



**PATIENT**

Bella Kirby

**SPECIES**

Feline

**BREED**

DLH

**SEX**

FS

**AGE**

4 years

**WEIGHT**

4.45 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Sarah Barthelemy

**HOSPITAL NAME**

Alpine 24 hour Pet  
Hospital

**REFERRING VET**

Dr. Katz

**INVOICE**

15230

**DATE**

10/13/22

**PRESENTING CLINICAL SIGNS**

Vomiting and hyporexia for a few days. Labs NSF.  
Abnormal PE/Chem/CBC/UA Results: No abnormalities.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and cystourethral junction 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.

The area of the aortic trifurcation was free of pathology.

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 3.9 cm in length. The right kidney measured 4.3 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 0.38 cm width. No overt pathology was noted in the area of the right adrenal gland.

**Spleen**

The spleen exhibited borderline enlargement, measuring 1.0 cm width at the level of the hilus, with a maintained symmetrical capsule contour and 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 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**

The stomach presented intact wall layering with a normal wall layer ratio. Mild retained anechoic pyloric fluid was noted. No evidence of gastric distention with retained ingesta, fluid, foreign material, hairball density, or other. The pylorus wall width measured 0.28 cm.



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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 measured 0.26 cm width. The jejunum wall measured 0.25 cm width. The ileocolic wall measured 0.34 cm width.

**SPECIES**

Feline

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

**BREED**

***Pancreas***

DLH

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.

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***Free Abdomen***

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A scant amount of anechoic free fluid was noted around the caudal lateral aspect of the spleen without evidence of additional peritoneal free fluid.

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Intermittent, mildly prominent colic lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example measured 0.47 cm in diameter. No omental masses were noted.

**ULTRASONOGRAPHIC FINDINGS**

**INTERPRETED BY**

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

- Overtly normal gastrointestinal tract with mild retained pyloric fluid
- Sonographically unremarkable pancreas
- Minor subjective benign / reactive colic lymphadenopathy

**IMAGING PERFORMED BY**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Dr. Sarah Barthelemy

No overt evidence of significant visceral, specifically gastrointestinal, pathology, i.e., no evidence of mechanical obstruction, foreign material, mural disease, etc.

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Potential for acute inflammatory bowel episode or low-grade pancreatitis, both of which may present as sonographically normal, could be present.

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As-needed gastrointestinal support and empirical therapy for acute inflammatory bowel episode should prove beneficial. Broad-spectrum deworming is recommended even if fecal testing is negative or if the patient is indoor/outdoor. A recheck sonogram is suggested if continued or persistent GI signs to assess for evidence of progressive inflammatory GI or lymph node changes.

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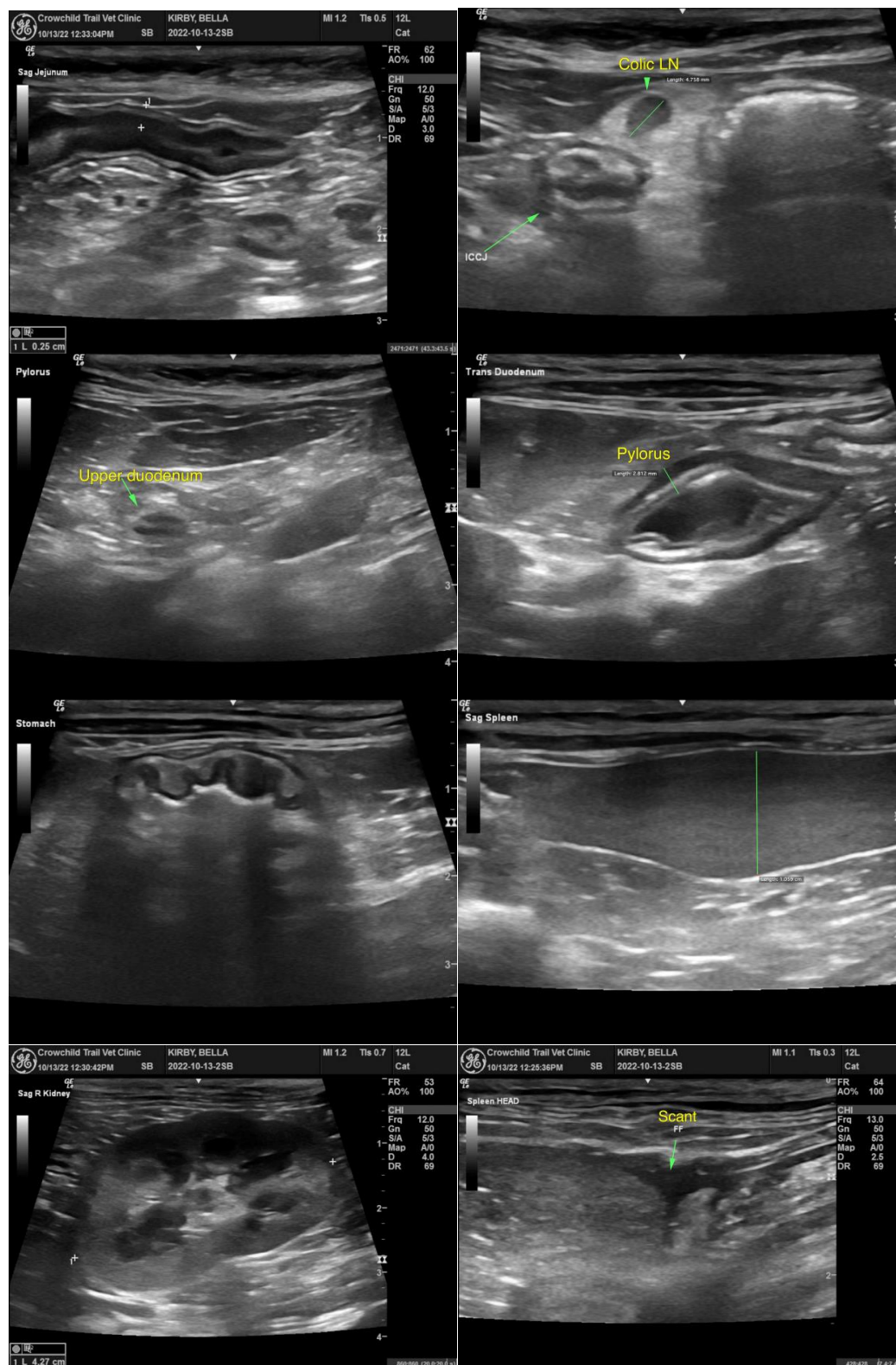
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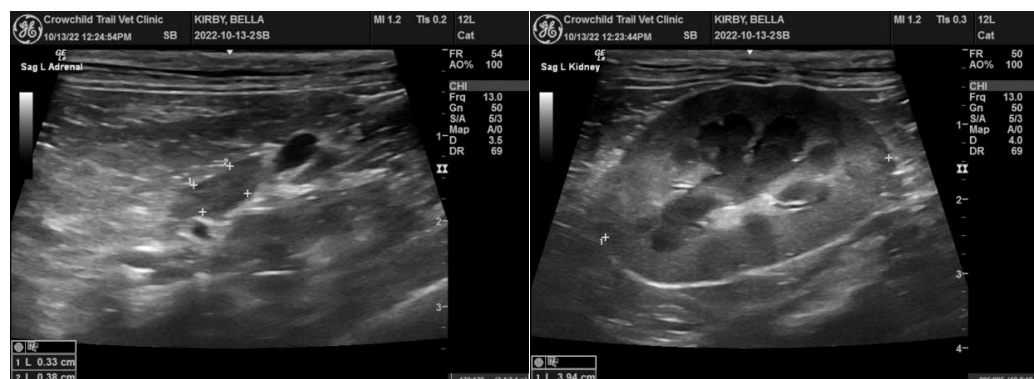
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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