



PATIENT	PRESENTING CLINICAL SIGNS
Sputnik Oyer	lethargic, not eating, sensitive stomach- vomited after new freeze dried treats
SPECIES	Abnormal PE/Chem/CBC/UA Results: mild muscle loss, bw wnl. slight pleural effusion on chest rad
Feline	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
DLH	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild to moderate, non-dependent, particulate to mildly congealed sediment, which may indicate cellular debris / protein, crystalline debris, lipid, or mucus, was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.
SEX	
NN	
AGE	
12	The area of the aortic trifurcation was free of pathology.
WEIGHT	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 4.4 cm in length. The right kidney measured 4.5 in length.
11.4	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	No overt pathology was noted in the area of the left and right adrenals glands although not definitively visualized.
IMAGING PERFORMED BY	Spleen
Michelle Rouche	The spleen was borderline to mildly enlarged exhibiting minor areas of capsule asymmetry. Possible although not definitive, focal area of medial parenchymal expansion without evidence of capsular escape was noted. The spleen measured 1.1-1.2 cm width at the level of the hilus. No definitive splenic masses or nodules.
HOSPITAL NAME	Liver/ Gallbladder
Fredon 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. A solitary, well-demarcated nondisruptive uniform hyperechoic intraparenchymal nodule was present measuring 1.0 cm in diameter. The gallbladder was non-distended in size containing primarily anechoic content with minor echogenic luminal gallbladder debris. The cystic and common bile ducts were normal.
REFERRING VET	
Dr. Linda Grau	
INVOICE	
16025	
DATE	Gastrointestinal
1/31/23	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material. No evidence of retained ingesta or fluid was noted. The gastric body wall width measured 0.24 cm.



PATIENT	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 mechanical / metabolic ileus, obstruction, or foreign material. The jejunum wall measured 0.21 cm width. The ileocolic wall measured 0.33 cm width.
Sputnik Oyer	
SPECIES	Normal visible colon wall layers were present with apparent formed feces in lumen.
Feline	Pancreas
BREED	The left pancreatic limb of the pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.
DLH	
SEX	Free Abdomen
NN	No omental masses, overt lymphadenopathy, or evidence of peritoneal effusion were noted.
AGE	Transdiaphragmatic view of the caudal thorax confirmed the presence of subjective mild volume pleural effusion.
12	
WEIGHT	ULTRASONOGRAPHIC FINDINGS
11.4	<ul style="list-style-type: none"> • Urinary bladder sediment • Mild chronic renal changes • Borderline / mild splenomegaly, minor asymmetrical medial capsule contour - nonspecific, hyperplasia, hematopoiesis, incidental splenitis, potential for early infiltrative neoplasia all potentials • Nonspecific yet likely benign hepatic intraparenchymal nodules - suspect hyperplasia, lipogranuloma, or similar • Overtly normal gastrointestinal tract • Mild heterogeneous left pancreas - patient / age-related variant, potential for low-grade / chronic inflammation • Subjective mild transdiaphragmatic pleural effusion
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Potential for low-grade / chronic may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. Further assessment may include Spec fpl or a full GI panel to include PLI/TLI/Cobalamin/Folate to assess for evidence of structurally insignificant intestinal disease as a contributing factor. Screening splenic FNA cytology, assuming normal clotting status and using a 25-gauge needle, is warranted for further assessment especially if evidence of weight loss.
IMAGING PERFORMED BY	
Michelle Rouche	
HOSPITAL NAME	
Fredon AH	
REFERRING VET	
Dr. Linda Grau	
INVOICE	
16025	Pleural effusion analysis, cytology, and +/- C/S are recommended for further assessment.
DATE	
1/31/23	



PATIENT

Sputnik Oyer

SPECIES

Feline

BREED

DLH

SEX

NN

AGE

12

WEIGHT

11.4

INTERPRETED BY

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DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Michelle Rouche

HOSPITAL NAME

Fredon AH

REFERRING VET

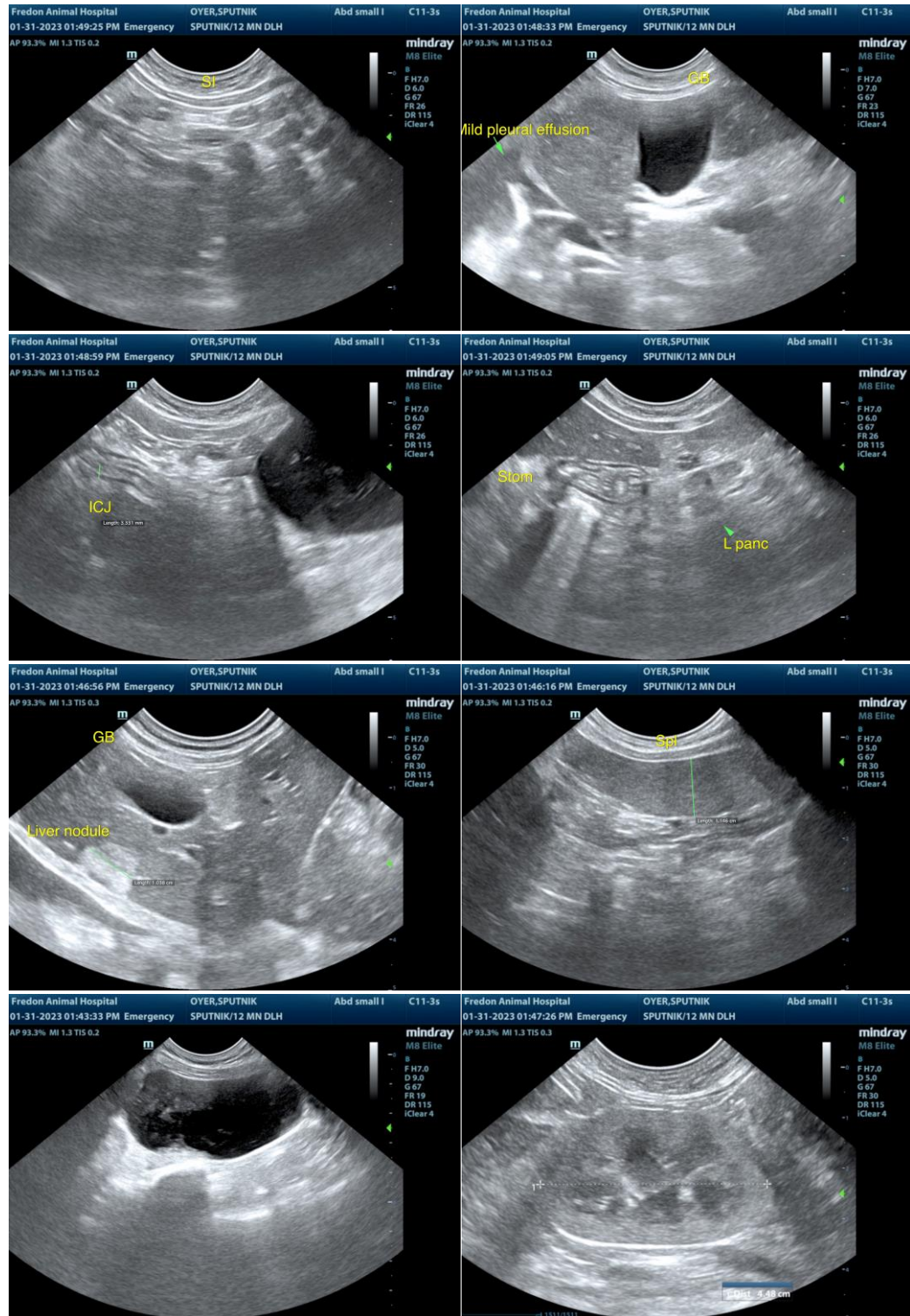
Dr. Linda Grau

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Sputnik Oyer

SPECIES

Feline

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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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
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