



PATIENT	PRESENTING CLINICAL SIGNS
Romeo McCreedy	History: enteritis, vs enteric mass vs fb
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Feline	Urinary System
BREED	Urinary bladder is adequately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.
Domestic Shorthair	Left kidney is normal is size (4.32 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.
SEX	Right kidney is normal is size (4.82 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.
Neutered male	
AGE	Adrenal Glands
10 years	The adrenal glands are not well visualized in these images.
WEIGHT	Spleen
15.8 lbs	Spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.
INTERPRETED BY	Liver
Beth Johnson, DVM DACVIM	Liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.
IMAGING PERFORMED BY	Gastrointestinal
Jenn	The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.
HOSPITAL NAME	The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.
Rockaway AH	
REFERRING VET	
Dr. Maniar	
INVOICE	
31254	
DATE	
6/28/22	



PATIENT

Romeo McCreedy

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

SPECIES

Feline

Pancreas

The observed pancreas appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

BREED

Domestic Shorthair

Free Abdomen

SEX

Neutered male

There is no evidence of peritoneal effusion or apparent lymphadenopathy noted in these images.

ULTRASONOGRAPHIC FINDINGS

AGE

10 years

Primary Findings

Unremarkable abdomen with no visible infiltrative disease or obstructive pattern noted in these images.

WEIGHT

15.8 lbs

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If gastrointestinal signs are present then recommendations include:

- A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

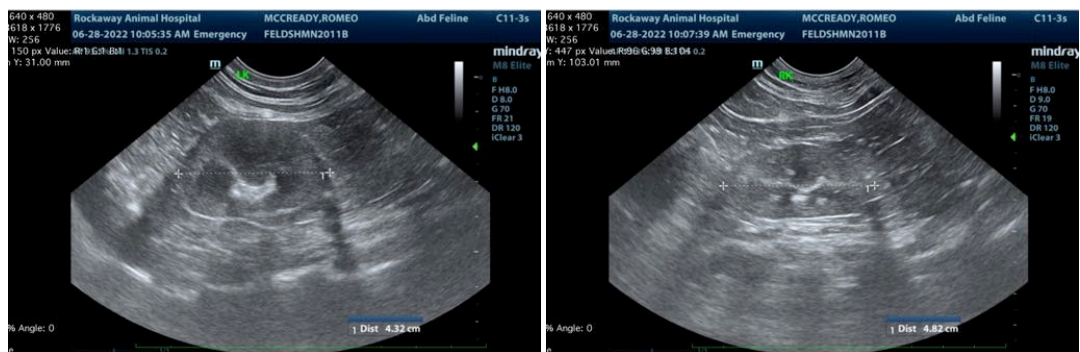
In the meantime, if clinical signs persist beyond medical management of acute gastroenteritis recheck imaging of the gastrointestinal tract, considering the use of a higher frequency probe for zoomed is recommended to help identify subtle lesions that may be missed.

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH



REFERRING VET

Dr. Maniar

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.

INVOICE

31254

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.

Beth Johnson, DVM DACVIM

DATE

6/28/22

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