



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Miami Freidman	Vomiting 3-4x per day but not this am. Did eat this am. T=103.5. Recent diet change.
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: WNL
Feline	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
	<b>Urinary System</b>
<b>BREED</b>	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.
DSH	
<b>SEX</b>	
FS	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 3.7 cm in length. The right kidney measured 3.8 cm in length.
<b>AGE</b>	
2.5yr	The area of the aortic trifurcation was free of pathology.
<b>WEIGHT</b>	<b>Adrenal Glands</b>
8.6lb	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 cm width.
<b>INTERPRETED BY</b>	<b>Spleen</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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.
<b>IMAGING PERFORMED BY</b>	The spleen measured 1.0 cm in width at the level of the hilus.
A. Rodriguez	
<b>HOSPITAL NAME</b>	<b>Liver</b>
Foxfield Veterinary Services	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.
<b>REFERRING VET</b>	<b>Gastrointestinal</b>
A. Rodriguez	The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.
<b>INVOICE</b>	
11846ag	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate non-shadowing echogenic ingesta/chyme extending into the pyloric outflow. Within the non-shadowing ingesta/chyme a regional area of shadowing ingesta exhibiting mild near field hyperechogenicity was present measuring ~ 2 cm in diameter.
<b>DATE</b>	
10/13/2022	



**PATIENT**

Miami Freidman

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.

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 was evident.

**BREED**

DSH

**Free Abdomen**

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

**SEX**

FS

**ULTRASONOGRAPHIC FINDINGS**

- Moderate gastric ingesta exhibiting regional progressive distal acoustic shadowing
- Sonographically unremarkable small bowel/pancreas

**AGE**

2.5yr

**Secondary**

- Mild urinary bladder sediment

**WEIGHT**

8.6lb

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, no overt evidence of significant abdominal specifically gastrointestinal visceral pathology as a definitive cause of the patient's clinical signs. The shadowing to non-shadowing gastric ingesta may correlate with post prandial presentation given the patient history. However, the possibility of hairball density or similar within the stomach which does not appear to be overtly obstructive cannot be excluded and may be considered if clinical history of hairballs. Ideally sonographic reassessment of the stomach following document fast is recommended.

**INTERPRETED BY**

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

Dietary intolerance / food hypersensitivity, occult parasitism, structurally insignificant inflammatory gastroenteropathy or low grade to chronic pancreatitis both of which may appear sonographically normal are all potentials. Recheck retroviral status could be considered if persistent fever.

**IMAGING PERFORMED BY**

A. Rodriguez

Empirically as needed GI support, hydrolyzed diet trial +/- sonographically reassessment of the stomach following documented fast if persistent vomiting would be reasonable.

**HOSPITAL NAME**

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**REFERRING VET**

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**SPECIES**

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**BREED**

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**SEX**

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**AGE**

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**REFERRING VET**

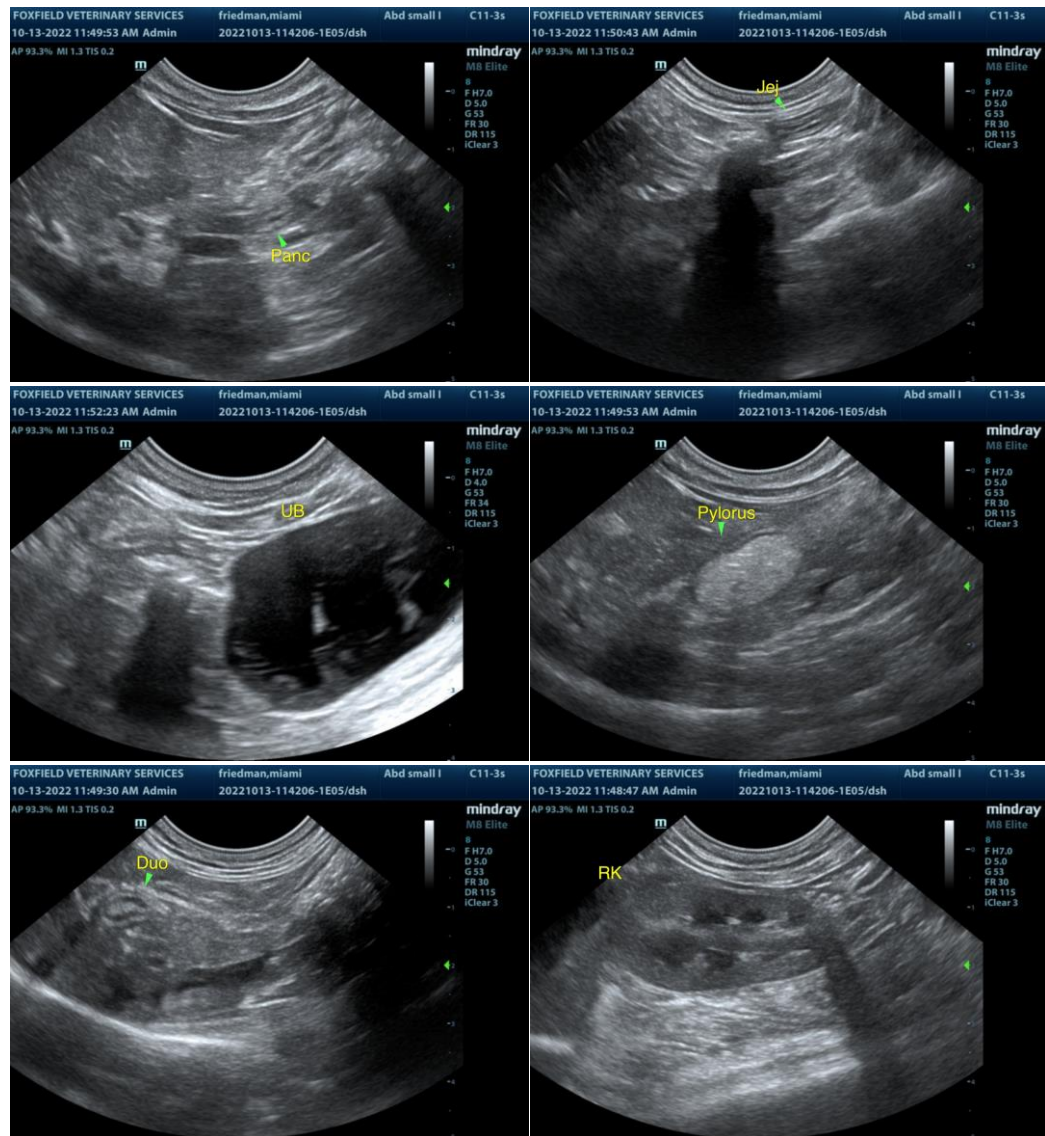
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**PATIENT**

Miami Freidman

**SPECIES**

Feline

**BREED**

DSH

**SEX**

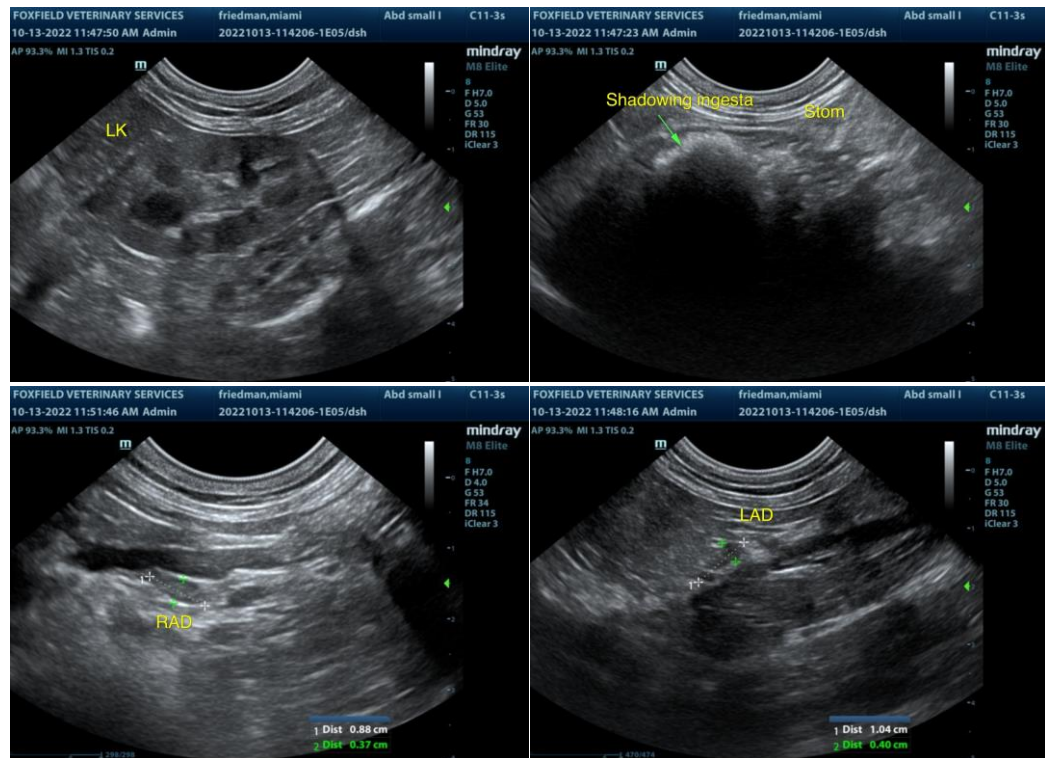
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**AGE**

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**WEIGHT**

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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)

info@SonoPath.com