



**PATIENT**

Louie Tobin

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

11 years

**WEIGHT**

12 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

New England AMC

**REFERRING VET**

Katherine Doyon, DVM

**INVOICE**

12375

**DATE**

10/18/21

**PRESENTING CLINICAL SIGNS**

Recent hyporexia. BW suggested pancreatitis (value only mildly elevated). Treated with Cerenia. Minimal improvement in appetite. Returned to DVM: exam still unremarkable- given fluids, Cerenia, mirtazapine. Still markedly hyporexic, listless. No diarrhea; some vomiting. Lost 2-3 lbs. over past 2 weeks. Non-painful on palpation. Radiographs: suspicious for gastroenteritis.

Abnormal PE/Chem/CBC/UA Results: Chem: glu 164, BUN 14 UA: USG 1.032, inactive sediment T4 WNL FIV/ FeLV- negative x2

**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 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 pelvic dilation was present. The left kidney measured 3.4 cm in length. The right kidney measured 3.4 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 0.36 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 cm width.

**Spleen**

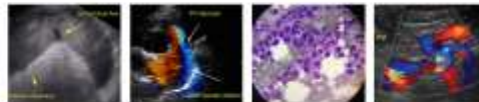
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.55 cm width. Potential for minor splenic volume contraction is possible.

**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 mild gallbladder debris. The cystic and common bile ducts were normal.

**Gastrointestinal**

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. The gastric body wall width measured 0.25 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 jejunum wall width measured 0.20 cm. The ileocolic wall width measured 0.27 cm.

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

**Pancreas**

The pancreas was normal in size and contour with subtle hypochoic, primarily uniform to mildly heterogeneous parenchyma compared to adjacent peripancreatic omentum.

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**Free Abdomen**

No omental masses, lymphadenopathy or peritoneal effusion was present.

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**ULTRASONOGRAPHIC FINDINGS**

**Primary Findings**

**AGE**

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- Mild chronic renal changes
- Sonographically unremarkable stomach and small bowel
- Mildly prominent to subtle hypochoic pancreas

**WEIGHT**

12 lbs.

**Secondary Findings**

- Mild gallbladder debris

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The gallbladder debris may be secondary to fasting or indicate nonclinical cholestasis. Potential for low-grade pancreatitis may be considered if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a Spec fPL or a full GI panel to include Cobalamin/Folate levels to rule out structurally insignificant inflammatory bowel is recommended. However, no overt evidence of structural gastroenterocolic pathology as an overt or primary gastrointestinal cause of the patient's hyporexia. No evidence of mechanical or metabolic gastrointestinal ileus or overt foreign material.

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Three view chest radiographs if not done are recommended to rule out occult thoracic or esophageal pathology. Continued as-needed GI support +/- hospitalization with 24-48 hour supportive IV fluids are recommended.

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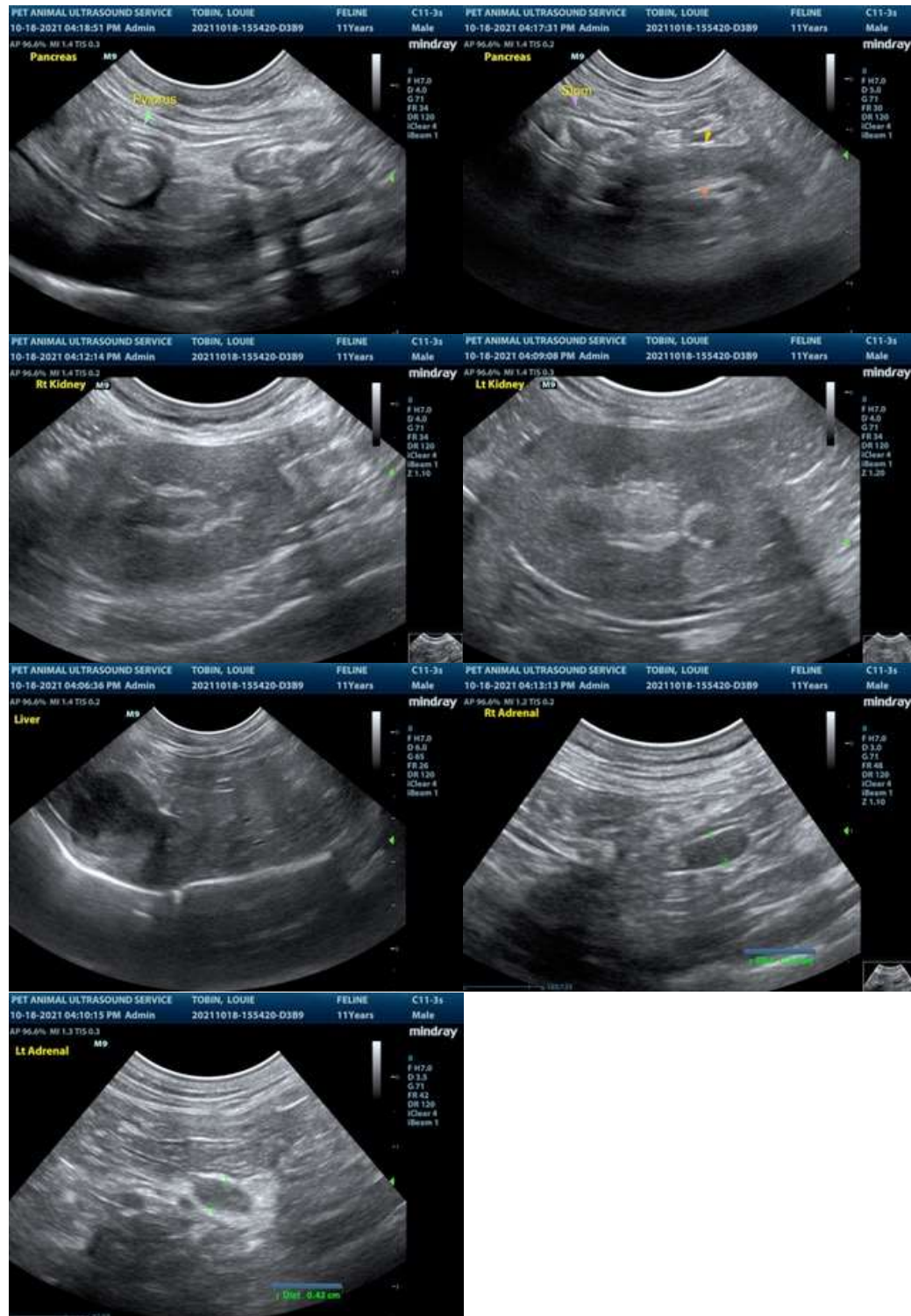
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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