



PATIENT

Cleo Ziskin

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

7yr

WEIGHT

10.22lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Michaleen

HOSPITAL NAME

DPC Veterinary
Hospital

REFERRING VET

Dr. Cepero

INVOICE

12840ag

DATE

01/31/2023

PRESENTING CLINICAL SIGNS

Reason for Visit: diarrhea History: 7yr old indoor only sf dsh presenting for Diarrhea & lack of appetite x 6 days . p went to another animal hospital 1/27/22 for vomiting/ diarrhea (p no longer vomiting), had bw and xrays done, only notation on records was "acute abdomen". p had a cerenia injection and was sent home with additional cerenia and amforol- o has not been able to give either medication. today p ate a small amount of tuna and held it down.

Abnormal PE/Chem/CBC/UA Results: Hydration: <5% dehydration Mentation: QAR EENT: OU clear. AU clear, no debris. No cough on tracheal palpation. Oral cavity: mild to moderate dental tartar. minimal gingivitis, no oral ulcers, masses, or lesions. nothing under the tongue Lymph Nodes: Submandibular, prescapular and popliteal lymph nodes normal size, shape and consistency Skin: Healthy hair coat. No ectoparasites seen, skin clean dry and intact. CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, normal bronchovesicular sounds. Abd/GI: Soft, uncomfortable and gassy on palpation of the cranial abdomen. no fluid wave, no palpable masses or organomegaly. Uro/Perineum: No lesions or abnormalities. Musculoskeletal: BCS =4-5/9. Ambulatory x 4, normal gait, normal palpation all 4 limbs. Neurological: Alert and appropriate. No deficits noted. Fecal: NPS at previous DVM Assessment: vomiting since 1/26 anorexia since 1/27 diarrhea since 1/26 abdominal pain/discomfort

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

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 3.9 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.34 cm width. The right adrenal gland was not visualized.

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.

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



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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

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained mild non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material.

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

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Pancreas

The left pancreatic limb was subtly prominent in size exhibiting mild asymmetrical contour and non-homogenous hypoechoic parenchyma.

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Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

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- Suspect mild left limb pancreatitis
- Overtly normal GI tract with mild gastric and segmental intestinal ingesta/chyme

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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(Canine and Feline)

Overall, there is no overt evidence of significant abdominal visceral pathology as a definitive cause of the patient's clinical signs. The appearance of the left pancreas is suggestive of low-grade pancreatitis. The potential for structurally insignificant inflammatory bowel process cannot be definitively excluded. No indication for immediate surgical intervention. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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Empirically, GI support, therapy for low-grade pancreatitis, empirical deworm if the patient is indoor/outdoor or if clinically applicable and assessment of clinical response would be reasonable.

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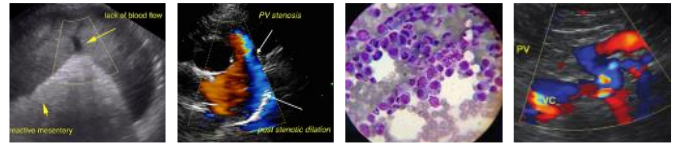
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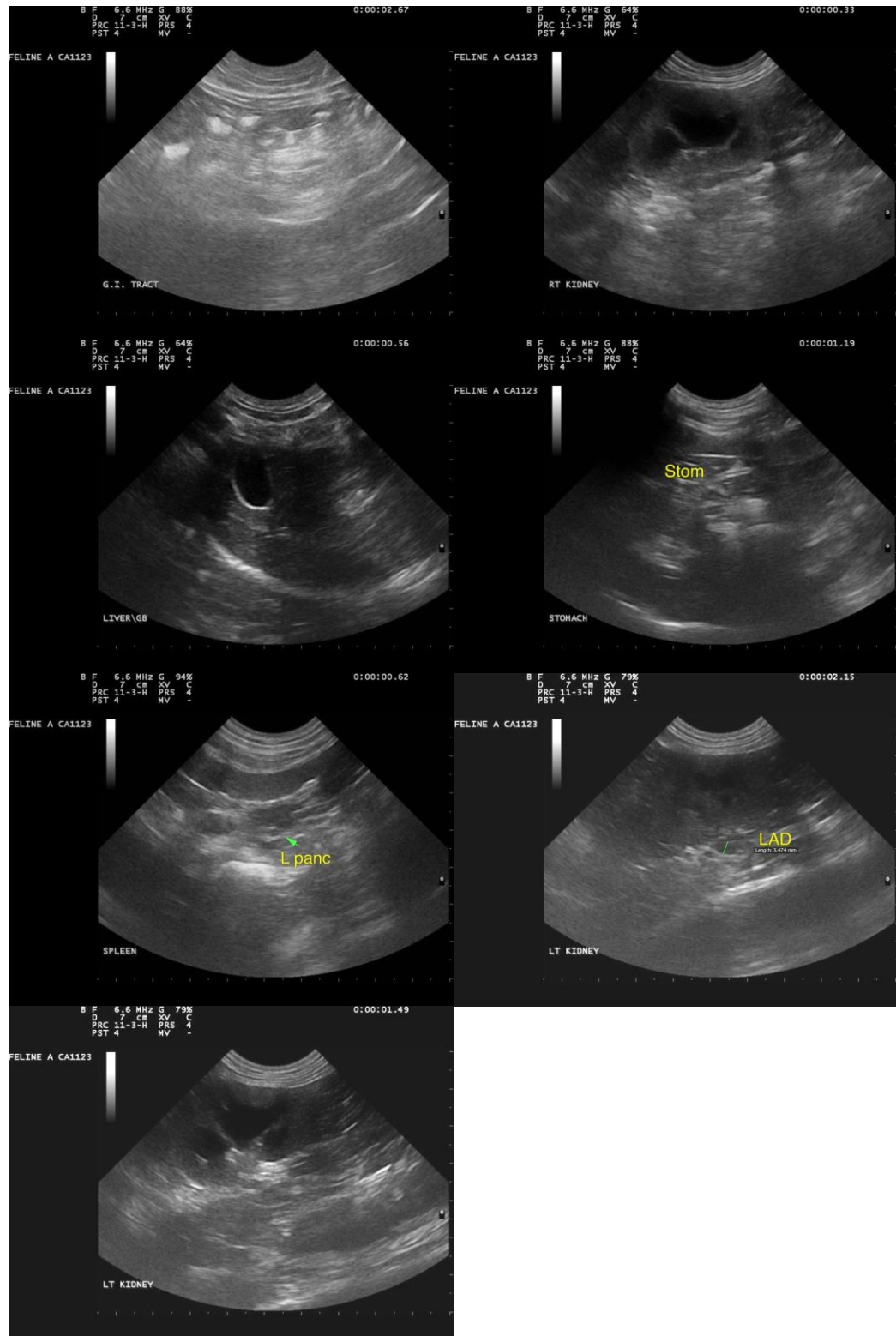
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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mac.daniel@sonopath.com

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