



PATIENT

Hughey Doering

SPECIES

Fel

BREED

DSH

SEX

MN

AGE

12

WEIGHT

16 lbs.

PRESENTING CLINICAL SIGNS

Adopted by current owners in August 2022 and had history of chronic vomiting prior to adoption from humane society. Vomiting occurs primarily overnight/early morning and consists of large volumes of typically bile and/or undigested kibble. Energy, mobility, thirst/urination, and bowel movements are normal. Has been treated with fenbendazole, started on a feline gastro RC fibre diet (has been on strictly for 6 weeks), and cerenia. Up to date on vaccinations.

Abnormal PE/Chem/CBC/UA Results: Abdominal radiographs showed generalized mild thickening throughout the small intestines but no obvious masses/lesions. CBC/CHEM/UA/cPL/TT4 all normal.

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.

INTERPRETED BY

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

Normal size and asymmetrical margination with concurrent areas of increased cortex echogenicity, consistent with cortical infarcts, were present in both kidneys. A normal 1:3 cortex / medulla ratio was maintained. Moderate loss of corticomedullary symmetry and definition was present and expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.7 cm in length. The right kidney measured 4.4 cm in length.

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Dr. Celine Ward

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.51 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.

HOSPITAL NAME

Kenora VC

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.

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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 containing minor, nondependent, mildly congealed yet mobile gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.



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Gastrointestinal

The stomach presented intact and sonographically unremarkable wall layering. The stomach contained a mild to moderate amount of retained anechoic fluid. No evidence of mechanical pyloric outflow obstruction was noted.

The small intestine presented intact yet generalized prominent wall layering owing to generalized propensity for variably prominent to mildly thickened muscularis layer. Intestinal mural changes were more prominent in the duodenum with mild concurrent duodenal ileus. The duodenum wall measured 0.36 cm width. The jejunum wall measured up to 0.30 cm width. No obvious pathology was noted in the area of the ileocolic junction.

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

Pancreas

The pancreas was prominent in size with mild capsule asymmetry. Heterogeneous to focally nodular parenchyma was present with pancreatic duct dilation.

Free Abdomen

No evidence of significant concurrent lymphadenopathy was noted. No peritoneal free fluid was noted.

ULTRASONOGRAPHIC FINDINGS

- Hypomotile stomach
- Intact yet generalized variably prominent small bowel walls with mild duodenal ileus
- Suspect concurrent chronic pancreatitis
- Bilateral chronic renal changes with cortical infarcts

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Small intestinal mural changes are suggestive of inflammatory criteria i.e., IBD/eosinophilic enteritis. Potential for early to low-grade neoplastic infiltrative enteropathy such as low-grade lymphoma, which may present in a similar sonographic manner, cannot be definitively excluded. A GI panel to include PLI/TLI/Cobalamin/Folate is warranted. Full-thickness intestinal biopsies are required for a definitive diagnosis.

Canned hydrolyzed diet trial, as-needed GI support, and/or empirical IBD protocol with an assessment of clinical response may be considered. Late evening or early morning feeding could potentially help prevent overnight or early morning bilious vomiting.



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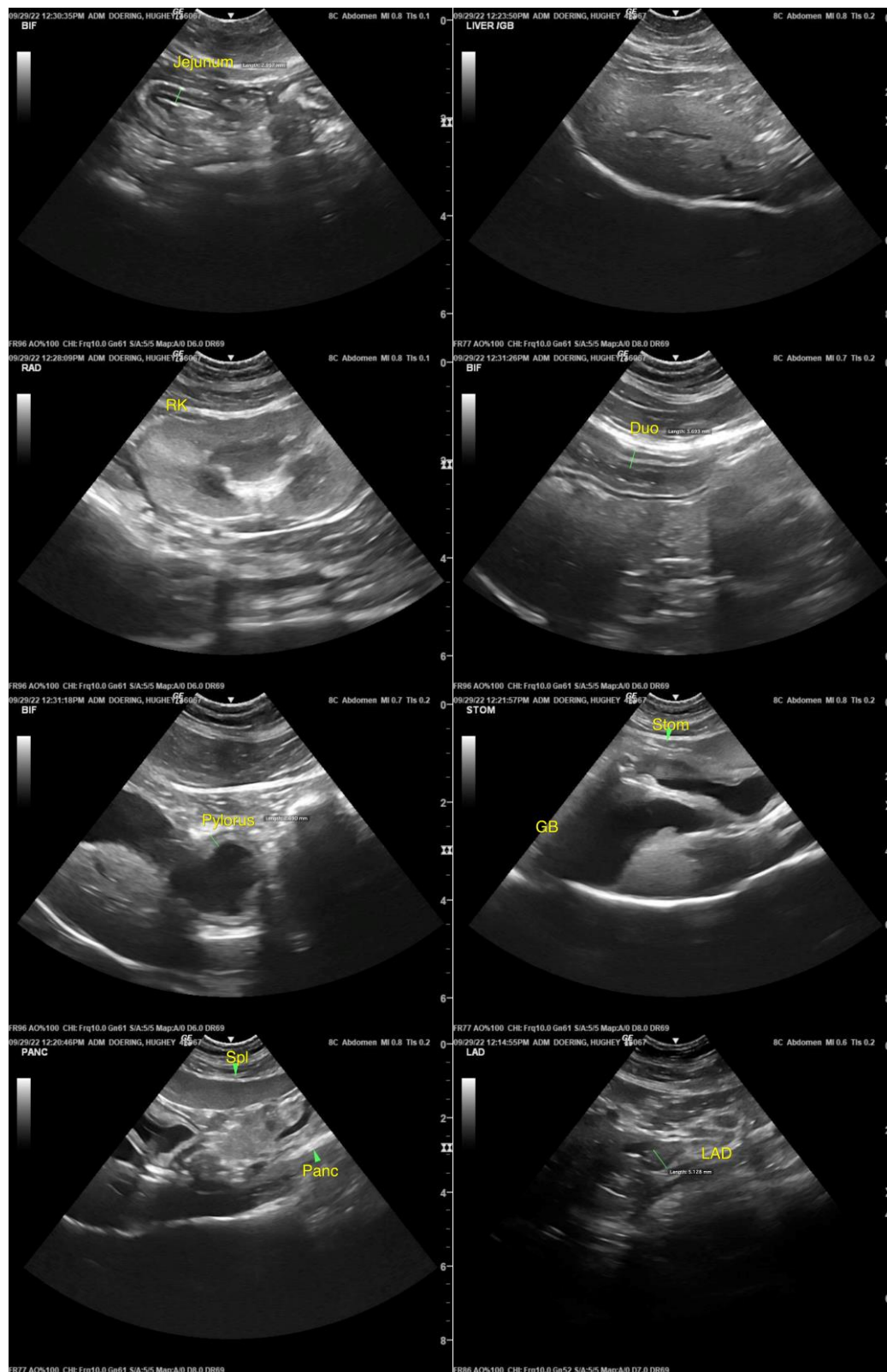
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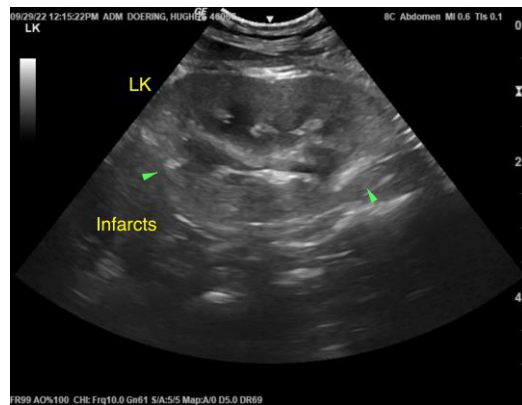
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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