



PATIENT

The submitted study contained 12 videos and 25 still images for review.

Busya Bazalyuk

PRESENTING CLINICAL SIGNS

Patient presented to hospital for weight lose and frequent vomiting.

SPECIES

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline

Urinary System

BREED

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 1 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

DSH

SEX

Normal size and margination was 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. A subtle hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated with interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 4.0 cm in length. The right kidney measured 4.0 cm in length.

MN

AGE

6yr

WEIGHT

The area of the aortic trifurcation was free of pathology.

8.4lb

Adrenal Glands

INTERPRETED BY

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

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

Spleen

IMAGING PERFORMED BY

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 0.76 cm in width at the level of the hilus.

Dr. Paul Kim

HOSPITAL NAME

Liver/Gallbladder

Ridgefield Park 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 with mild echogenic luminal debris. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Paul Kim

Gastrointestinal

INVOICE

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate ingesta exhibiting progressive distal acoustic shadowing with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.25 cm.

12756ag

DATE

01/23/2023



PATIENT	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained segmental to generalized ingesta/chyme with no signs of ileus, obstruction or foreign material. The small intestine wall measured 0.20 cm in width.
Busya Bazalyuk	
SPECIES	Normal visible colon wall layers were present with apparent soft feces in lumen.
Feline	Pancreas
BREED	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.
DSH	Free Abdomen
SEX	No omental masses or peritoneal effusion was present.
MN	Focal to intermittent mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 1.1 cm.
AGE	ULTRASONOGRAPHIC FINDINGS
6yr	<ul style="list-style-type: none"> • Bilateral non-specific subtle renal medullary rim sign • Mild urinary bladder sediment • Intact GI wall layering with gastric and segmental intestinal ingesta • Sonographically normal pancreas
WEIGHT	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
8.4lb	A urine C/S on a sterile urine sample recommended if evidence of inflammatory sediment.
INTERPRETED BY	The presence of gastric ingesta is nonspecific and likely indicates post-prandial presentation. Correlation with most recent meal ingestion is recommended. If documented NPO prior to the ultrasound, the presence of gastric ingesta may indicate some degree of gastric hypomotility or metabolic stasis. The sonographic presentation of the ingesta was most consistent with food, without evidence of foreign material. Dietary intolerance / food hypersensitivity, occult parasitism, inflammatory bowel disease or low grade to chronic pancreatitis both of which may present sonographically normal are all potentials.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	A GI panel to include PLI/TLI/Cobalamin/Folate, fresh fecal analysis to assess for parasitic ova / Giardia as well as three view chest radiographs to rule out occult thoracic/esophageal pathology. Ideally sonographic reassessment of the GI tract following documented fast is recommended.
IMAGING PERFORMED BY	Pending additional diagnostics, as needed GI support which may include canned hydrolyzed diet trial, as needed hairball therapy if clinically indicated with monitoring of clinical response would be reasonable.
Dr. Paul Kim	
HOSPITAL NAME	
Ridgefield Park AH	
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Busya Bazalyuk

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

6yr

WEIGHT

8.4lb

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IMAGING PERFORMED BY

Dr. Paul Kim

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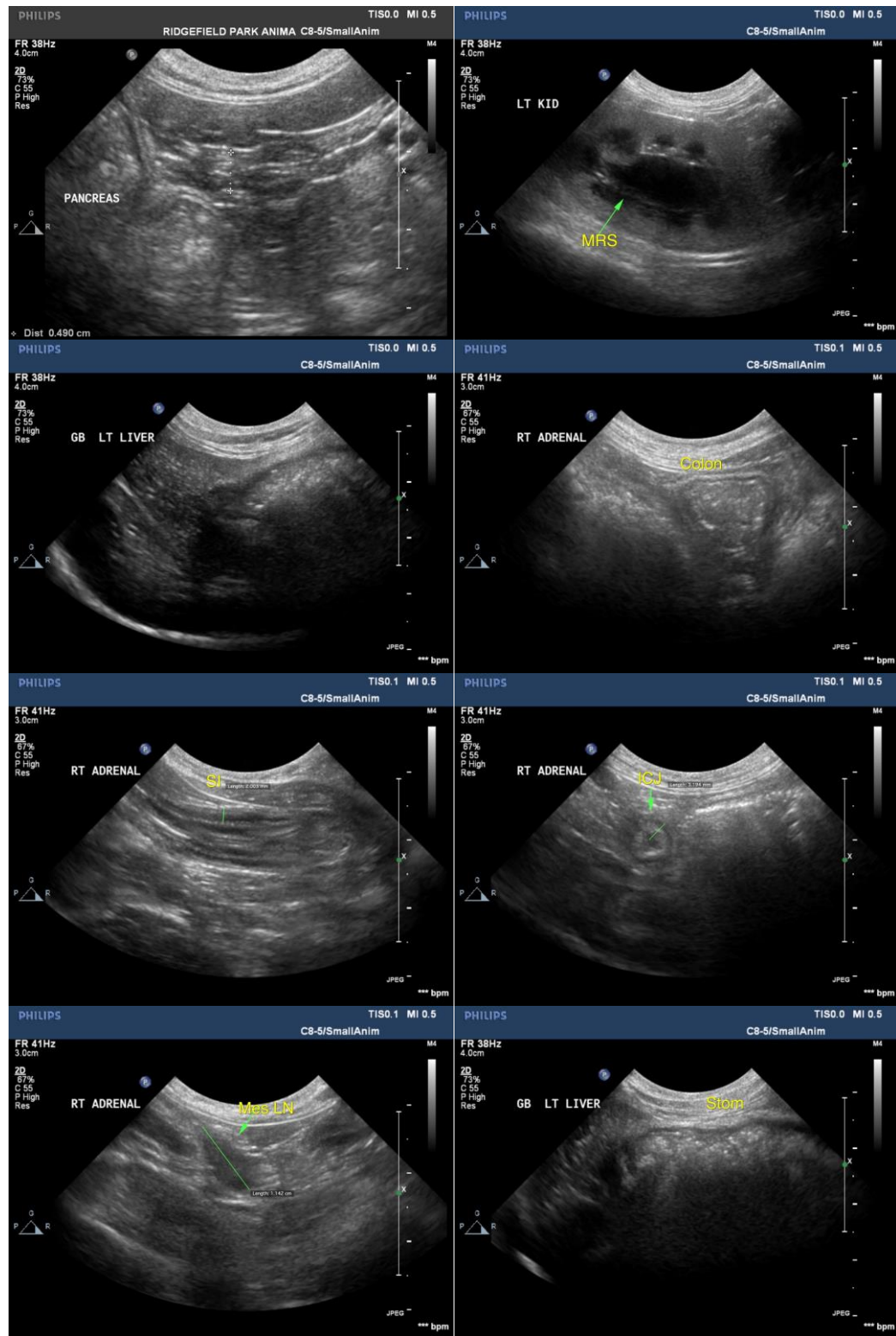
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SPECIES

Feline

BREED

DSH

SEX

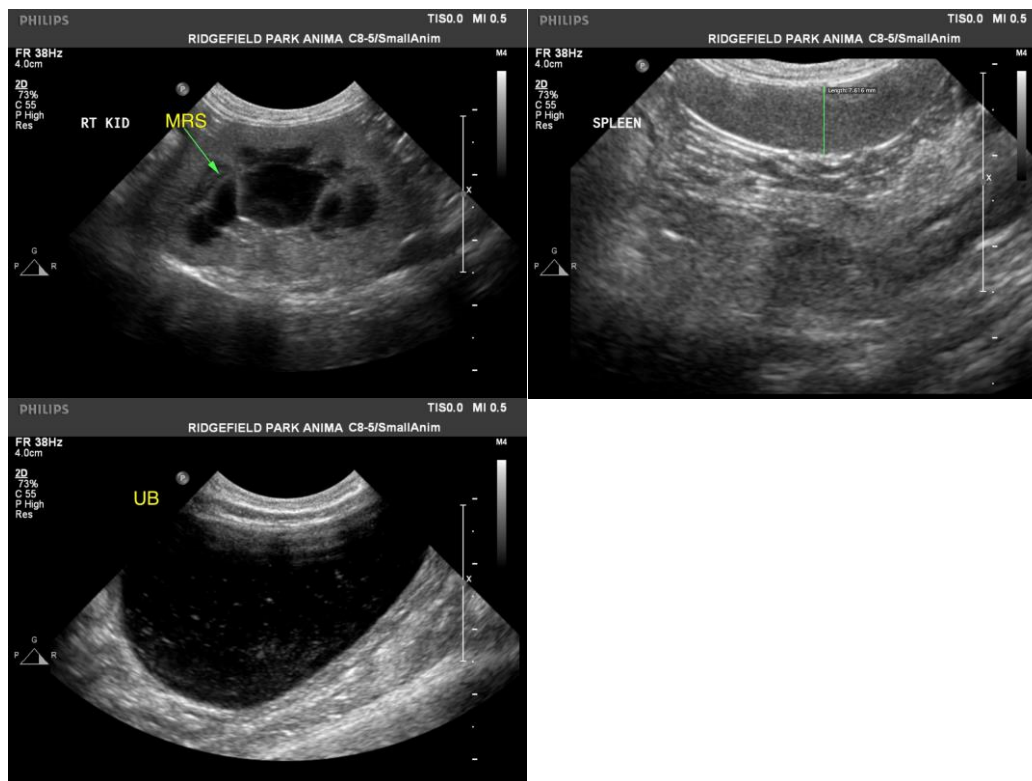
MN

AGE

6yr

WEIGHT

8.4lb



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

R. McKenzie Daniel,
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.

IMAGING PERFORMED BY

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