



PATIENT	PRESENTING CLINICAL SIGNS
Taz Lucibello	vomiting fb, diff fb, still vomiting
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. 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.
DSH	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 3.4 cm. The right kidney measured 3.7 cm.
SEX	The area of the aortic trifurcation was free of pathology.
Male	Adrenal Glands
AGE	No overt pathology in the area of the left and right adrenal glands.
5 Months	Spleen
WEIGHT	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.
5.9 Pounds	Liver
INTERPRETED BY	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 normal, yet divided into two separate compartments, consistent with bilobed gallbladder. The common bile duct was normal.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Gastrointestinal
IMAGING PERFORMED BY	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild luminal gas and without evidence of gastric retained ingesta, fluid or foreign material. Gastric body wall measured 0.26 cm.
Jenn	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Duodenum wall measured 0.23 cm. Jejunum wall measured 0.21 cm. No evidence of small bowel mechanical/metabolic ileus, foreign material, or mural pathology.
HOSPITAL NAME	Normal visible colon wall layers were present with apparent formed feces in lumen.
Rockaway AH	Pancreas
REFERRING VET	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.
Dr. Maniar	
INVOICE	
27783	
DATE	
10/27/21	



PATIENT

Taz Lucibello

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable abdomen, potential for mild gastritis
- Bilobed gallbladder – normal patient variant in a cat

SPECIES

Feline

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of structural gastrointestinal pathology, mechanical obstruction or retained foreign material. Supportive care should prove effective in this case. Gastroprotectant trial +/- bland or hydrolyzed diet with potential for smaller, more frequent feedings recommended. Broad-spectrum deworming could be considered if not recently done.

BREED

DSH

SEX

Male

AGE

5 Months

WEIGHT

5.9 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

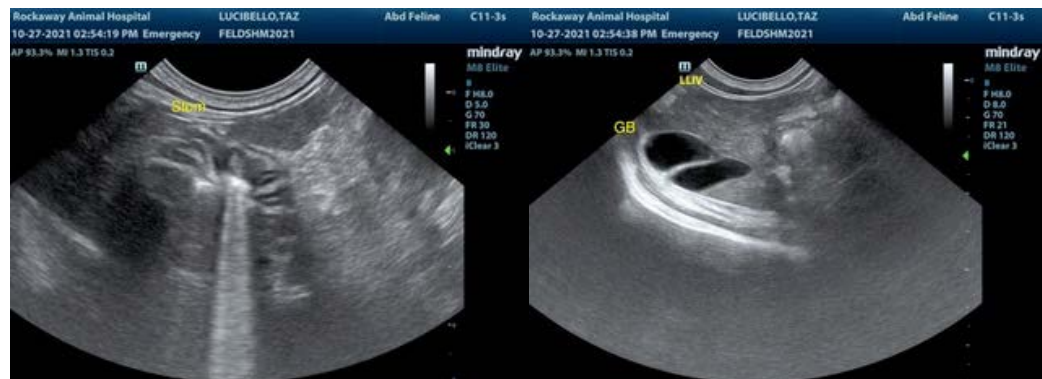
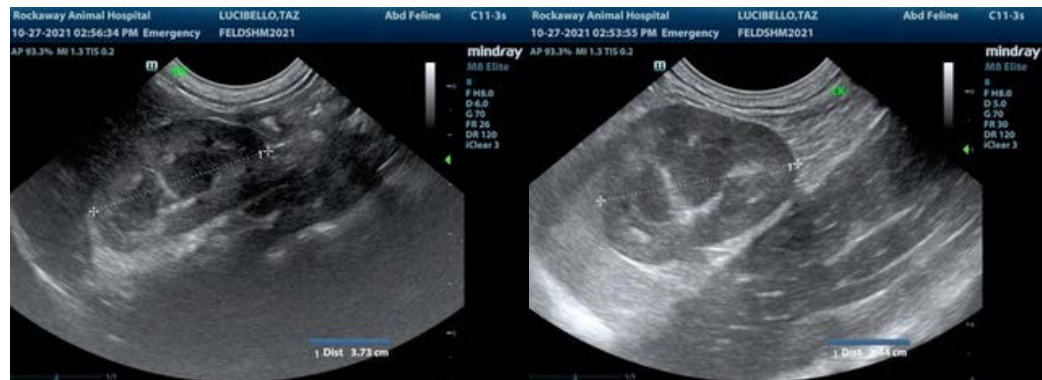
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Taz Lucibello

SPECIES

Feline

BREED

DSH

SEX

Male

AGE

5 Months

WEIGHT

5.9 Pounds



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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com

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