



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Topaz Jr. Dribin	Presented for inappetence, lethargy, and owner-described painful abdomen since yesterday. Previously healthy. - Exam limited to due patient aggression (not previously found to be aggressive in the hospital). Physical exam normal overall. Bladder is soft and moderately sized. Primary Question/Differential to Be Answered in This Exam Owner is especially concerned about abdominal cancer, as Topaz's father passed away from this at a relatively young age.
<b>SPECIES</b>	
Feline	Abnormal PE/Chem/CBC/UA Results: BW pending
<b>BREED</b>	
DLH	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>SEX</b>	<b>Urinary System</b>
MN	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine with minor particulate sediment, which may indicate cellular debris / protein, crystalline debris, lipid or mucus, was present and likely incidental. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.
<b>AGE</b>	
3 years	The area of the aortic trifurcation was free of pathology.
<b>WEIGHT</b>	
9.13 lbs.	Normal size and margination were 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 4.5 cm in length.
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.31 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.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Jenna Walsh, CVT	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.
<b>HOSPITAL NAME</b>	<b>Liver/ Gallbladder</b>
Q Street AH	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.
<b>REFERRING VET</b>	
Dr. Cone	
<b>INVOICE</b>	
15839	
<b>DATE</b>	
1/13/23	



## PATIENT

Topaz Jr. Dribin

## SPECIES

Feline

## BREED

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## SEX

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## AGE

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## WEIGHT

9.13 lbs.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

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## Gastrointestinal

The stomach presented wall thickening secondary to echogenic mucosa hypertrophy. Intact wall layering was maintained and distinct. Mild retained anechoic gastric fluid was present. No evidence of mechanical pyloric outflow obstruction was noted. The gastric pyloric body wall measured 0.44 cm width.

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 mechanical / metabolic ileus, obstruction, or foreign material. The duodenum wall measured 0.25 cm width. The jejunum wall measured 0.25 cm width.

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

## Pancreas

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.

## Free Abdomen

No evidence of significant lymphadenopathy, omental masses or peritoneal effusion was present.

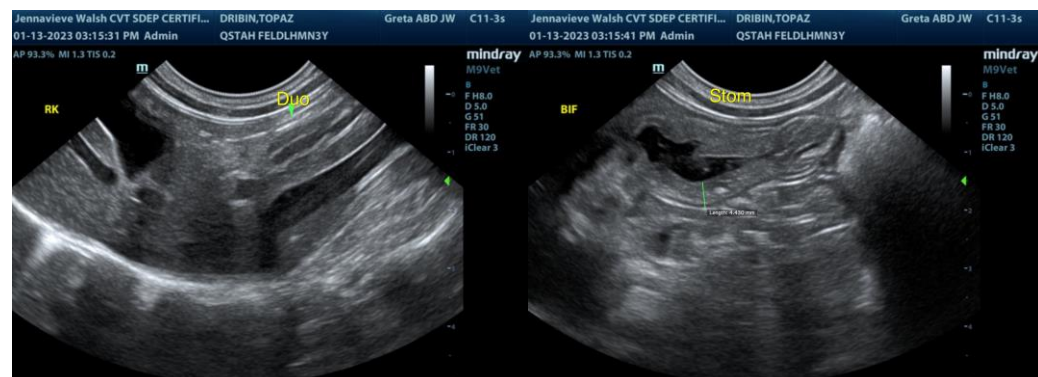
## ULTRASONOGRAPHIC FINDINGS

- Gastritis pattern with mild gastric hypomotility
- Sonographically unremarkable small bowel / pancreas, otherwise unremarkable abdomen

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of significant visceral pathology, i.e., neoplastic criteria.

A spec fPL could be considered to assess for low-grade pancreatitis, which can present as present sonographically normal. As-needed GI support and therapy for gastritis is recommended. Correlation with pending bloodwork to rule out potential metabolic component to the gastritis is suggested.





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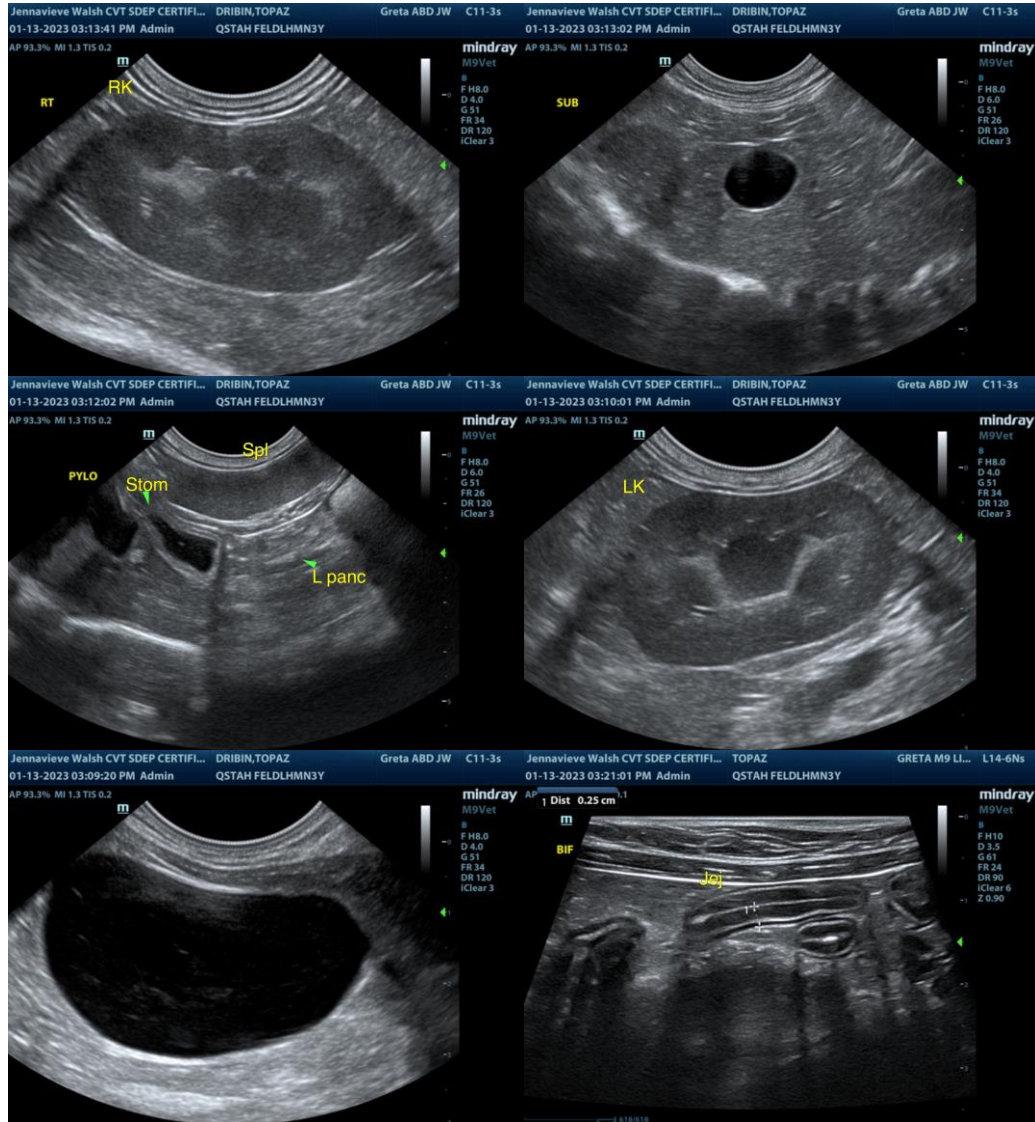
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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