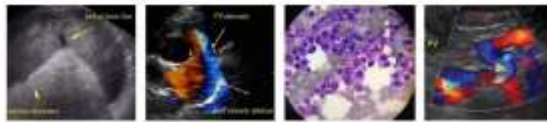




PATIENT	PRESENTING CLINICAL SIGNS
Tobey Humphrey	-vomiting and diarrhea off and on for 3 months, tx for pancreatitis, currently not eating for past 72 hours
SPECIES	Abnormal PE/Chem/CBC/UA Results: CBC-WNL, chem, mild elevation in Chol FIV/FeLV neg
Feline	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
DLH	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, nondependent, particulate sediment 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.
SEX	
MN	The area of the aortic trifurcation was free of pathology.
AGE	
9 years	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.4 cm in length. The right kidney measured 4.0 cm in length.
WEIGHT	
4.3 kg	Adrenal Glands
INTERPRETED BY	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.33 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.23 cm width.
R. McKenzie Daniel, DVM, DABVP	Spleen
IMAGING PERFORMED BY	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. The spleen measured 0.90 cm width at the level of the hilus.
Kelly Reschny	Liver/ Gallbladder
HOSPITAL NAME	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.
New Hamburg VC	Gastrointestinal
REFERRING VET	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material. The gastric body wall width measured 0.25 cm.
Dr. Blier	
INVOICE	
13009	
DATE	
1/10/22	



PATIENT	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The jejunum wall width measured 0.26 cm. The duodenum wall width measured 0.26 cm.
Tobey Humphrey	
SPECIES	Normal visible colon wall layers were present with apparent formed feces in lumen.
Feline	Pancreas
BREED	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.
DLH	Free Abdomen
SEX	No omental masses, lymphadenopathy or peritoneal effusion were present.
MN	ULTRASONOGRAPHIC FINDINGS
AGE	Primary Findings
9 years	<ul style="list-style-type: none">• Mild urinary bladder sediment• Mild age-related renal changes
WEIGHT	<ul style="list-style-type: none">• Overtly normal gastrointestinal tract / colon• Sonographically unremarkable pancreas
4.3 kg	
INTERPRETED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
R. McKenzie Daniel, DVM, DABVP	The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.
IMAGING PERFORMED BY	No overt evidence of structural gastrointestinal pathology or signs of active pancreatitis were present. Dietary indiscretion / food intolerance, occult parasitism If the patient is indoor/outdoor, structurally insignificant Inflammatory bowel, or chronic to low-grade pancreatitis, both of which may present as sonographically normal, may be possible. Further assessment may include fresh fecal analysis to assess for parasitic ova / Giardia or prophylactic broad-spectrum deworming, and a GI panel to include PLI/TLI/Cobalamin/Folate. Hospitalization with 24-48/hour IV fluid and gastrointestinal support may prove beneficial.
Kelly Reschny	
HOSPITAL NAME	
New Hamburg VC	
REFERRING VET	Empirically, a hydrolyzed diet trial with as-needed gastrointestinal support may prove beneficial.
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PATIENT

Tobey Humphrey

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

9 years

WEIGHT

4.3 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

**IMAGING
PERFORMED BY**

Kelly Reschny

HOSPITAL NAME

New Hamburg VC

REFERRING VET

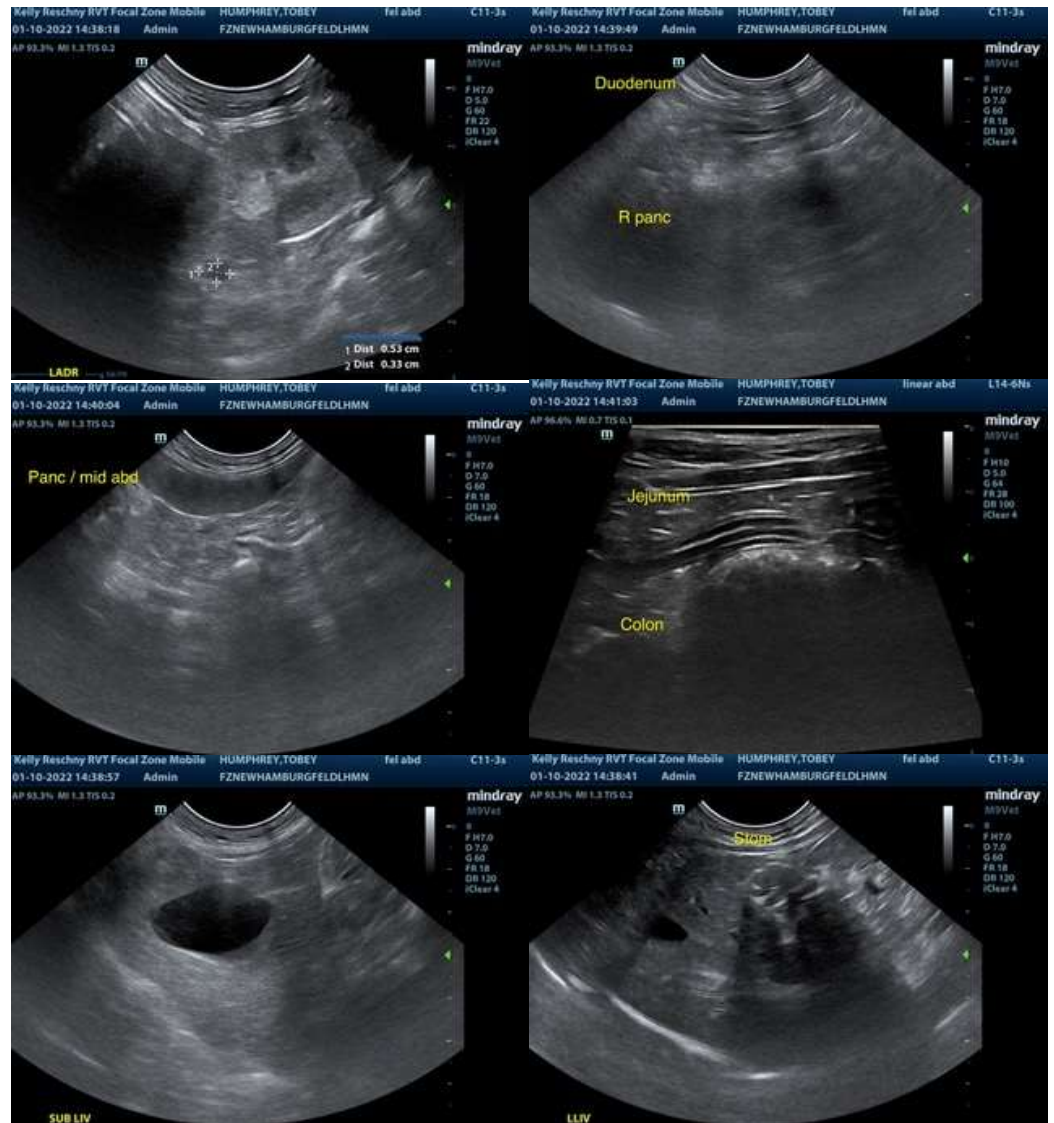
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PATIENT

Tobey Humphrey

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

9 years

WEIGHT

4.3 kg



INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

New Hamburg VC

REFERRING VET

Dr. Blier

INVOICE

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DATE

1/10/22

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com