



PATIENT

Jack Soby

PRESENTING CLINICAL SIGNS

Two bouts of soft stool and some melena in the last 10 days. Responded to GI protectant meds. Suspicious shadow in cranial abdomen

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Non diagnostic

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DSH

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

SEX

MN

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 4.1 cm in length. The right kidney measured 4.5 cm in length.

AGE

10

The area of the aortic trifurcation was free of pathology.

WEIGHT

5.8kg

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.47 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.46 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 0.87 cm in width at the level of the hilus.

IMAGING PERFORMED BY

Dr. Belan

Liver/Gallbladder

HOSPITAL NAME

Alpine 24/7

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 with mild non-dependent echogenic luminal debris. No overt evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Nelson

Transdiaphragmatic view revealed mild comet tail lung pattern, which is echogenic sound wave interface with microconsolidations within the caudal lung field. The lung field should not be visualized by sonogram unless pathology is present. Chest radiographs are recommended to rule out alveolar/lung disease such as neoplasia, thromboembolic disease, chronic inflammatory disease with microconsolidation.

INVOICE

12584ag

Gastrointestinal

DATE

01/02/2023



PATIENT

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The stomach presented intact wall layering with mildly prominent to echogenic gastric submucosa layer which is non-specific and likely an age related variant with potential for mild gastric mural fat deposition sometimes seen in older cats. The lumen of the stomach contained mild non-shadowing chyme with no signs of ileus, obstruction or foreign material. The ventral gastric body wall measured 0.25 cm in width.

SPECIES

Feline

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 0.23 cm width. The jejunum wall measured 0.20 cm width. The ileocolic wall measured 0.34 cm width.

BREED

DSH

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

SEX

MN

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum, likely consistent with age related changes and considered incidental. No signs of active inflammation or neoplasia.

AGE

10

Free Abdomen

No omental masses or peritoneal effusion was present.

WEIGHT

5.8kg

Very minor isoechoic colic lymphadenopathy not consistent with inflammatory or neoplastic criteria was present. This finding is considered incidental.

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable GI tract/colon with mild nonshadowing gastric chyme and subjective semi formed fecal matter
- Mild heterogeneous pancreas- patient/ early age related variant, remodeling owing to previous inflammatory episode or mild to chronic pancreatitis possible
- Mild non-specific transdiaphragmatic comet tail artifact
- Mild gallbladder debris-likely incidental if no evidence of cholestasis or hepatic enzyme elevation

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

Dr. Belan

Potential for pancreatitis may be considered if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a spec fPL or a GI panel to include PLI/TLI/Cobalamin/Folate is recommended to assess for underlying non-structural intestinal disease as a contributing factor to the patient recent soft stool. No evidence of GI neoplastic criteria or overt ulceration was present.

HOSPITAL NAME

Alpine 24/7

As needed GI support, hydrolyzed diet trial and empirical deworming would be appropriate.

REFERRING VET

Dr. Nelson

Three view chest radiographs are recommended if not done to assess for occult thoracic or pulmonary pathology given the non-specific transdiaphragmatic comet tail artifact.

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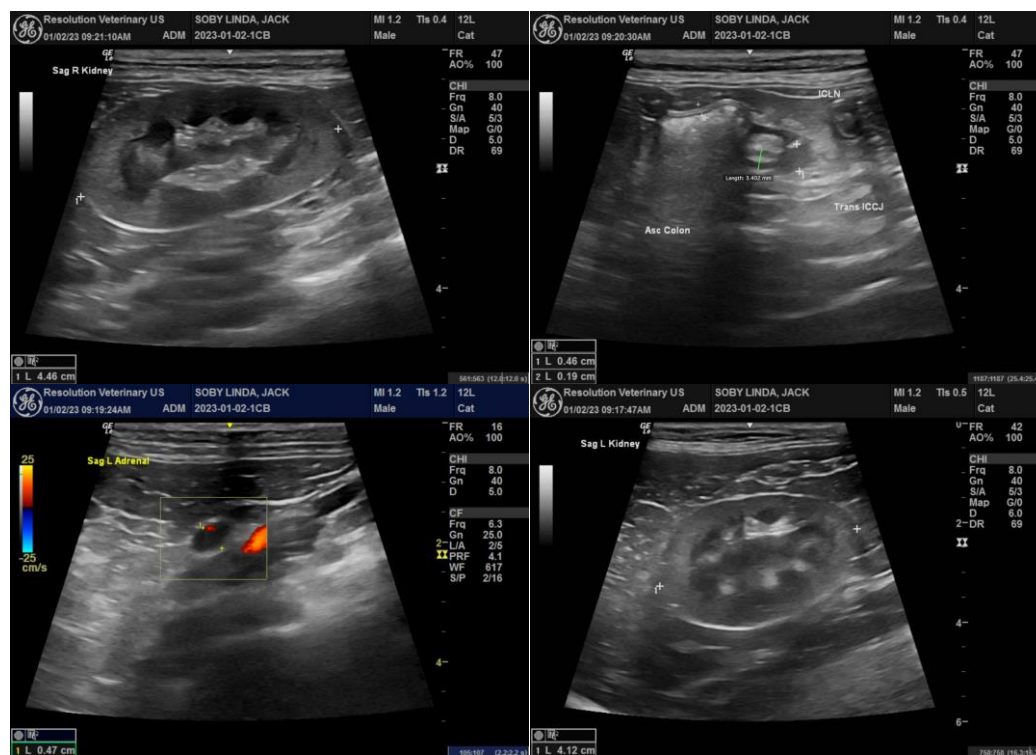
MN

AGE

10

WEIGHT

5.8kg



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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