



PATIENT

Dash Cecchini

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

2 Years

WEIGHT

Not Provided

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Kelly Vazquez

HOSPITAL NAME

Ringwood AH

REFERRING VET

Dr. Wilkes

INVOICE

13526

DATE

1/21/22

PRESENTING CLINICAL SIGNS

History: Vomiting 3-4 x weekly. No current meds.

Abnormal PE/Chem/CBC/UA Results: Neutrophils 1.044, rest WNL. Blood work results are from July when patient was experiencing similar issues. U/A: 1+ protein, 1+ struvite crystals (from July). USG: 1.052.

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. Aortic trifurcation was normal.

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 cm width.

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 0.89 cm in width at the level of the hilus.

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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained anechoic pyloric fluid. The gastric body wall measured 0.25 cm. The pylorus wall measured 0.24 cm.

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. The jejunum wall measured 0.20 cm.



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

Dash Cecchini **Pancreas**

SPECIES 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 was evident.

Feline

Free Abdomen

BREED No overt lymphadenopathy or peritoneal effusion was present.

DSH

ULTRASONOGRAPHIC FINDINGS

SEX

- Overtly normal gastrointestinal tract with minor retained pyloric fluid
- Otherwise, unremarkable abdomen

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

A definitive cause of the vomiting in this patient was not overtly evident. No evidence of structural gastrointestinal pathology or evidence of mechanical/metabolic obstruction. Dietary indiscretion/ food intolerance, occult parasitism (if the patient is indoor/outdoor) or structurally insignificant inflammatory gastrointestinal process all possible. Some degree of minor gastric stasis could be present given the minor retained pyloric fluid. No overt evidence of hairball density or overt foreign material. Potential for low-grade to chronic pancreatitis may be present yet sonographically normal. Correlation with a GI panel to include PLI, TLI, cobalamin and folate, to assess for occult nonstructural gastrointestinal disease or low-grade pancreatitis, could be considered.

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Empirically, gastrointestinal support, which may include hydrolyzed trial and broad-spectrum deworming (if clinically indicated), may prove beneficial. Although considered unlikely, heart worm antigen antibody test may be considered as cat with heart worms often exhibit persistent to chronic vomiting.

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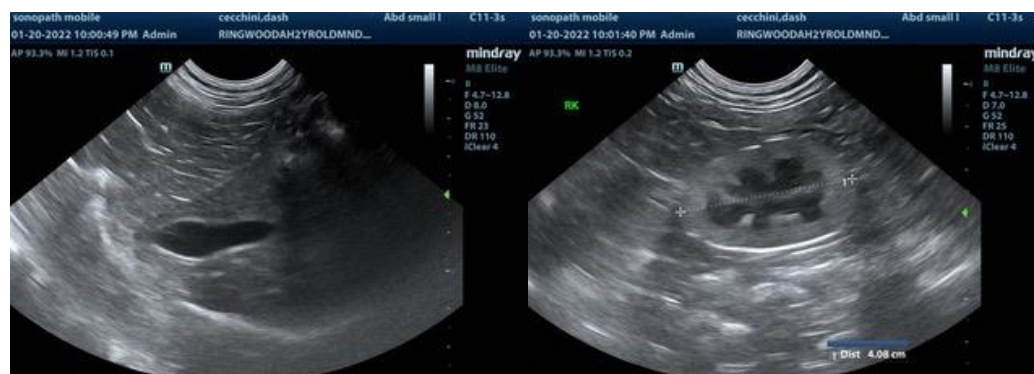
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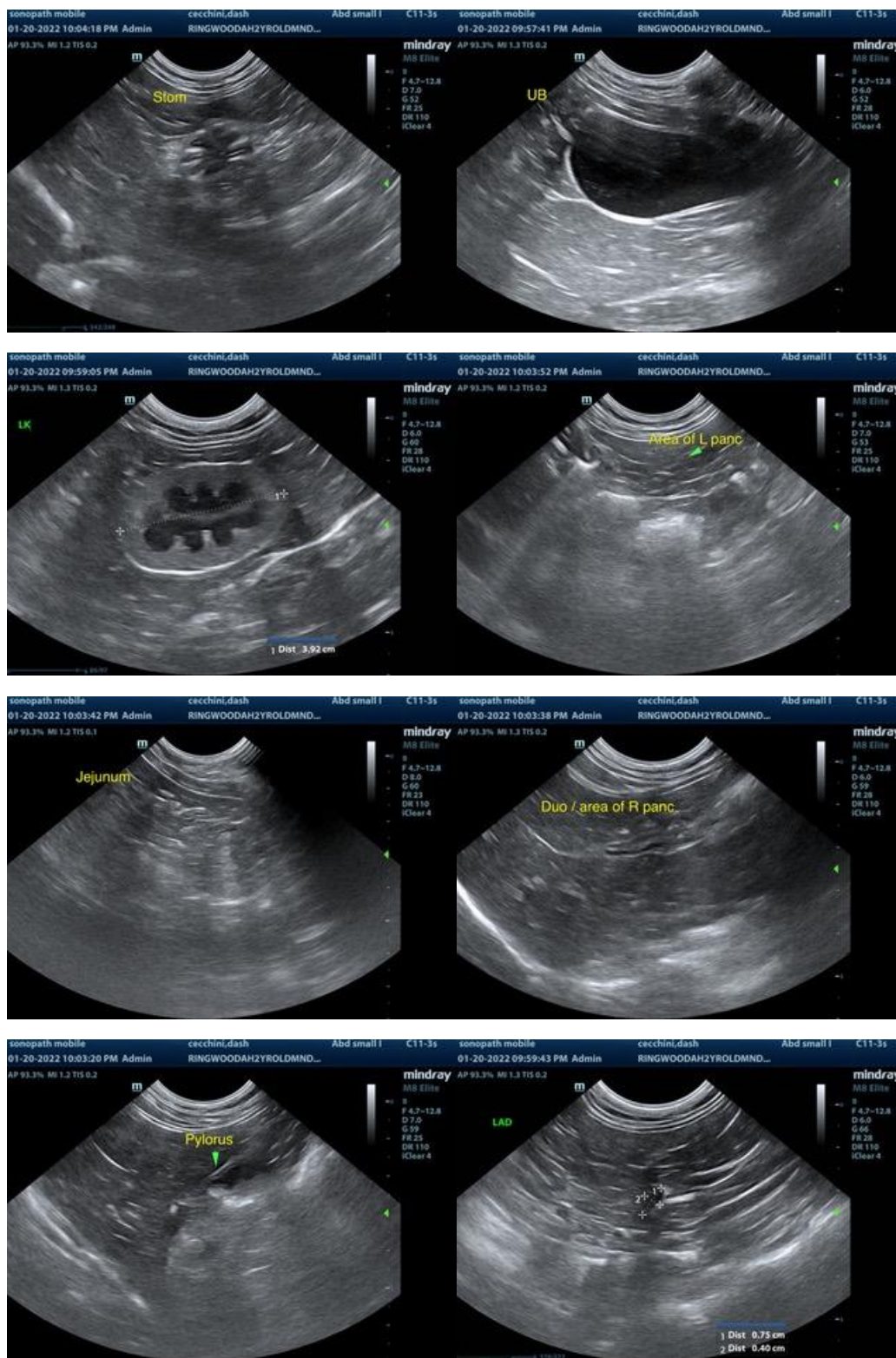
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@SonoPath.com

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