



PATIENT	PRESENTING CLINICAL SIGNS
Brooklyn Courtney	Chronic history 8 months of diarrhea and gaging no vomition. On hypoallergenic diet. Also on alternating prednisilone and Leukeran as immunosuppressants Suspect IBD/ lymphoma
SPECIES	Abnormal PE/Chem/CBC/UA Results: Blood work non diagnostic WBC and RBC normal
Feline	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
DSH	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.
SEX	
FS	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 4.4 cm in length.
AGE	
8	The area of the aortic trifurcation was free of pathology.
WEIGHT	Adrenal Glands
6.2kg	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.28 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.30 cm width.
INTERPRETED BY	Spleen
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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 0.66 cm in width at the level of the hilus.
IMAGING PERFORMED BY	Liver/Gallbladder
Dr. Belan	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.
HOSPITAL NAME	Gastrointestinal
Cranston Vet Clinic	The stomach presented intact normal wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate retained anechoic fluid along with areas of hyperechoic ingesta exhibiting subtle progressive distal acoustic shadowing with no signs of ileus, obstruction or foreign material. The pylorus wall measured 0.25 cm in width.
REFERRING VET	
Dr. Parchello	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
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DATE	
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PATIENT
Brooklyn Courtney

measured 0.20 cm width. The jejunum wall measured 0.20 cm width. The ileocolic wall measured 0.27 cm width.

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

SPECIES
Feline

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 was evident.

BREED
DSH

Free Abdomen

No omental masses or peritoneal effusion was present.

SEX
FS

Discrete minor colic lymphadenopathy not consistent with inflammatory or neoplastic lymphatic criteria.

ULTRASONOGRAPHIC FINDINGS

- AGE**
8
- Mild urinary bladder sediment
 - Sonographically unremarkable GI tract with moderate gastric fluid/ingesta
 - Sonographically normal colon

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT
6.2kg

Overall, there is no overt evidence of significant abdominal visceral pathology as a definitive cause of the patient's clinical signs. Potential suppression of GI mural changes owing to current therapy is possible. Some degree of gastric hypomotility may be present if documented NPO prior to ultrasound. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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

Monitoring for evidence of persistent gastric hypomotility +/- hairball therapy if clinical history of hairballs may be considered. In addition to the current hypoallergenic diet a high colony count probiotic as well as empirical cobalamin supplementation may prove beneficial.

IMAGING PERFORMED BY

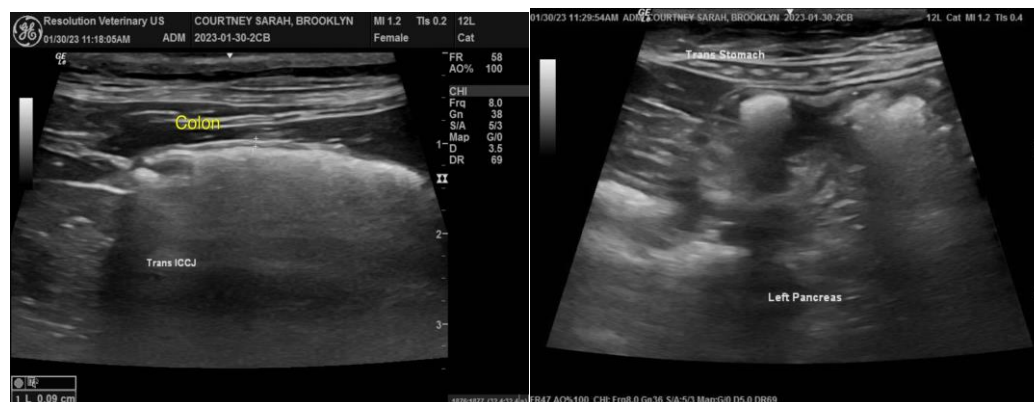
Dr. Belan

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SPECIES

Feline

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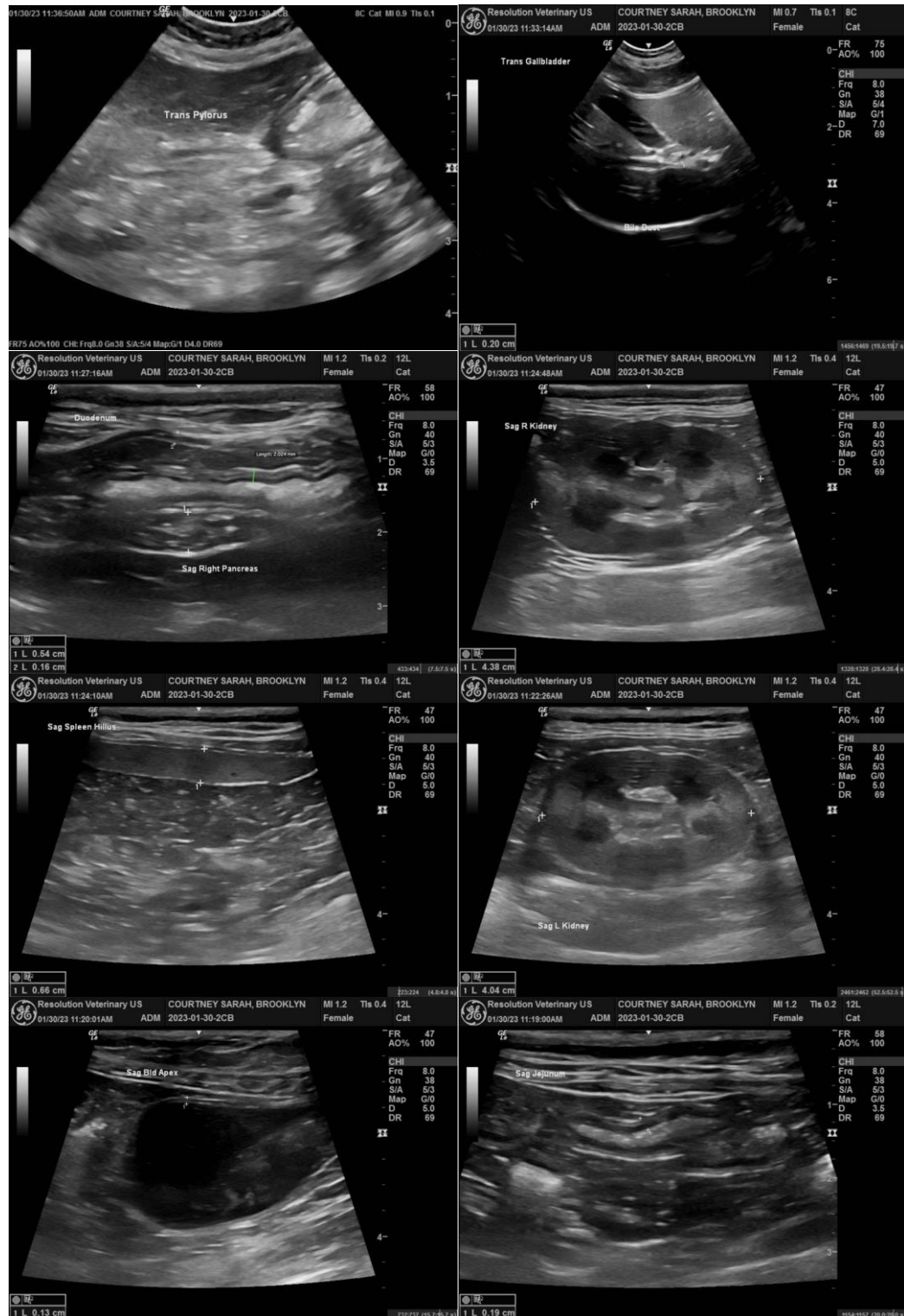
Dr. Parchello

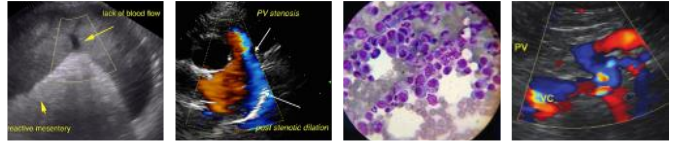
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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