



PATIENT PRESENTING CLINICAL SIGNS

Echo Rayo History: DIARRHEA - RESOLVED AFTER THE USE OF METRONIDAZOLE
Abnormal PE/Chem/CBC/UA Results: UA- STRUVITE CRYSTALS

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline **Urinary System**

BREED The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild nondependent particulate to focally hyperechoic sediment, which may indicate cellular debris, protein, crystalline debris, mucus or lipid was present. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

SEX 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 3.6 cm in length. The right kidney measured 4.0 cm in length.

Neutered Male

AGE 5 Years **Adrenal Glands**

No overt pathology in the area of the left or right adrenal glands.

WEIGHT 14.3 **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.

INTERPRETED BY

R. McKenzie Daniel,
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(Canine and Feline)

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.

IMAGING PERFORMED BY

Dr. Sharkaway

The gallbladder was indistinctly visualized likely owing to subnormal size, secondary to gastric ingesta. No overt pathology noted.

HOSPITAL NAME

Kew Gardens AH

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate echogenic, ingesta, exhibiting progressive distal acoustic shadowing, likely consistent with recent meal ingestion.

REFERRING VET

Dr. Sharkaway

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental to generalized nonshadowing ingesta/chyme. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

INVOICE

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

DATE **Pancreas**

10/19/22



PATIENT

Echo Rayo

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

Free Abdomen

No omental masses, lymphadenopathy or peritoneal effusion was present.

BREED

DSH

- Mild urinary bladder sediment- no evidence of calculi or cystitis
- Normal bilateral kidneys
- Normal gastrointestinal tract/colon with gastrointestinal ingesta

SEX

Neutered Male

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant visceral pathology. Urine culture and sensitivity on sterile urine sample to rule out underlying infection may be considered if clinically indicated. Assessment of serum cobalamin levels with empirical hydrolyzed diet trial, empirical deworming and high colon count probiotic may be considered if recurrent diarrhea.

WEIGHT

14.3

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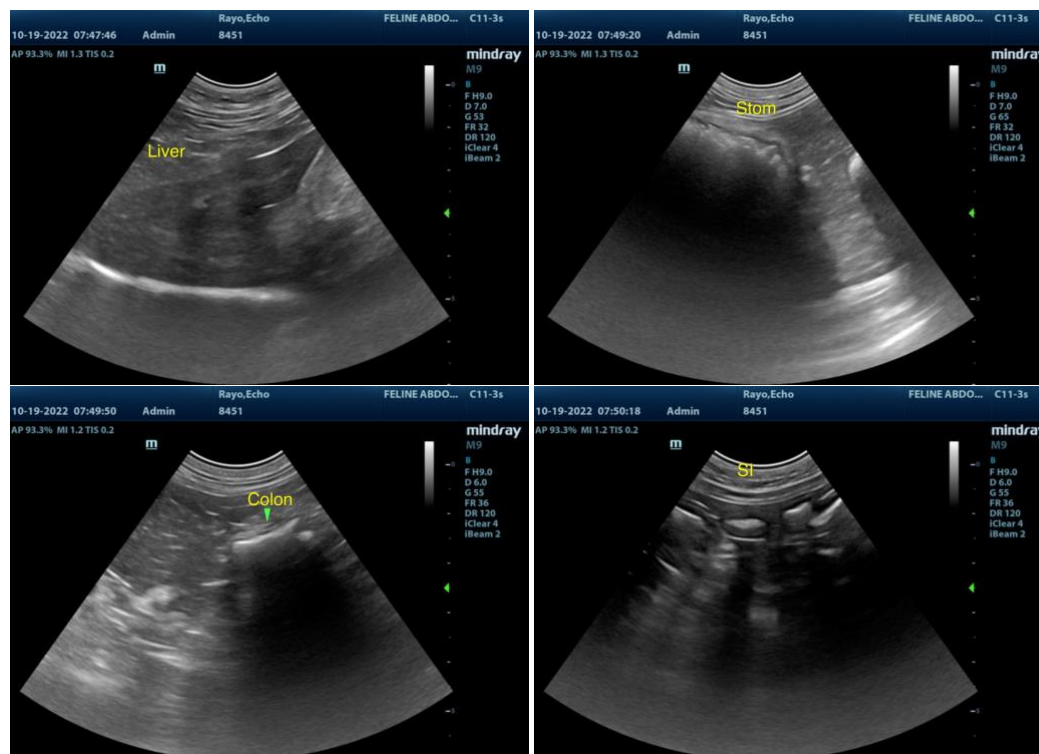
Dr. Sharkaway

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PATIENT

Echo Rayo

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

5 Years

WEIGHT

14.3

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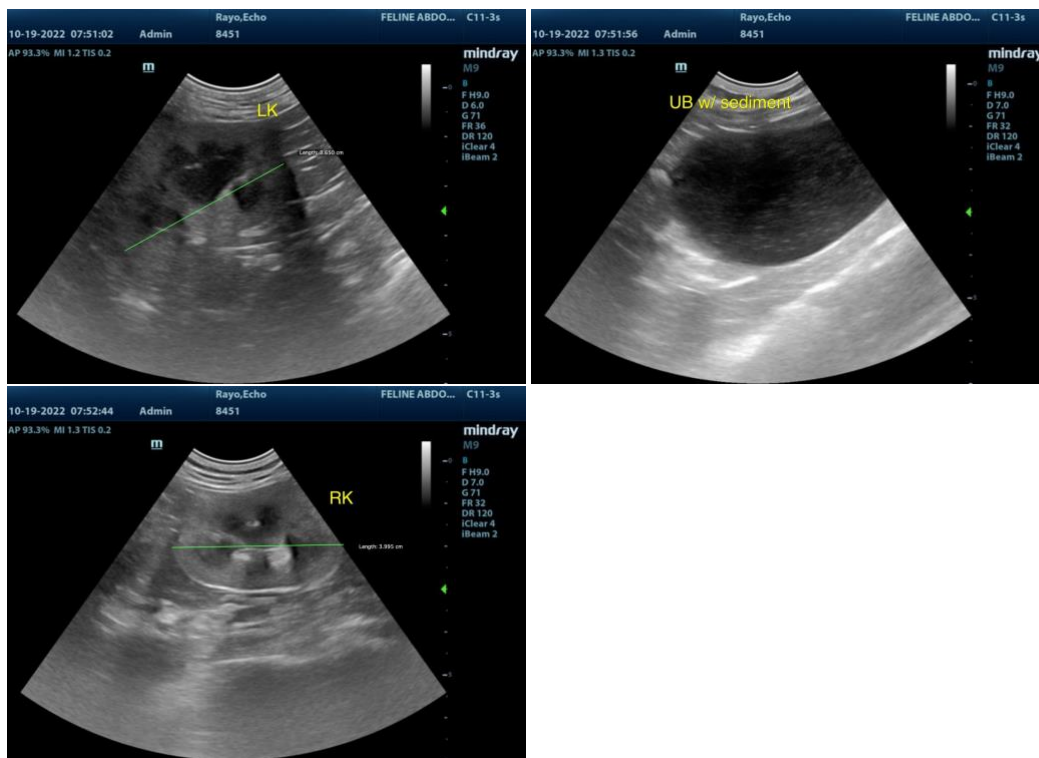
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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