



PATIENT

Toph Mountain

SPECIES

Feline

BREED

Calico

SEX

FS

AGE

8 years

WEIGHT

7.4 lbs.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Sorbo

HOSPITAL NAME

Mill Brook Animal
Clinic - VBF

REFERRING VET

Dr. Sorbo

INVOICE

15212

DATE

10/13/22

PRESENTING CLINICAL SIGNS

Chronic vomiting, for months, fairly stable weight, but in reality, we do not have a weight history on this P. Increased vocalization reported by the O.

Abnormal PE/Chem/CBC/UA Results: Resorptive dental disease. High FAS (fear, anxiety, stress). Pending labs. Exam largely normal.

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 3.6 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

No overt pathology was noted in the area of the left adrenal gland. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.34 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.

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 sonographically unremarkable wall layering. The lumen of the stomach contained mild to moderate nonshadowing ingesta / chyme without signs of gastric foreign or hairball density material. No evidence of mechanical pyloric outflow obstruction was noted. The pylorus wall width measured 0.23 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 0.25 cm width. The jejunum wall measured 0.21 cm width.

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Pancreas

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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

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

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ULTRASONOGRAPHIC FINDINGS

WEIGHT

7.4 lbs.

- Sonographically unremarkable gastrointestinal tract with gastric ingesta / chyme - no evidence of mechanical obstruction, foreign material, or hairball density
- Otherwise sonographically normal abdomen

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

The presence of gastric ingesta / chyme with confirmed documented 12-hr fast is nonspecific, yet may potentially suggest some degree of gastric hypomotility or nonobstructive metabolic gastric stasis. Dietary intolerance / food hypersensitivity, occult parasitism if the patient is indoor/outdoor, structurally insignificant inflammatory gastroenteropathy, or low-grade to chronic pancreatitis, both of which may present as sonographically normal, are all potentials. No evidence of intraabdominal gastrointestinal neoplastic criteria.

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Spec fPL or full GI panel to include PLI/TLI/Cobalamin/Folate may be considered to assess for occult disease as a contributing factor. Three-view chest radiographs, if not done, are suggested to rule out occult thoracic or esophageal pathology. Empirically, as-needed gastrointestinal support, canned hydrolyzed diet trial, and prophylactic deworming if clinically indicated may prove beneficial. Upper gastrointestinal endoscopy with the potential for biopsies may ultimately be indicated.

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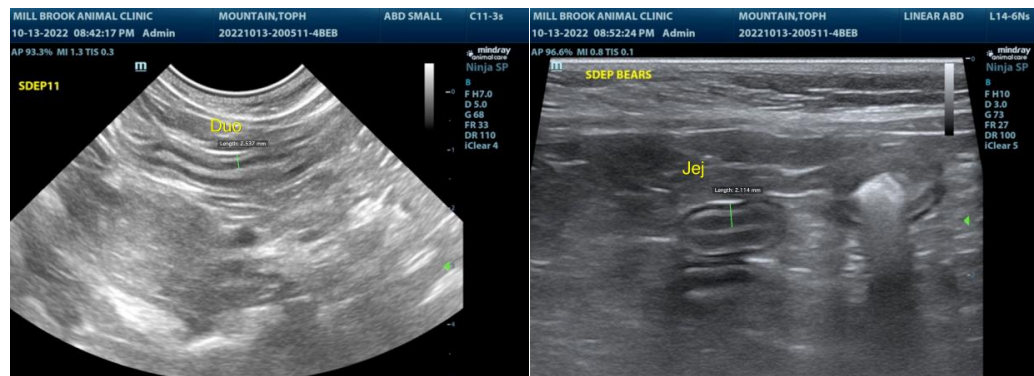
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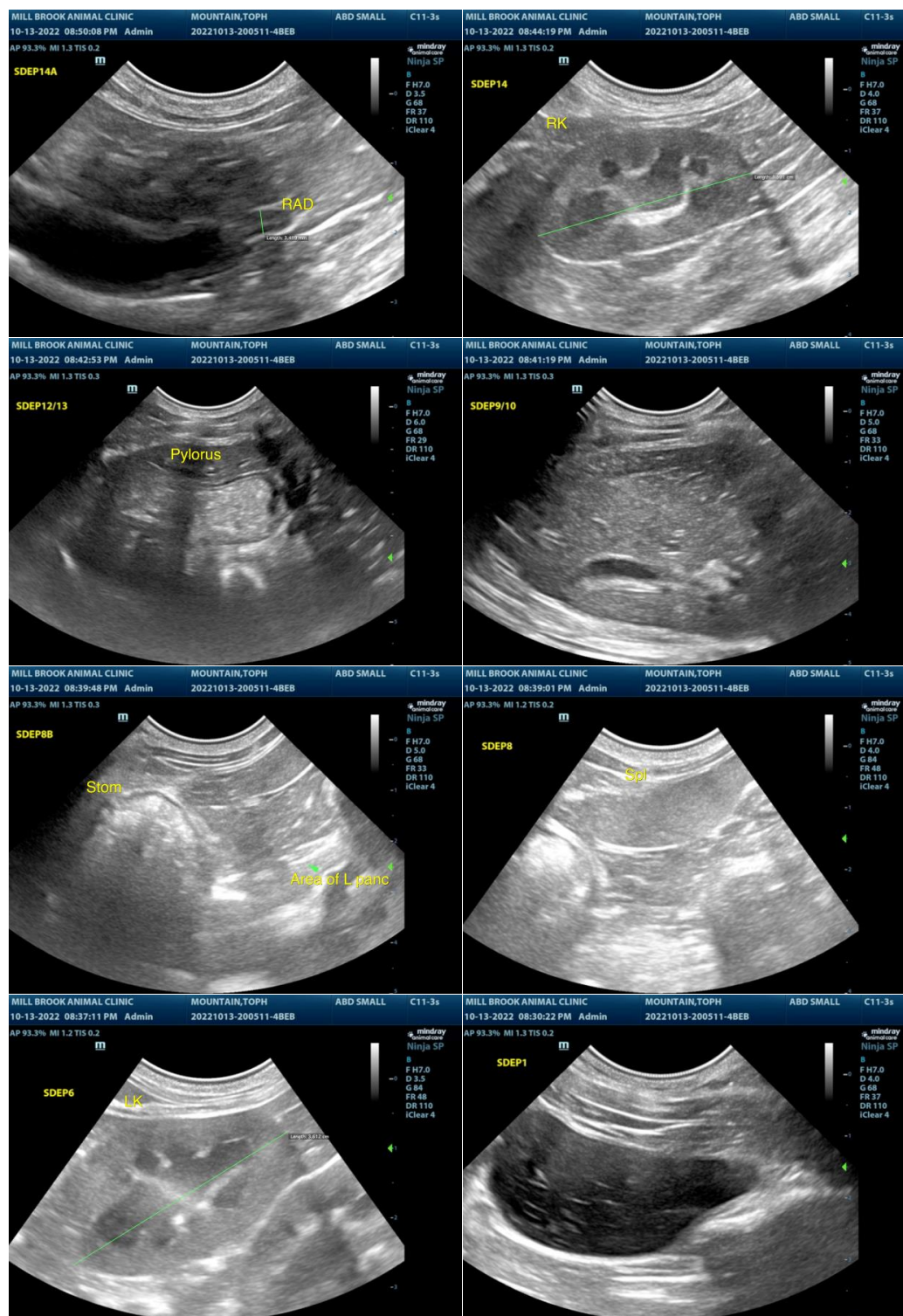
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@SonoPath.com

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