



PATIENT

Obie Frank

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

16 years

WEIGHT

12.2 lbs.

PRESENTING CLINICAL SIGNS

Clinical signs (anorexia/hyporexia), Clinical signs (), Vomiting duration (SUBACUTE vomiting (3-14 days)), Clinical signs summary (acute on chronic vomiting. vomiting excessively x 3-4 days. in general vomits once a day. not eating x 2 days. did vomit up a silica packet yesterday. lethargy. History of HL ataxia x 1 year, worse in last 3-4 days.),

Abnormal PE/Chem/CBC/UA Results: WBC: 37.3H, Neutrophils: 28.721H, Bands: 3,730H, Monocytes: 1.119H, IDEXX SDMA: 18H, BUN: 96H, Phosphorous: 6.9H, Chloride: 112H, ALP: 7L Spec fPL: 9.5H, Folate: 7.0L Free T4: 0.3L FELV/FIV: negative

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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. Moderate, primarily nondependent particulate sediment which may indicate cellular debris / protein, crystalline debris, mucus, or lipid 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.

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Gillian Striano-
Kaplan

HOSPITAL NAME

Ramsey VH

REFERRING VET

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The area of the aortic trifurcation was free of pathology including no evidence of iliac thrombus or evidence of medial Iliac / sublumbar lymphadenopathy or masses.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pyelectasia or pyelonephritis was present. Pinpoint areas of medullary mineral were noted. The left kidney measured 4.2 cm in length. The right kidney measured 4.5 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.46 cm width.

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. The spleen measured 0.74 cm width at the level of the hilus.

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 normal in appearance without signs of congestion. The gallbladder was mildly subnormal in size



PATIENT	containing anechoic content with very minor echogenic luminal debris. Subnormal gallbladder size is suspected to be secondary to the presence of gastric ingesta. The cystic and common bile ducts were normal.
Obie Frank	
SPECIES	<i>Gastrointestinal</i>
Feline	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate ingesta exhibiting mild progressive distal acoustic shadowing with concurrent nonshadowing chyme present in the area of the pylorus. No evidence of obstruction to pyloric outflow was noted. The pylorus wall width measured 0.22 cm.
BREED	
DSH	
SEX	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. Mild segmental nonshadowing intestinal ingesta / chyme was present with no evidence of loss of intestinal wall layering intestinal masses or mechanical intestinal obstructive pattern. The duodenum wall measured 0.23 cm width. The jejunum wall measured 0.23 cm width. The ileocolic wall measured 0.30 cm width.
MN	
AGE	
16 years	Normal visible colon wall layers were present with apparent formed feces in lumen.
WEIGHT	<i>Pancreas</i>
12.2 lbs.	The pancreas was normal in size and contour with subtle nonhomogeneous hypoechoic parenchyma compared to adjacent nonreactive or inflamed peripancreatic omentum.
INTERPRETED BY	<i>Free Abdomen</i>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.
IMAGING PERFORMED BY	ULTRASONOGRAPHIC FINDINGS
Dr. Gillian Striano-Kaplan	<ul style="list-style-type: none"> • Structurally unremarkable gastrointestinal tract with moderate progressively shadowing gastric ingesta / chyme • Mildly hypoechoic pancreas • Bilateral chronic renal changes • Moderate urinary bladder sediment
HOSPITAL NAME	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Ramsey VH	Overall, largely geriatric abdomen without evidence of significant visceral pathology, specifically no obvious evidence of structural gastrointestinal pathology as a definitive cause of the patient's clinical signs.
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15171	The presence of gastric ingesta is nonspecific and may indicate post-prandial presentation. Correlation with most recent meal ingestion is suggested. If documented NPO prior to the ultrasound, the presence of gastric to gastrointestinal ingesta may suggest some degree of gastric hypomotility or metabolic stasis. The possibility of hairball density or similar within the stomach cannot be definitively excluded. Dietary intolerance / food hypersensitivity, occult parasitism, structurally
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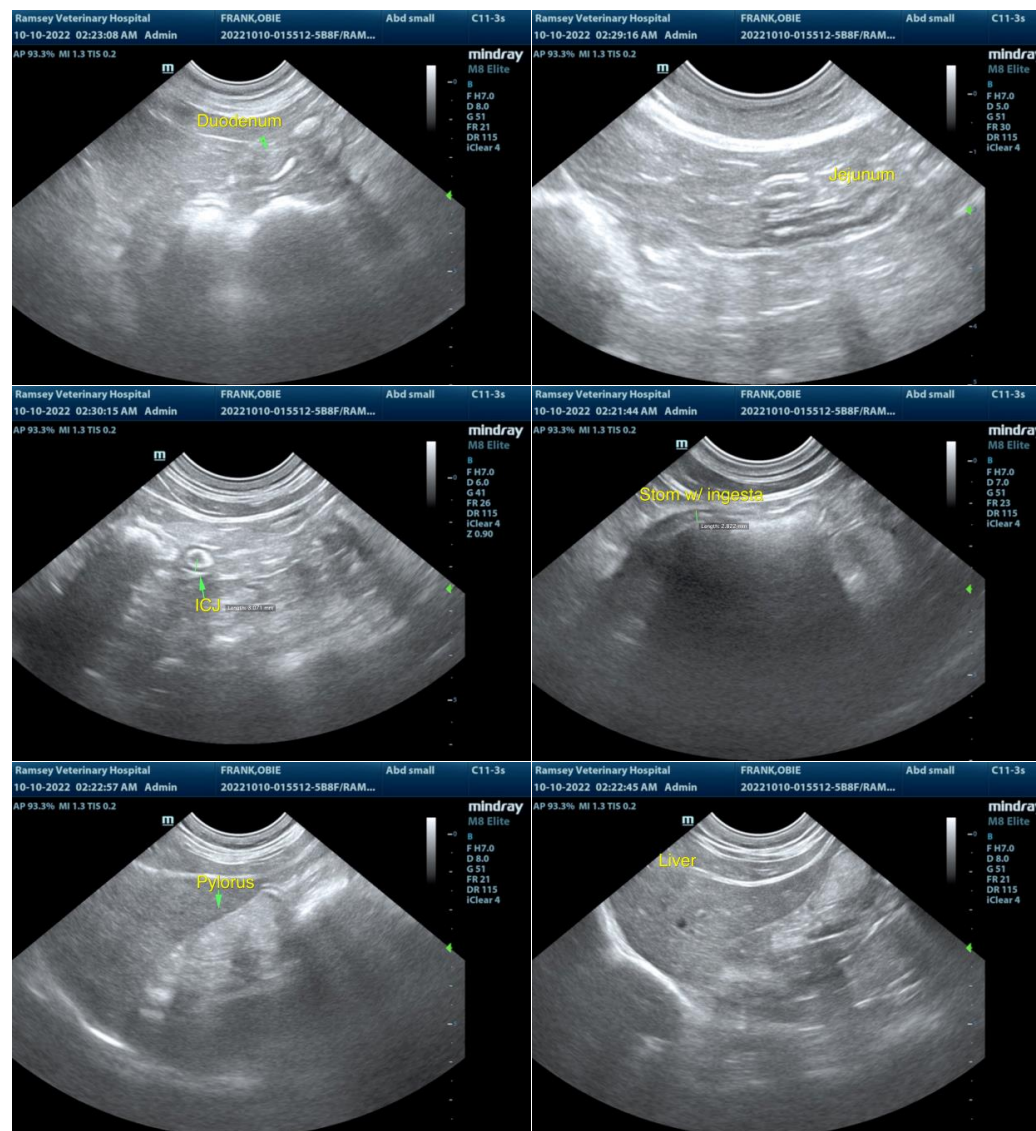
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insignificant inflammatory gastroenteropathy without evidence of overt neoplastic criteria, or low-grade to chronic pancreatitis, which may present as sonographically normal, are all potentials.

CBC pathology review may be considered. Sonographic or radiographic monitoring for evidence of gastric emptying +/- recheck sonogram could be considered. Empirically, as-needed GI support, canned or hydrolyzed diet trial, and broad spectrum deworming if clinically indicated with an assessment of clinical response would be reasonable. Urinalysis +/- C/S if evidence of inflammatory cells is recommended.





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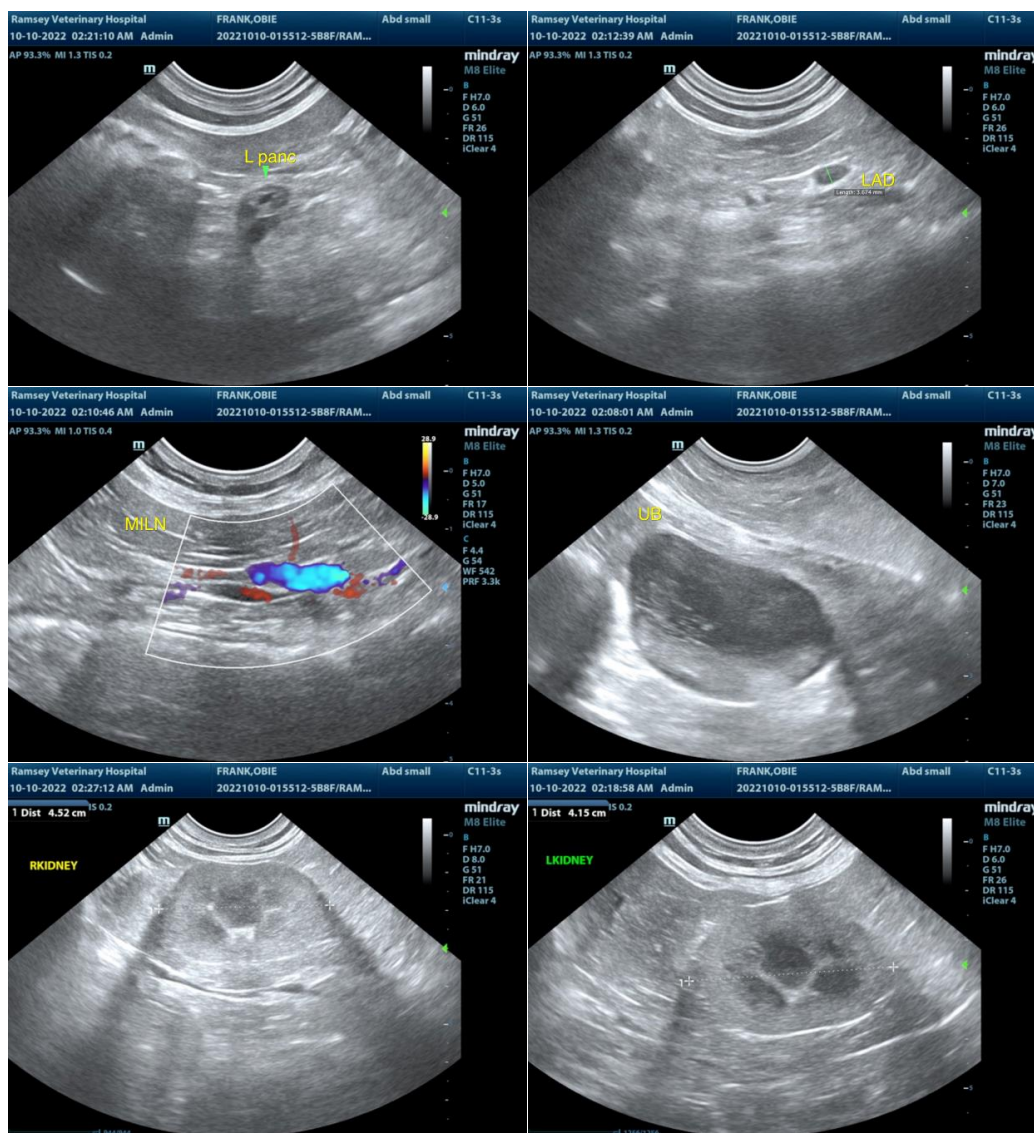
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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