

PATIENT PRESENTING CLINICAL SIGNS

Maui Areseneau History: Normal PE except for GI disease. Was having cow patty to diarrhea BMs since kitten. Now on Gastro Biome and having formed and segmented BMs but still has mucous. No more blood with stools. Does seem to announce/ cry before having BM.

SPECIES

Feline Abnormal PE/Chem/CBC/UA Results: Please see attached BW

Labs: Unremarkable CBC. Chemistry panel: Globulin 52, ALP <10, Total bilirubin 16, FPL normal.

BREED

Ragdoll

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

Neutered Male

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm 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 were noted.

AGE

3 Years

Normal size and margination was 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 4.1 cm in length.

WEIGHT

5.35 kg

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.34 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.20 cm width.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Kelly Reschny

HOSPITAL NAME

Buck AH

Liver

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.

REFERRING VET

Yenssen

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.

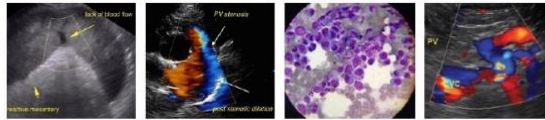
INVOICE

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.

DATE

10/18/21

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



PATIENT

Pancreas

Maui Areseneau

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.

SPECIES

Feline

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable abdomen

BREED

Ragdoll

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Neutered Male

No evidence of visceral, specifically gastroenterocolic structural pathology. The positive response of the diarrhea to dietary therapy may suggest previous yet responsive dietary intolerance/food hypersensitivity, dysbiosis or structurally insignificant inflammatory bowel. The persistent mucus in the stools may also suggest intermittent to low grade colitis. Given the positive response to dietary therapy, continued diet and high colony count probiotic such as Provable would be appropriate. If possible, a rectal palpation to assess for non-visualized rectal structural abnormalities given the vocalization when defecating, may be considered.

AGE

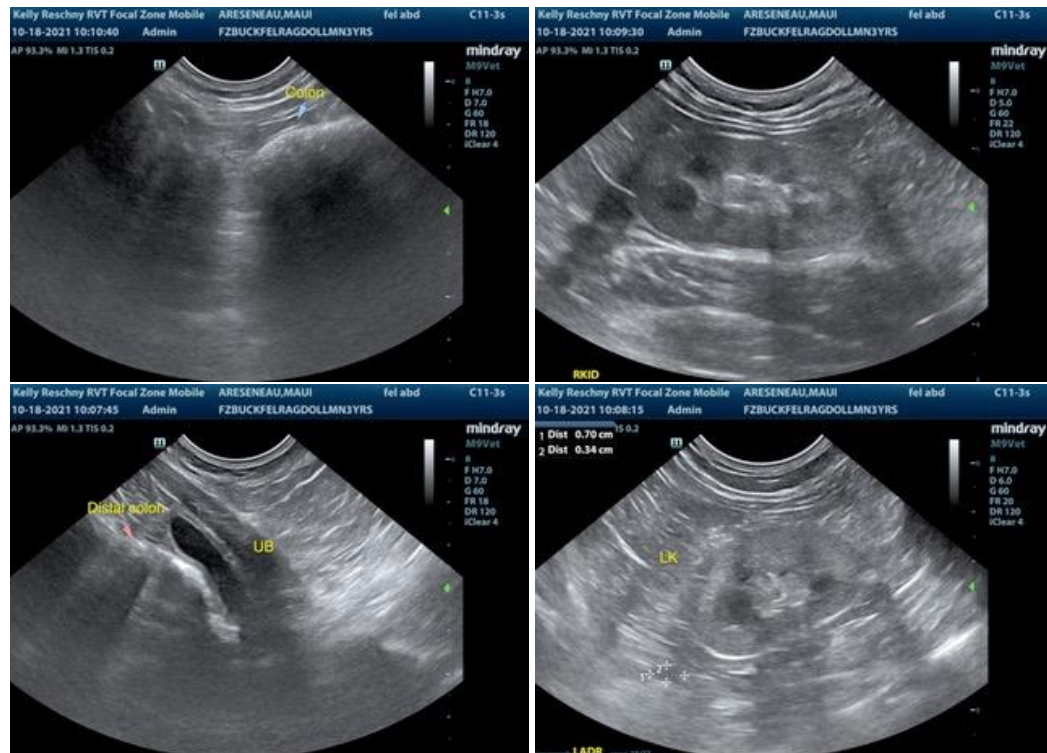
3 Years

WEIGHT

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PATIENT

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SPECIES

Feline

BREED

Ragdoll

SEX

Neutered Male

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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.

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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