

PATIENT PRESENTING CLINICAL SIGNS

Sassy Pallek Anorexia, concern for abdominal mass
 Unremarkable CBC/Chemistry Panel

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline **Urinary System**

BREED The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 was noted.

DSH

SEX No evidence of medial Iliac or sublumbar lymphadenopathy/masses.

FS

AGE 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 4.1 cm in length. The right kidney measured 3.7 cm in length.

2010

WEIGHT Adrenal Glands

15.2 The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 cm width.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY
 Rebekah Jakum, CVT
 ARDMS/RVT

Liver/ Gallbladder

HOSPITAL NAME

BrodheadsVille VC

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.

REFERRING VET

Dr. McAleer

Gastrointestinal

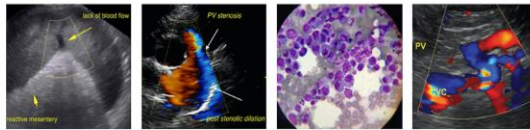
The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material. The gastric body wall width measured 0.24 cm.

INVOICE

15817

DATE

1/12/23



PATIENT

Sassy Pallek

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 duodenum wall measured 0.22 cm width. The jejunum wall measured 0.20 cm width. The ileocolic wall measured 0.32 cm width.

SPECIES

Feline

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

BREED

Pancreas

DSH

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.

SEX

Free Abdomen

FS

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

AGE

ULTRASONOGRAPHIC FINDINGS

2010

- Sonographically unremarkable abdomen

WEIGHT

15.2

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of visceral pathology including no evidence of intraabdominal neoplastic criteria/masses.

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DVM, DABVP
(Canine and Feline)

A definitive cause of the patient's anorexia was not obvious. A GI panel to include PLI/TLI/Cobalamin/Folate may be considered to assess for occult gastrointestinal or pancreatic disease as a contributing factor. If not done, three-view chest radiographs are suggested to rule out occult thoracic or esophageal pathology. Empirically, as-needed gastrointestinal support is suggested.

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ARDMS/RVT

HOSPITAL NAME

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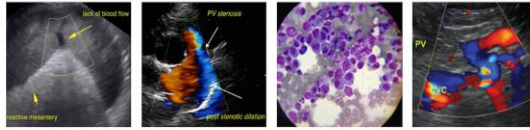
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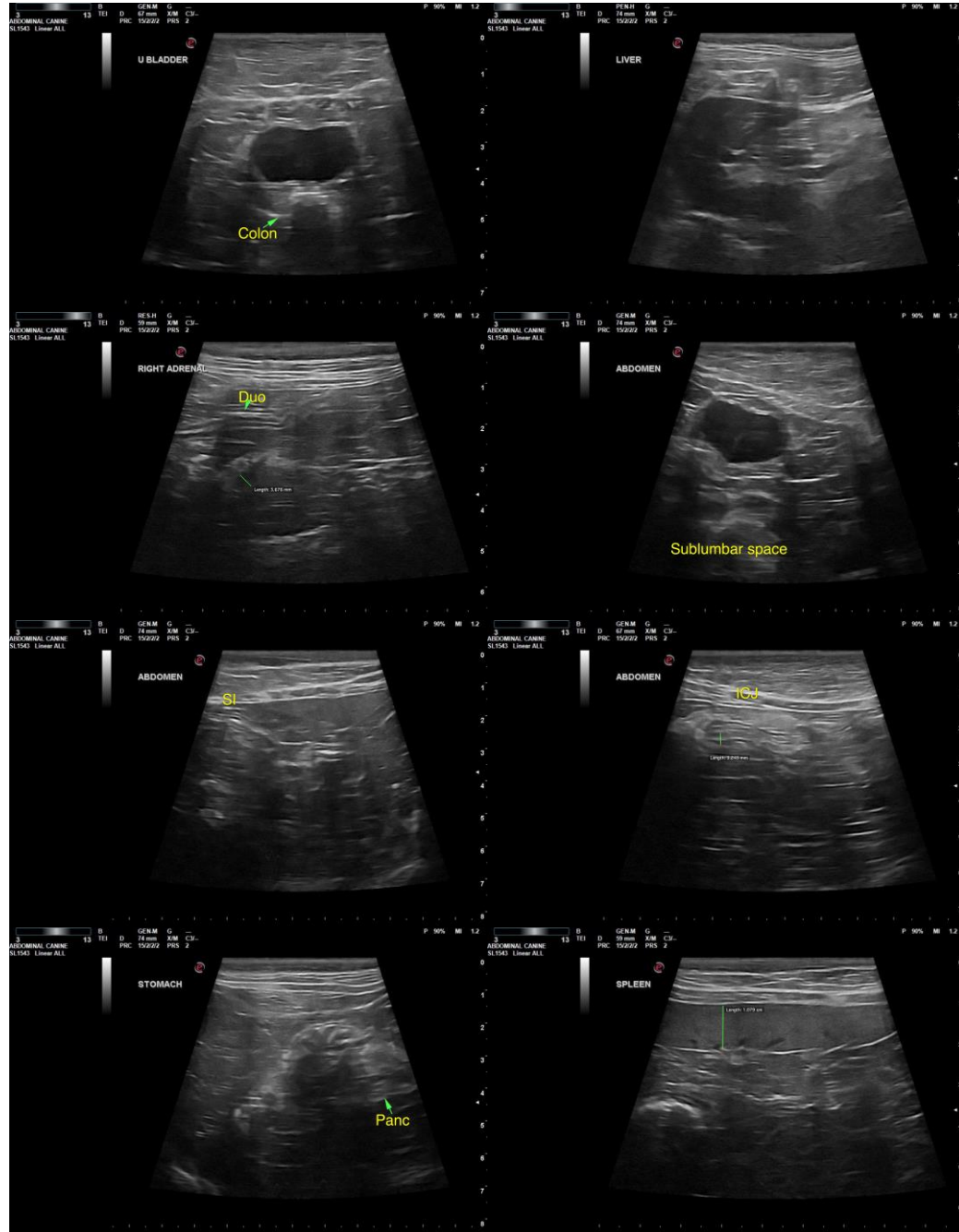
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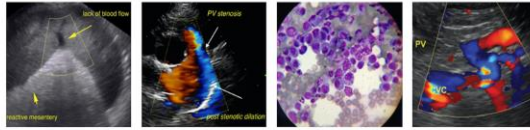
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BREED

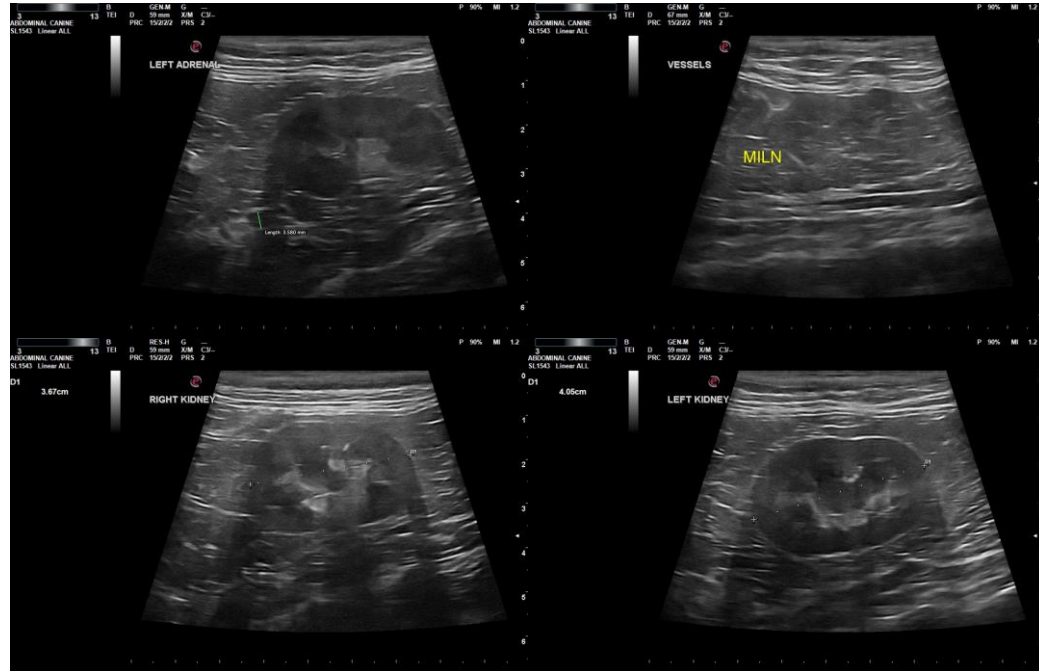
DSH

SEX

FS

AGE

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WEIGHT

15.2

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.

INTERPRETED BY

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DVM, DABVP
(Canine and Feline)

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)

mac.daniel@sonopath.com

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