



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Stedman Carrasquillo	Patient believed to be in good health. Due for annual exam and senior diagnostics and so kindly donated by my technician as a patient to begin my scanning within the practice. Mild goitre noted during p/e. Patient was sedated with Dexdomitor/Butorphanol/Ketamine for the scan as he doesn't love his annuals!
<b>SPECIES</b>	
Feline	
<b>BREED</b>	Abnormal PE/Chem/CBC/UA Results: - CBC/Chem/U/a pending
DSH	
<b>SEX</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
M/N	<b>Urinary System</b>
<b>AGE</b>	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 was noted.
11 years	
<b>WEIGHT</b>	The area of the aortic trifurcation was free of pathology.
9.2 lbs.	Normal size and margination were present in the left kidney. 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 3.7 cm in length. The right kidney was not visualized.
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm width. The right adrenal gland was not visualized.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Dr Jenni Tudini	Borderline splenomegaly likely owing to sedation was noted. No evidence of splenic pathology was evident. 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 1.0 cm width at the level of the hilus.
<b>HOSPITAL NAME</b>	<b>Liver/ Gallbladder</b>
East Aurora Veterinary Hospital	The visualized liver was normal in size and contour exhibiting normal parenchyma echogenicity. The gallbladder and common bile duct were not definitively visualized.
<b>REFERRING VET</b>	<b>Gastrointestinal</b>
Dr Jenni Tudini	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.
<b>INVOICE</b>	
16031	
<b>DATE</b>	
1/31/23	



**PATIENT**

Stedman  
Carrasquillo

The visualized segments of the small intestine were sonographically unremarkable.

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 were evident.

**BREED**

DSH

**Free Abdomen**

**SEX**

No omental masses, lymphadenopathy, or peritoneal effusion were noted.

M/N

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

- Sonographically normal abdomen

11 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

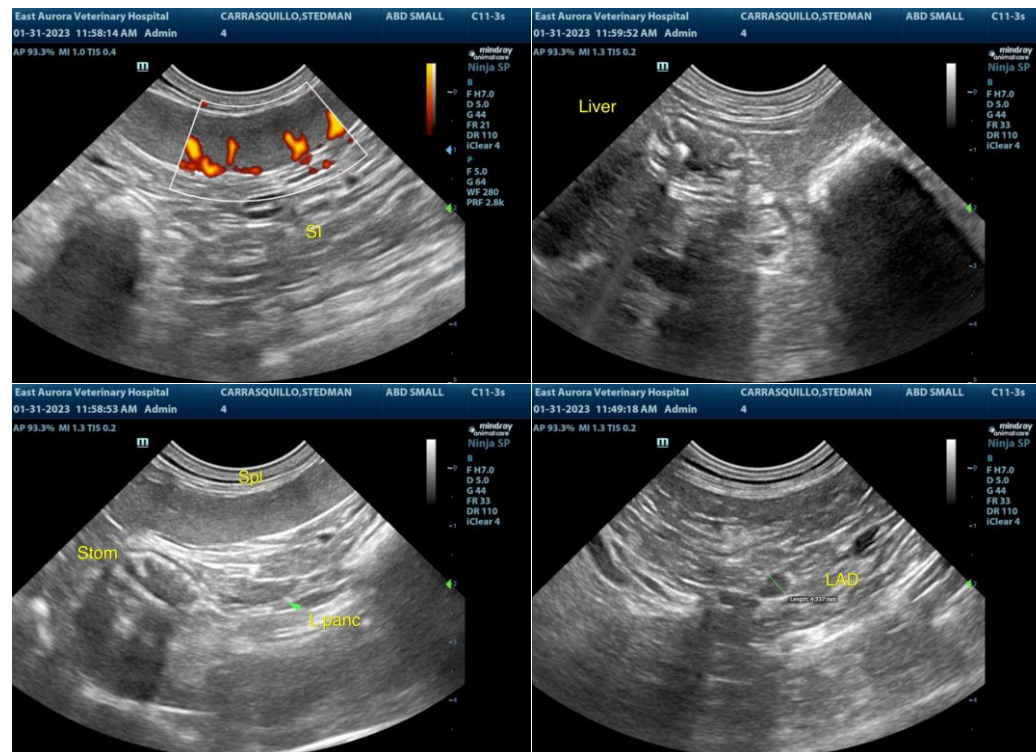
**WEIGHT**

9.2 lbs.

No sonographic evidence of significant visceral pathology was evident.

**INTERPRETED BY**

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



**IMAGING PERFORMED BY**

Dr Jenni Tudini

**HOSPITAL NAME**

East Aurora  
Veterinary Hospital

**REFERRING VET**

Dr Jenni Tudini

**INVOICE**

16031

**DATE**

1/31/23



**PATIENT**  
Stedman  
Carrasquillo

**SPECIES**

Feline

**BREED**

DSH

**SEX**

M/N

**AGE**

11 years

**WEIGHT**

9.2 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr Jenni Tudini

**HOSPITAL NAME**

East Aurora  
Veterinary Hospital

**REFERRING VET**

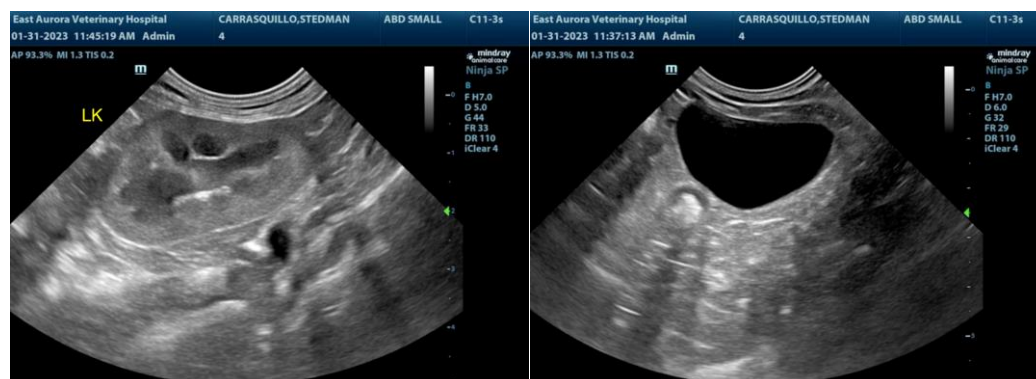
Dr Jenni Tudini

**INVOICE**

16031

**DATE**

1/31/23



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)**  
info@SonoPath.com