



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Badger WRAH Blood Donor	anorexia 1 episode of vomiting lethargic Abnormal PE/Chem/CBC/UA Results: low hematocrit post blood donation
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Feline	<i>Urinary System</i>
<b>BREED</b>	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Minor particulate sediment likely indicative of minor cellular or crystalline debris or potential mucus. Anechoic urine was present in the lumen with no uroliths. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.
Domestic Short Hair	
<b>SEX</b>	The area of the residual prostate appeared normal and free of pathology.
MN	No evidence of pathology in the area of the aortic trifurcation.
<b>AGE</b>	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 4.2 cm in length. The right kidney measured 4.0 cm in length.
6 Years, 8 Months	
<b>WEIGHT</b>	<i>Adrenal Glands</i>
6.63kg	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 cm width.
<b>INTERPRETED BY</b>	<i>Spleen</i>
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. The spleen measured 0.7 cm width.
<b>IMAGING PERFORMED BY</b>	<i>Liver / Gallbladder</i>
Focused Ultrasound Resources	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.
<b>HOSPITAL NAME</b>	<i>Gastrointestinal</i>
Focused Ultrasound Resources	The stomach was sonographically unremarkable containing mild to moderate echogenic ingesta/chyme exhibiting areas of subtle progressive distal acoustic shadowing. The gastric body wall width measured 0.30 cm. No evidence of mechanical pyloric outflow obstruction.
<b>REFERRING VET</b>	
Dr. Hansen DVM	
<b>INVOICE</b>	
47934	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 width measured 0.25 cm and the jejunum wall width measured 0.25 cm.
<b>DATE</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
10-23-21	



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**IMAGING  
PERFORMED BY**

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***Pancreas***

The pancreas presented normal in size and contour with isoechoic yet mildly heterogenous parenchyma compared to the adjacent nonreactive or inflamed peripancreatic omentum. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease was evident.

***Free Abdomen***

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

**Primary**

- Mild to moderate retained gastric ingesta/chyme.
- Sonographically unremarkable small bowel.
- Subtly heterogeneous pancreas.

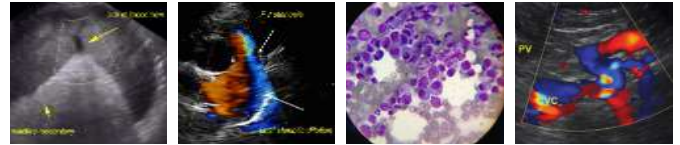
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, largely sonographically unremarkable abdomen without evidence of significant visceral pathology.

The presence of gastric ingesta/chyme, given the reported clinical signs in this patient, may suggest some degree of metabolic gastric stasis, assuming NPO prior to the ultrasound. Technically, a small amount of nonobstructive foreign material in the stomach such as hair or similar cannot be definitively excluded yet considered less likely.

The appearance of the pancreas was not overtly consistent with active pancreatitis, yet low grade or chronic pancreatitis may be present and ultrasonographically normal. Correlation with a spec fpl or a GI panel to include PLI/TLI/Cobalamin/Folate, given the patient's gastrointestinal signs or if evidence of weight loss, would be warranted.

Continued monitoring of hematocrit and as needed supportive care for structurally insignificant inflammatory bowel episode or potential low grade to chronic pancreatitis is recommended.



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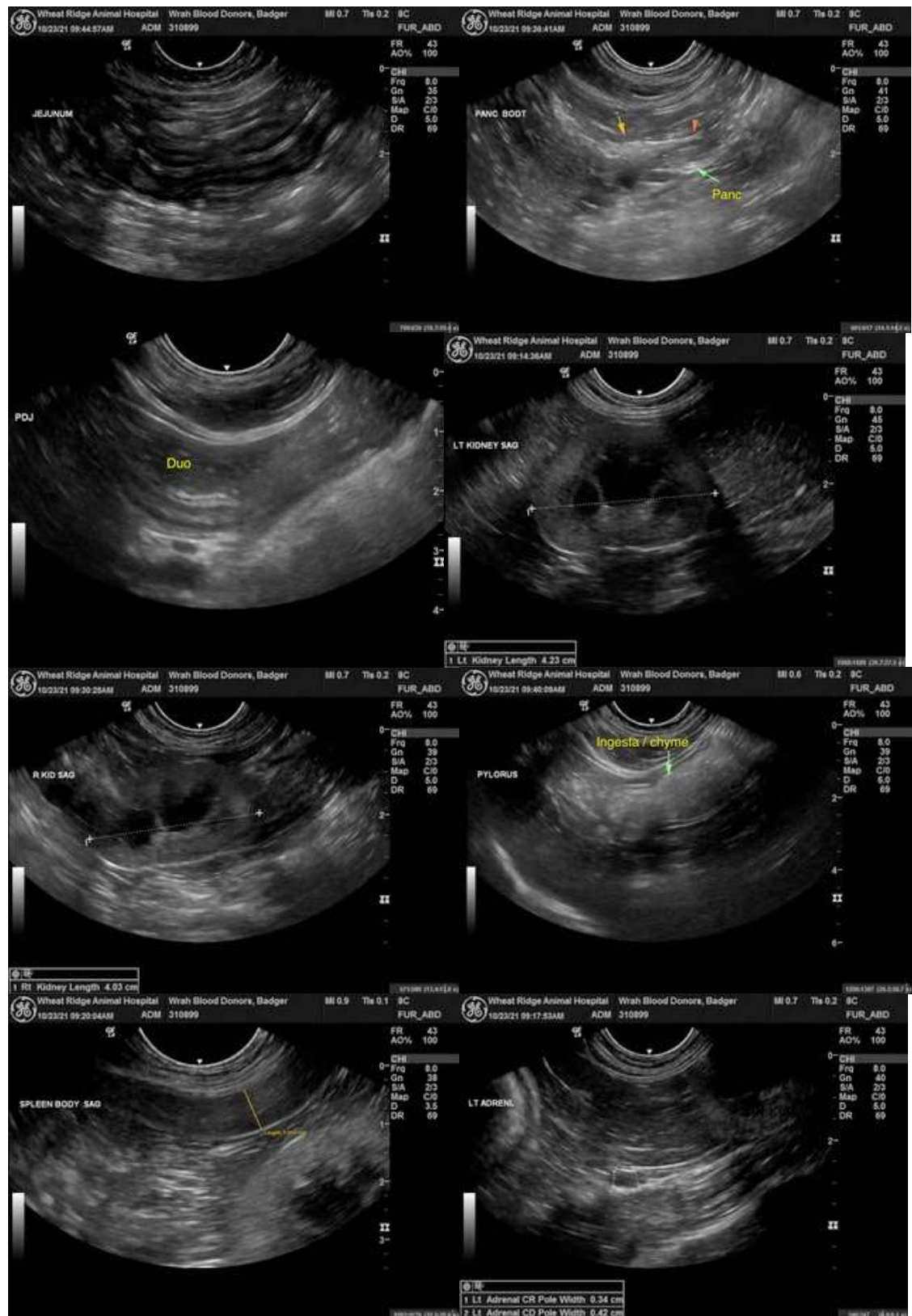
Dr. Hansen DVM

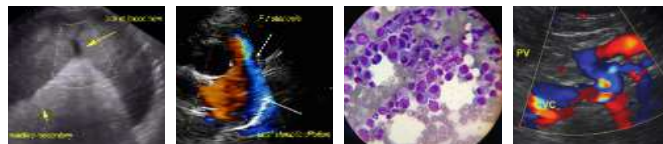
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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