

PATIENT

Little Eb Egan

PRESENTING CLINICAL SIGNS

Abnormal PE/Chem/CBC/UA Results: PE: lean CBC: normal Chem: nsf T4 14.0

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic urine, and no luminal sediment is present. The ureteral papillae, trigone and pelvic urethra are of normal appearance, and the ureters are not visible (normal). No masses, calculi or mucosal irregularities are noted. Urethra visualized to 3.0 cm.

BREED

DSH

Both kidneys exhibit mildly decreased corticomedullary differentiation. Infarcts are seen within the left renal cortex. There is no evidence of nephrolithiasis, pyelectasia or hydronephrosis. The proximal ureters are not visible (normal). The left kidney is 4.1 cm in length. The right kidney is 4.7 cm in length.

SEX

Neutered Male

Adrenal Glands

The adrenal glands are both identified in their normal locations. They are normal in size and shape with appropriate parenchymal echogenicity and normal phrenic vasculature. The left adrenal gland height is 3.5 mm at the caudal pole. The right adrenal gland height 3.9 mm at the caudal pole.

AGE

10 years

Spleen

The spleen is of appropriate size and has a normal, homogenous parenchyma with a smooth, continuous capsular surface. The splenic vasculature is normal with no evidence of congestion or thrombosis, and blood flow through the splenic hilus appears normal. Thickness at the splenic hilus is normal at 6.5 cm.

WEIGHT

9 lbs

Liver

The liver is of appropriate size and shape, with sharp borders and a mildly coarse parenchymal echotexture that is hypoechoic to the spleen. The portal and hepatic vasculature are of normal size and appearance with no evidence of congestion or thrombosis.

INTERPRETED BY

Tam Mengine, DVM,
DABVP (canine/feline
practice)

The gallbladder is moderately distended with anechoic contents. The wall was thin and continuous with no focal lesions. The cystic and common bile ducts are normal / not visible.

IMAGING PERFORMED BY

Chelsea Pastor

Gastrointestinal

The stomach is markedly distended with normal ingesta and possibly hair. The gastric wall is 2.0 mm with normal deviations due to rugal folds, and exhibits appropriate wall layering. The pylorus is of normal appearance.

HOSPITAL NAME

Fredon AH

The visualized portions of the duodenum, jejunum, and ileum are of normal thickness with intact wall layering that exhibits the appropriate 1:3 muscularis to mucosa ratio. The duodenal wall measures 2.5 mm. The jejunal wall measures up to 2.2 mm. Intestinal motility appears normal.

REFERRING VET

Dr. Linda Grau

The visible portions of the colon are of normal thickness, up to 1.1 mm, with intact wall layering. The ileocecal junction is visualized and appears normal.

Pancreas

The areas of the limbs and body of the pancreas are isoechoic to the surrounding mesenteric fat, with normal capsular appearance. There is no evidence of peripancreatic inflammation. The pancreatic duct appears normal.

INVOICE

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Free Abdomen

There is no evidence of free fluid within the peritoneal cavity. The omentum and intra-abdominal fat are of appropriate echogenicity. Enlarged abdominal lymph nodes are not observed. The aortic trifurcation has normal blood flow with no evidence of thrombosis.

DATE

3.13.23



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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Unremarkable feline abdomen

Secondary Findings

- Mild chronic renal changes with a left renal infarct
- A full stomach, which should be correlated with fasting history. If the patient was appropriately fasted, then delayed gastric emptying is likely.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

There is no obvious cause for the noted vomiting on today's ultrasound.

Recommendations include:

- fecal parasite testing and empiric fenbendazole treatment
- probiotic therapy
- bland diet
- treatment with parenteral fluids, antiemetics, antacids and gastroprotectants as clinically indicated.
- If signs persist, trials with a novel protein or hydrolyzed diet, a GI panel, and potentially GI biopsies could be considered.





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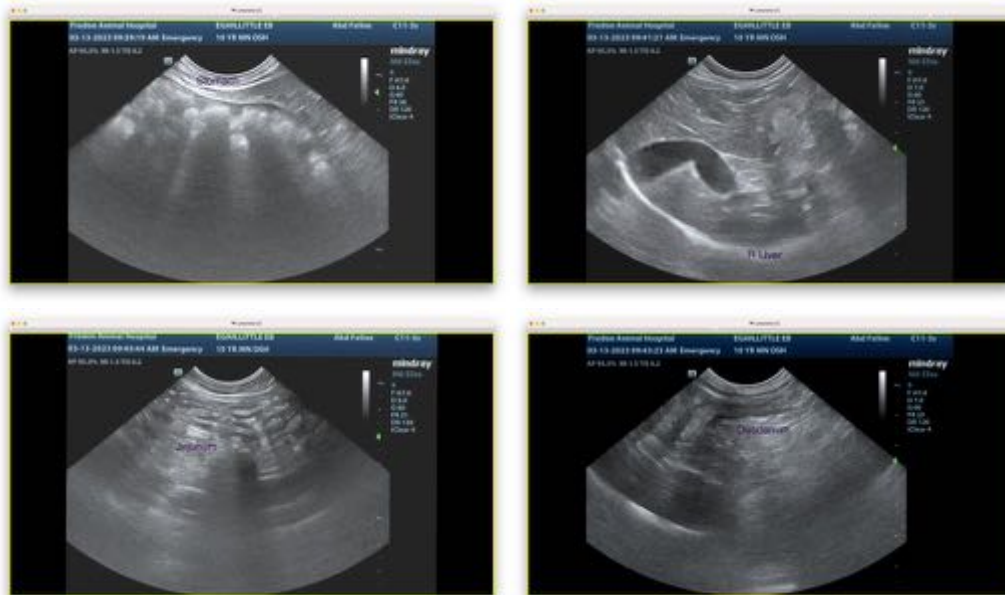
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

Tam Mengine, DVM, DABVP (canine/feline practice) info@SonoPath.com