



PATIENT

Kali Barker

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

16 years 3 months

WEIGHT

3.7

INTERPRETED BY

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

IMAGING PERFORMED BY

Donna Markland,
DVM

HOSPITAL NAME

Island Mobile Paws
Veterinary Service

REFERRING VET

Central Island
Veterinary Emergency
Hospital

INVOICE

15787

DATE

1/10/23

PRESENTING CLINICAL SIGNS

Kali belongs to a veterinary tech/office manager. Vomiting and weight loss noted over past several months (including 300 grams since December 14th).

She is on monthly Revolution, and just started Solensia on January 5th following survey rads which showed DJD. PE is unremarkable. Bloodwork from December 14 was unremarkable. Other than DJD, survey radiographs were unremarkable.

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. Minor, non-dependent, 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.

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 3.8 cm in length. The right kidney measured 3.8 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 0.39 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.38 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. The spleen measured 1.0 cm width at the level of the hilus.

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



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The stomach presented borderline prominent wall layering. The stomach lumen was empty without evidence of retained gastric ingesta, fluid, or foreign material. The ventral gastric body wall width measured 0.31 cm.

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The small intestine presented intact wall layering and subjective borderline prominent duodenal wall with an overall maintained 1:3 generalized intestinal muscularis/mucosa layer without evidence of altered wall layering, loss of intestinal wall layering, or intestinal masses. No evidence of intestinal mechanical obstruction. The duodenum wall measured 0.26 cm width. The jejunum wall measured 0.23 cm width.

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

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Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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Free Abdomen

Intermittent mesenteric and focal medial iliac lymph nodes were present. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a mesenteric lymph node measured 0.4 cm in diameter. The lymph nodes are not overtly consistent with inflammatory or neoplastic criteria. No omental masses or peritoneal effusion was noted.

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ULTRASONOGRAPHIC FINDINGS

- Minor urinary bladder sediment - minor cellular debris / protein, crystalline debris, lipid, or mucus
- Mild chronic renal changes
- Overtly normal gastrointestinal tract, possible mild gastroduodenitis
- Heterogeneous pancreas - age-related variant, possible low-grade chronic pancreatitis
- Intermittent minor subjective benign / reactive mesenteric / medial iliac lymphadenopathy

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, largely geriatric abdomen without evidence of significant visceral pathology. Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation associated with possible low-grade pancreatitis is suggested. Given the weight loss and gastrointestinal signs in this patient, a GI panel to include PLI/TLI/Cobalamin/Folate is suggested.

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Empirically, hydrolyzed diet trial, hairball therapy if clinically indicated, and gastroprotectant protocol with an assessment of gastrointestinal response and continued monitoring for evidence of progressive weight loss and potential recheck sonogram is recommended.

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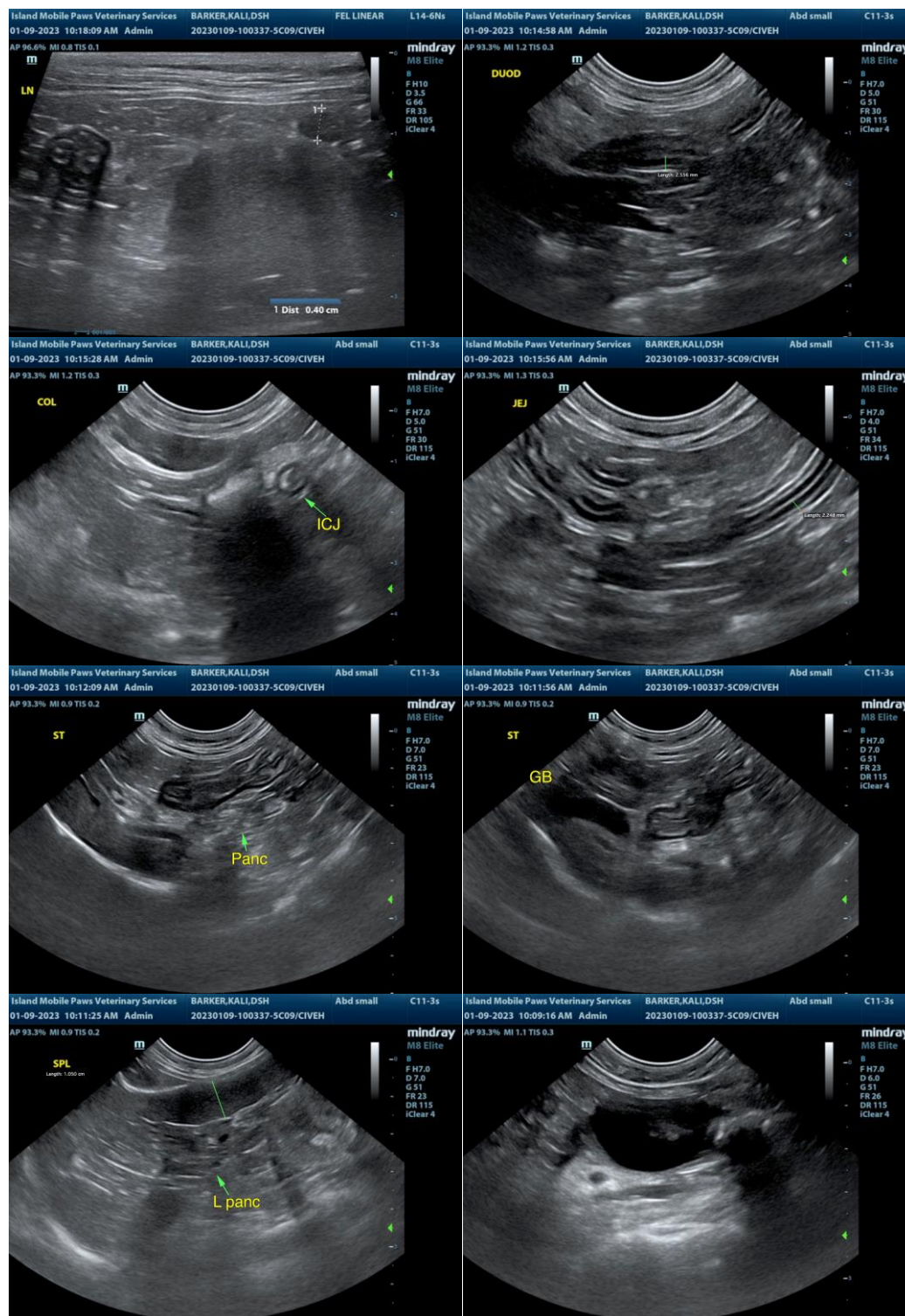
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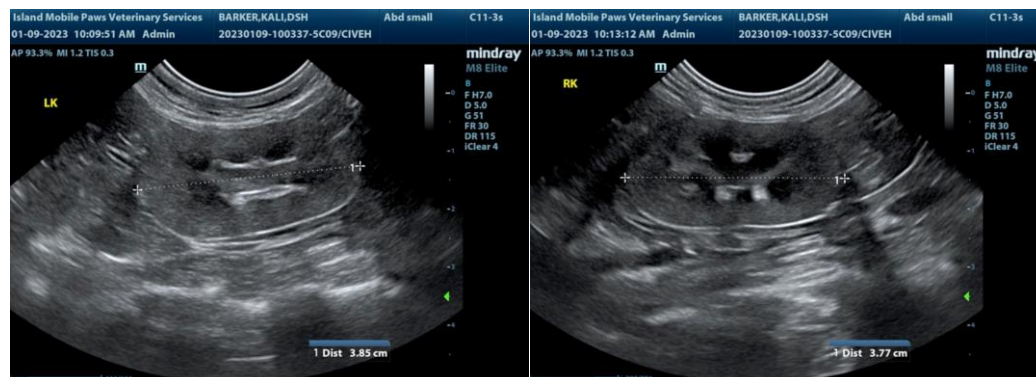
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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