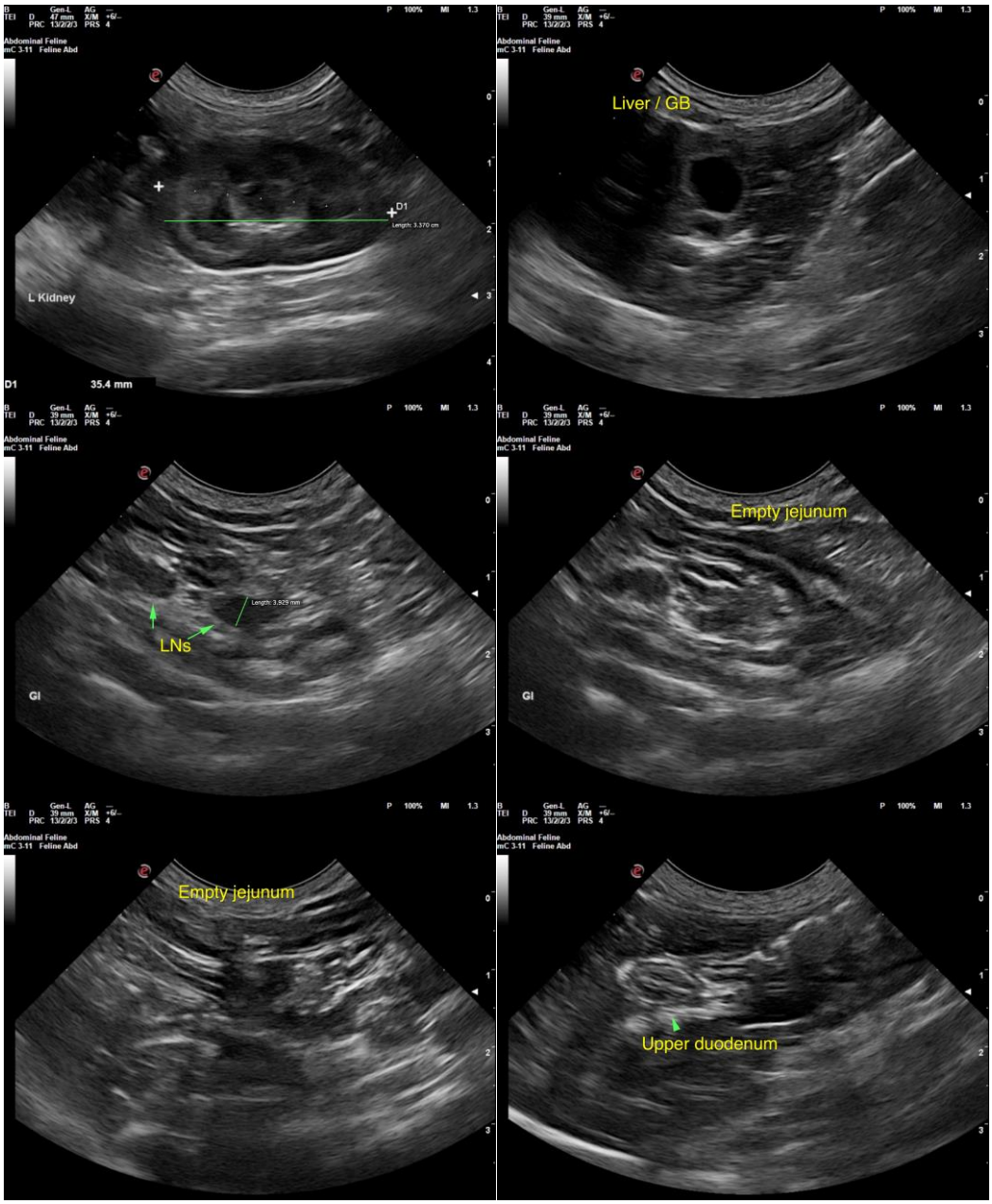
monitoring of clinical response, as well as persistent / progressive gastrointestinal signs given the breed, and potential recheck sonogram if clinically indicated, is recommended.



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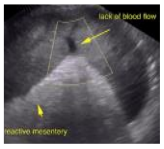
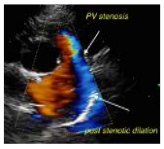
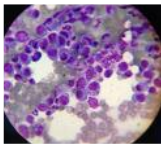
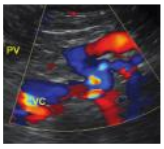

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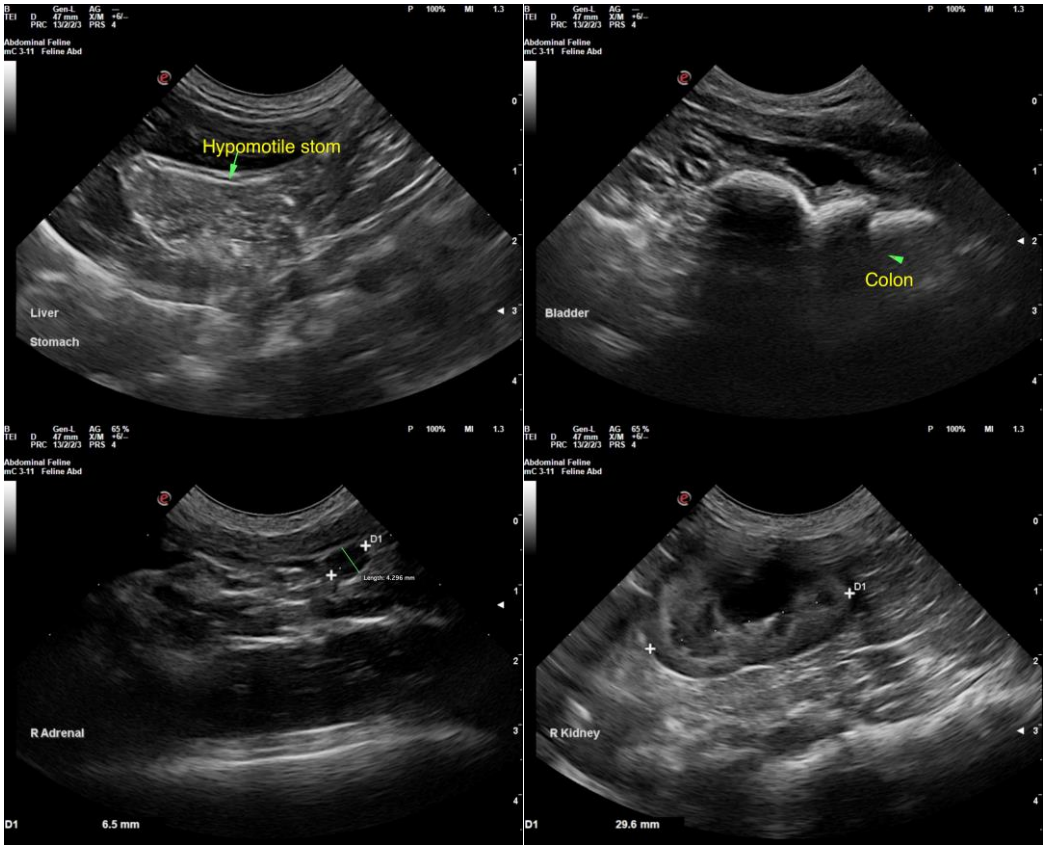

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com