



**PATIENT**

Lucy Ristau

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

6 yr 6 mo

**WEIGHT**

13.9 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Mack

**HOSPITAL NAME**

Northside VC

**REFERRING VET**

Dr. Mack

**INVOICE**

20629

**DATE**

1/19/23

**PRESENTING CLINICAL SIGNS**

Patient presented for vomiting, thick, pink bile seven times and being lethargic. Abnormal PE/Chem/CBC/UA Results: Xray - prominent liver, stomach appears empty, formed/segmented stool in colon with thickening of small intestines CBC/CHEM - GGT: 12, GLOB: 5.5, K: 3.1, WBC: 17.61, NEU: 16.31. Patient is very aggressive.

**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 was noted.

The area of the aortic trifurcation was free of pathology.

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. Minor pyelectasia was noted in both kidneys. The left kidney measured 3.7 cm in length. The right kidney measured 4.1 cm in length.

**Adrenal Glands**

No overt pathology in the area of the left or right adrenal glands.

**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 0.93 cm in 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**

The stomach presented intact, overall, sonographically unremarkable wall layering, potential mild prominent wall layering was noted in the dorsal gastric body yet without evidence of wall layer detail. The lumen of the stomach contained mild variably echogenic yet nonshadowing gastric ingesta. The dorsal gastric body wall measured 0.33 cm. The pylorus wall measured 0.25 cm. No evidence of mechanical pyloric outflow obstruction.



<b>PATIENT</b>	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 and jejunum wall measured 0.24 cm wall width respectively.
Lucy Ristau	
<b>SPECIES</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
Feline	<b>Pancreas</b>
<b>BREED</b>	The pancreas base and right pancreatic limb exhibited mild prominent size, subtle asymmetrical capsule contour, along with mild hypoechoic parenchyma compared to adjacent mildly hyperechoic peripancreatic omentum.
DSH	
<b>SEX</b>	<b>Free Abdomen</b>
FS	No omental masses, lymphadenopathy or peritoneal effusion was present.
<b>AGE</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
6 yr 6 mo	<ul style="list-style-type: none"> <li>• Minor bilateral pyelectasia</li> <li>• Normal liver/gallbladder</li> <li>• Intact gastrointestinal wall layering with variably echogenic gastric ingesta- possible mild gastritis</li> <li>• Suspect mild pancreatitis</li> </ul>
<b>WEIGHT</b>	
13.9 lbs	
<b>INTERPRETED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The bilateral pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.
<b>IMAGING PERFORMED BY</b>	Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation, which may allude to suspected mild pancreatitis is suggested. Correlation with a spec cPL or GI panel to include PLI/TLI/Cobalamin/Folate to assess for concurrent structurally insignificant gastrointestinal disease. Dietary intolerance/food hypersensitivity, suspected low grade pancreatitis, structurally insignificant inflammatory gastroenteropathy, occult parasitism are all potentials. No evidence of intraabdominal neoplastic criteria or obstructive gastrointestinal criteria. Some degree of metabolic gastric stasis could be possible if documented NPO.
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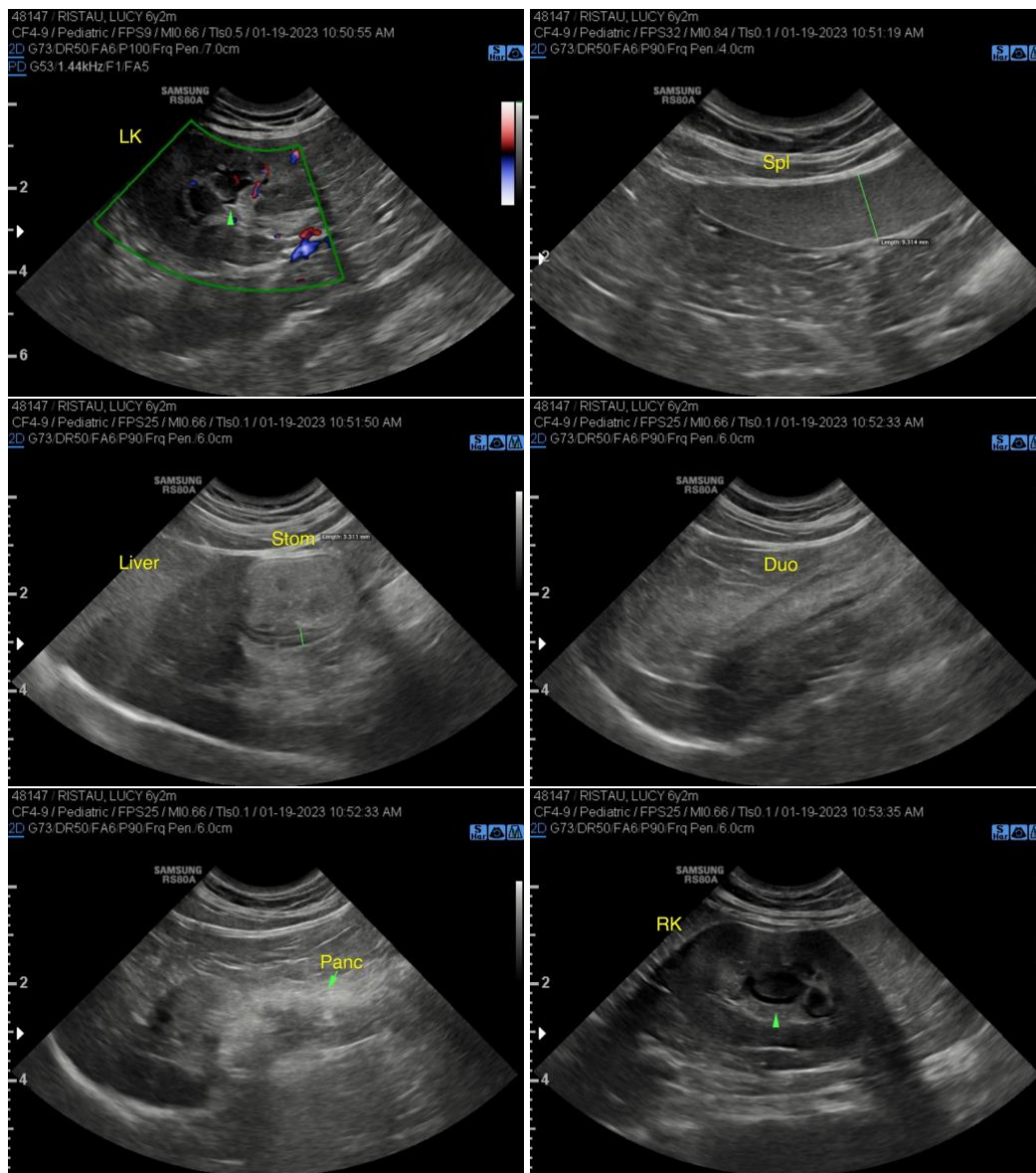
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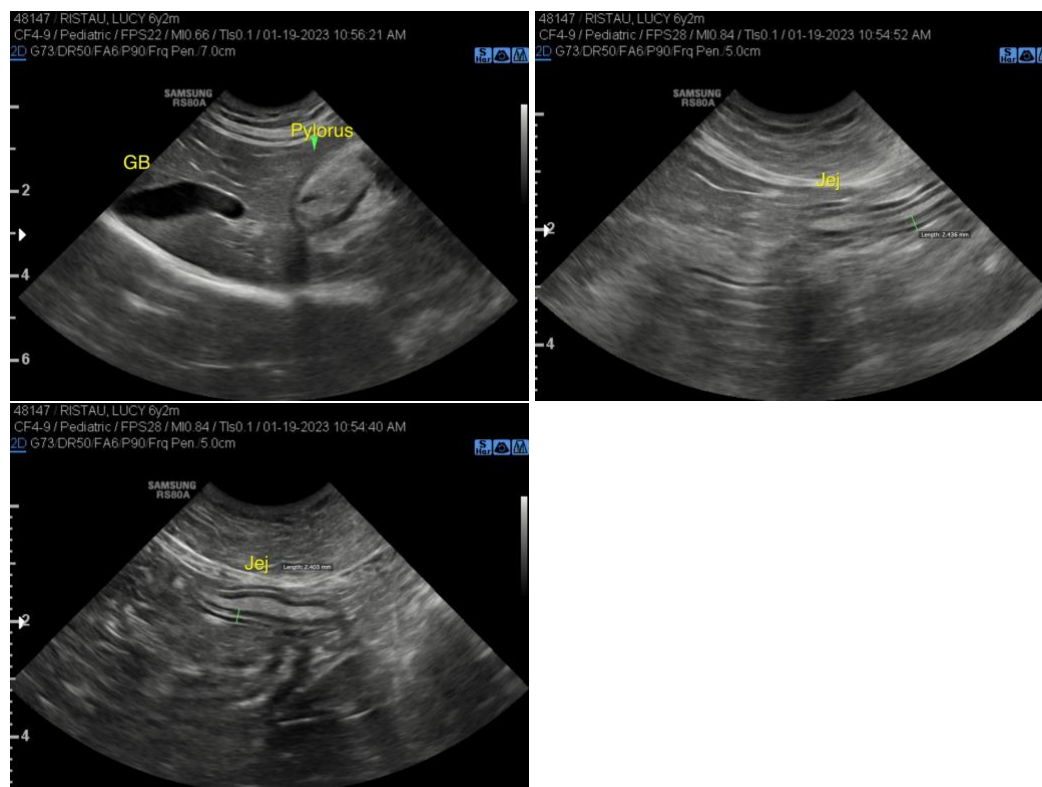
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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