



PATIENT

Paddington Fox

SPECIES

Feline

BREED

DSH

SEX

Male Neutered

AGE

11y 4m

WEIGHT

11.24 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Tessa Fiamengo, DVM

HOSPITAL NAME

Slade VH

REFERRING VET

Patricia Rottman, DVM

INVOICE

13057

DATE

1/11/26

PRESENTING CLINICAL SIGNS

History: Presenting Concerns: Paddington, an 11-year-old cat, presented for a recheck examination for severe abdominal pain. The patient has been seen twice previously for this issue, which began on January 6th with vomiting, anorexia, and lethargy. The owner reports that he seems better today. - The primary complaint has been significant pain. - The patient vomited on Tuesday, January 7th, but has had no further episodes since starting Cerenia tablets on Wednesday, January 8th. - An attempt was made to manage his pain with Zorbium on January 8th, but this resulted in an adverse reaction where he became unsettled and anorexic. - He received an injection of Convenia (0.6 mL) yesterday, January 10th. - The patient has a known history of a heart murmur and feline asthma, which is managed with a Flovent inhaler administered BID. - He consumes a Purina Pro Plan Urinary Health diet and resides in a household with other cats and a dog.

Abnormal PE/Chem/CBC/UA Results: Pending Diagnostics: - Awaiting results for the Spec cPL (canine pancreatic lipase), send-out complete blood count with manual platelet count, and pro-BNP (B-type natriuretic peptide). -Low platelets in house sent out for confirmation -Chemistry normal

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. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination was 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 4.0 cm in length. The right kidney measured 4.3 cm in length.

Adrenal Glands

The area of the left and right adrenal glands were free of pathology.

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 0.9 cm width level of mid spleen.

Liver

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 mild,



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echogenic, nonmineralized biliary sludge. The cystic duct and common bile ducts were normal without evidence of dilation.

Gastrointestinal

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 small intestine presented intact borderline to mild thickened wall with mild altered wall layer ratio owing to propensity for borderline to mild thickened muscularis layer. Small intestine wall measured 0.25 – 0.29 cm. Empty intestinal lumen without mechanical/metabolic ileus to the level of the colon.

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

Pancreas

The area of the pancreas was sonographically normal.

Free Abdomen

No visualized significant lymphadenopathy, no omental masses or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Intact borderline to mild thickened small intestine
- Normal empty stomach
- Normal area of pancreas
- Mild gallbladder debris
- Normal urinary bladder and visible proximal urethra

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of significant visceral pathology as a definitive cause of the reported significant abdominal pain. Some abdominal discomfort associated with the small intestine which may indicate patient variant, mild IBD or other inflammatory criteria with occult to emerging intestinal round cell neoplasia such as lymphoma but thought less likely. Mild pancreatitis at times may present sonographically normal and may be suspected of cranial abdomen/subxiphoid discomfort on palpation. Correlation with pending pancreatic lipase and additional diagnostics, a full GI panel to include PLI/TLI/Cobalamin/Folate may be considered. Correlation with musculoskeletal examination is suggested. Continued gastrointestinal support with clinical monitoring and sonographic reassessment if persistent or progressive gastrointestinal signs or weight loss.



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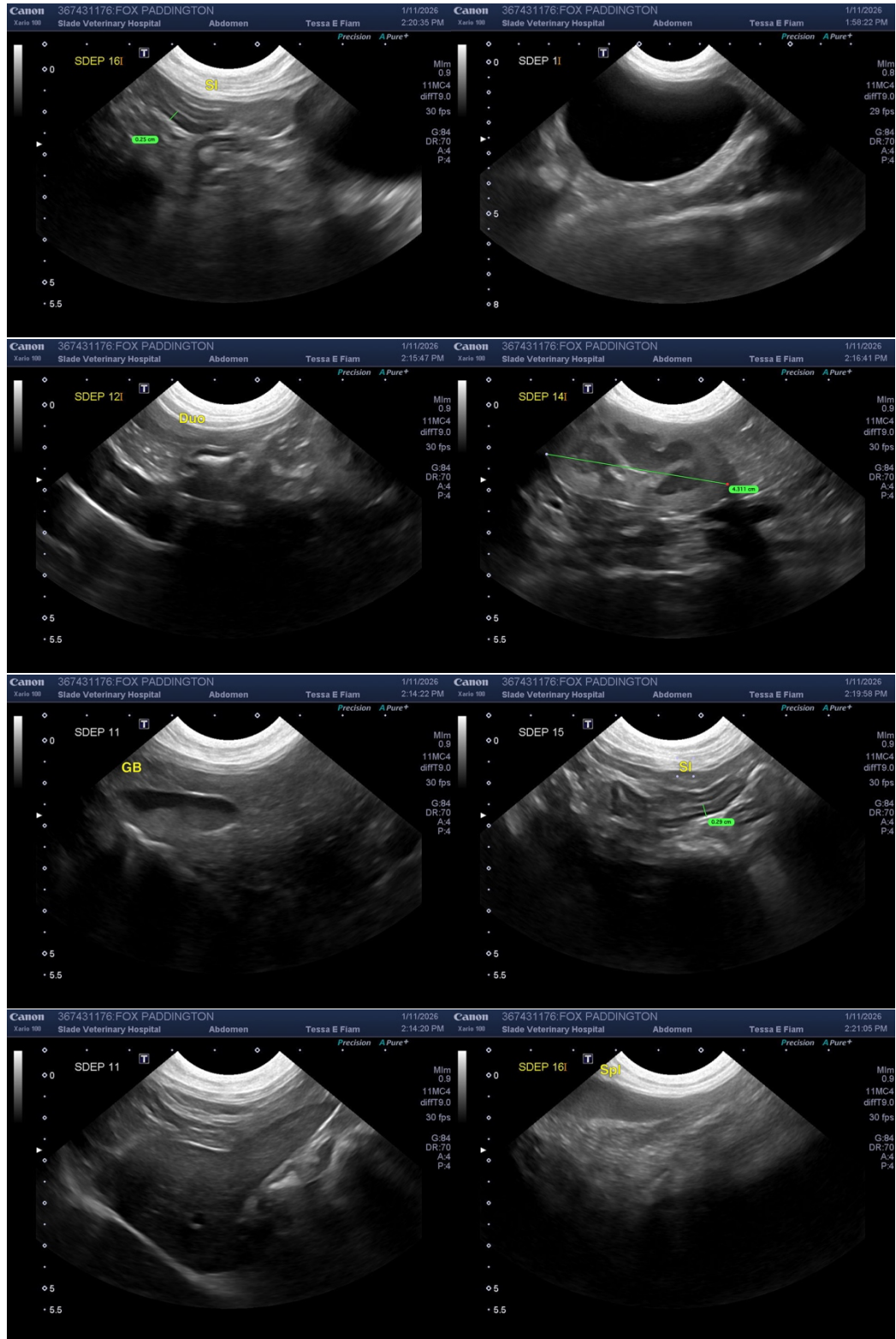
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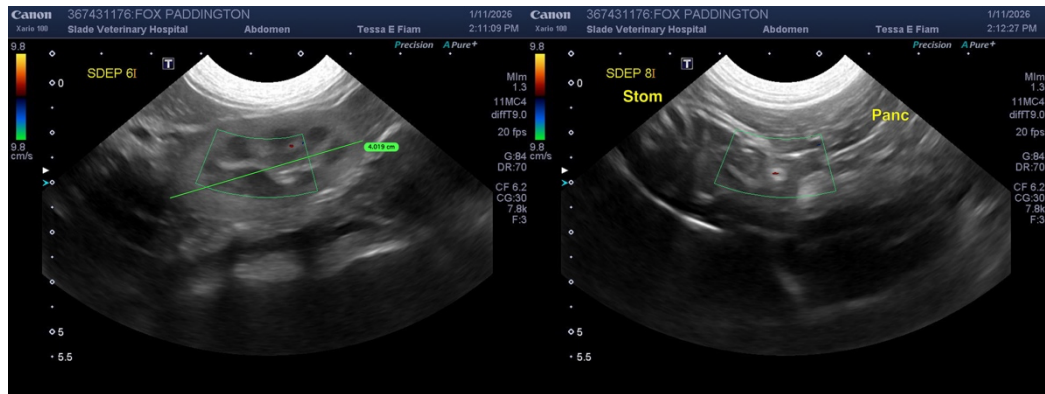
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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