



PATIENT

Pumpkin Kleinie

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

8 yrs

WEIGHT

11 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. A Rodriguez

HOSPITAL NAME

Foxfield Veterinary
Services

REFERRING VET

Dr. A Rodriguez

INVOICE

15036

DATE

9/30/22

PRESENTING CLINICAL SIGNS

Vomiting, anorexia

Abnormal PE/Chem/CBC/UA Results: WNL except GTT: 5

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, which may indicate cellular debris / protein, crystalline debris, mucus, or lipid, 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.

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 3.9 cm in length. The right kidney measured 4.2 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 0.41 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.47 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. The lumen of the stomach was empty without evidence of gastric distention with retained ingesta, fluid or foreign material. The gastric body wall width measured 0.27 cm.



PATIENT	The small intestine presented intact generalized variably thickened small intestinal walls owing to generalized propensity for variably prominent to thickened muscularis layer. Minor areas of nonobstructive segmental small intestinal ileus were noted without evidence of an obstructive pattern, foreign material, or loss of intestinal wall layering.
Pumpkin Kleinie	
SPECIES	
Feline	Normal visible colon wall layers were present with apparent formed feces in lumen.
BREED	<i>Pancreas</i>
DSH	Subtle hypoechoic parenchyma was noted in the left pancreatic limb compared to adjacent hyperechoic omentum.
SEX	<i>Free Abdomen</i>
MN	Intermittent mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 0.75 cm x 0.25 cm.
AGE	Generalized primarily perilymphatic and peri intestinal uniform hyperechoic mesentery was present with scant to mild volume, primarily peri intestinal to perilymphatic free fluid. No overt omental masses were present.
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WEIGHT	
11 lbs.	
INTERPRETED BY	<i>ULTRASONOGRAPHIC FINDINGS</i>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<i>Primary Findings</i>
IMAGING PERFORMED BY	<ul style="list-style-type: none"> Intact yet generalized variably thickened small intestinal walls with minor segmental ileus Generalized primarily peri intestinal to perilymphatic uniform hyperechoic mesentery with scant to mild volume peritoneal free fluid Associated intermittent hypoechoic mildly prominent mesenteric lymphadenopathy - hyperplasia, reactive lymphadenitis potentially secondary to inflammatory bowel episode, possible emerging neoplastic lymphadenopathy cannot be excluded Possible low-grade concurrent left limb pancreatitis
Dr. A Rodriguez	<i>Secondary Findings</i>
HOSPITAL NAME	<ul style="list-style-type: none"> Urinary bladder sediment
Foxfield Veterinary Services	
REFERRING VET	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
Dr. A Rodriguez	Multiple etiologies are possible for the small intestinal presentation including acute gastroenteritis, infectious enteropathy, inflammatory vs. neoplastic infiltrative enteropathy i.e., IBD / eosinophilic enteritis vs. intestinal round cell neoplasia such as lymphoma, all potentials. Evidence of associated primarily peri intestinal to perilymphatic peritonitis. Potential for more generalized neoplastic disease i.e., lymphomatosis, carcinomatosis, or similar is considered less likely yet possible.
INVOICE	Effusion analysis, cytospin cytology +/- C/S if evidence of inflammatory cells is recommended if possible. Full-thickness intestinal biopsies are likely required for a definitive diagnosis. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.
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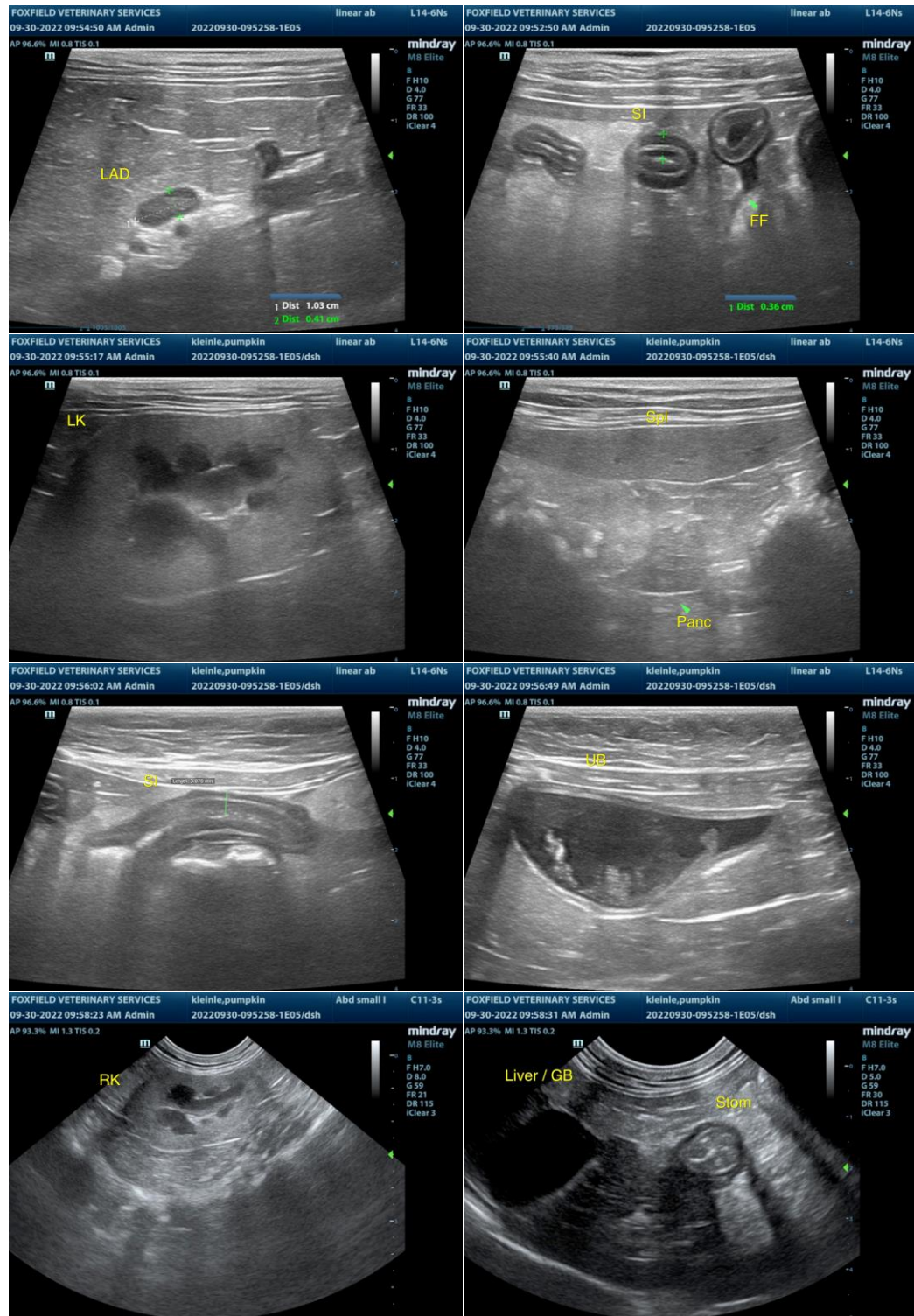
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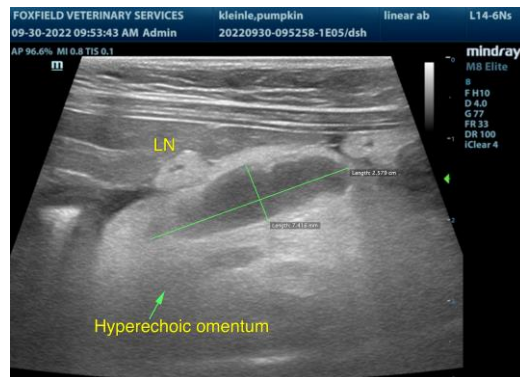
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com