

PATIENT

Flip Allmond

SPECIES

Feline

BREED

Domestic Shorthair

SEX

MN

AGE

12 y

WEIGHT

9.20

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Hannah Fearing

HOSPITAL NAME

Lanier AH

REFERRING VET

Dr. Hannah Fearing

INVOICE

12021ag

DATE

10/27/22

PRESENTING CLINICAL SIGNS

Flip has not been eating for the past 3 days. He is losing weight super fast.

Abnormal PE/Chem/CBC/UA Results: CBC/Chem/T4: WNL/NSF UA: USG = 1.042; NSF BNP: WNL

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with very minor particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. 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 was 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 4.0 cm in length. The right kidney measured 3.8 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 0.34 cm width at the caudal pole. The right adrenal gland was not definitively visualized.

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 0.92 cm in width at the level of the hilus.

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 thin walls and primarily anechoic luminal content. 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 measured 0.26 cm in width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental mild ileus pattern was present. The lumen of the small intestine was empty with no signs of ileus, obstruction, or



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foreign material. No overt altered or loss of intestinal wall layering was present. The jejunum wall measured 0.20 cm width. The ileocolic wall measured 0.31 cm width.

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

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Pancreas

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 were evident.

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Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

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Primary Findings

- Overtly normal GI tract with mild segmental small intestinal ileus
- Mild age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

A definitive cause of the patient's inappetence and weight loss was not obvious in this study. At times the sonographic presentation of the gastrointestinal tract and pancreas may not correlate with reported gastrointestinal signs. In patients with ongoing GI signs, considerations including structurally insignificant inflammatory enteropathy, low grade to chronic pancreatitis or less likely occult intestinal neoplasia are possible.

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A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. A thorough musculoskeletal examination is warranted to rule out occult disease. Hospitalization with 24-48-hour IVF therapy, GI support protocol and assessment of clinical response pending additional diagnostics with possible recheck sonogram for reassessment of the GI tract/pancreas if persistent clinical signs is recommended.

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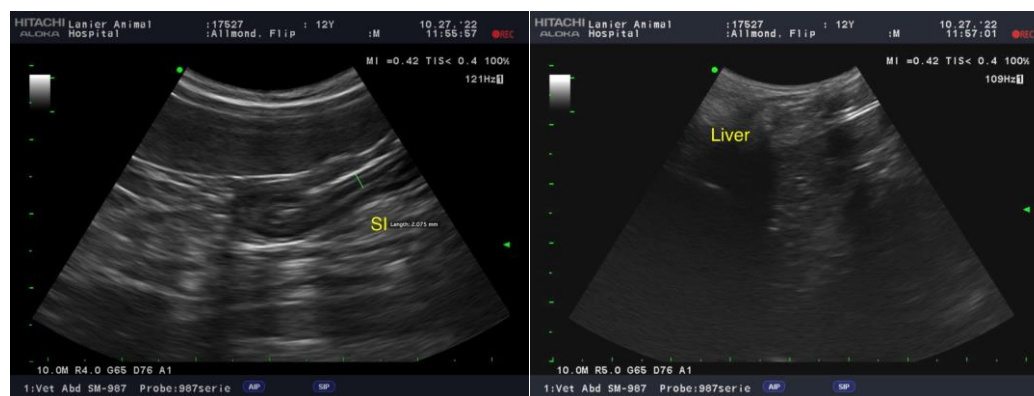
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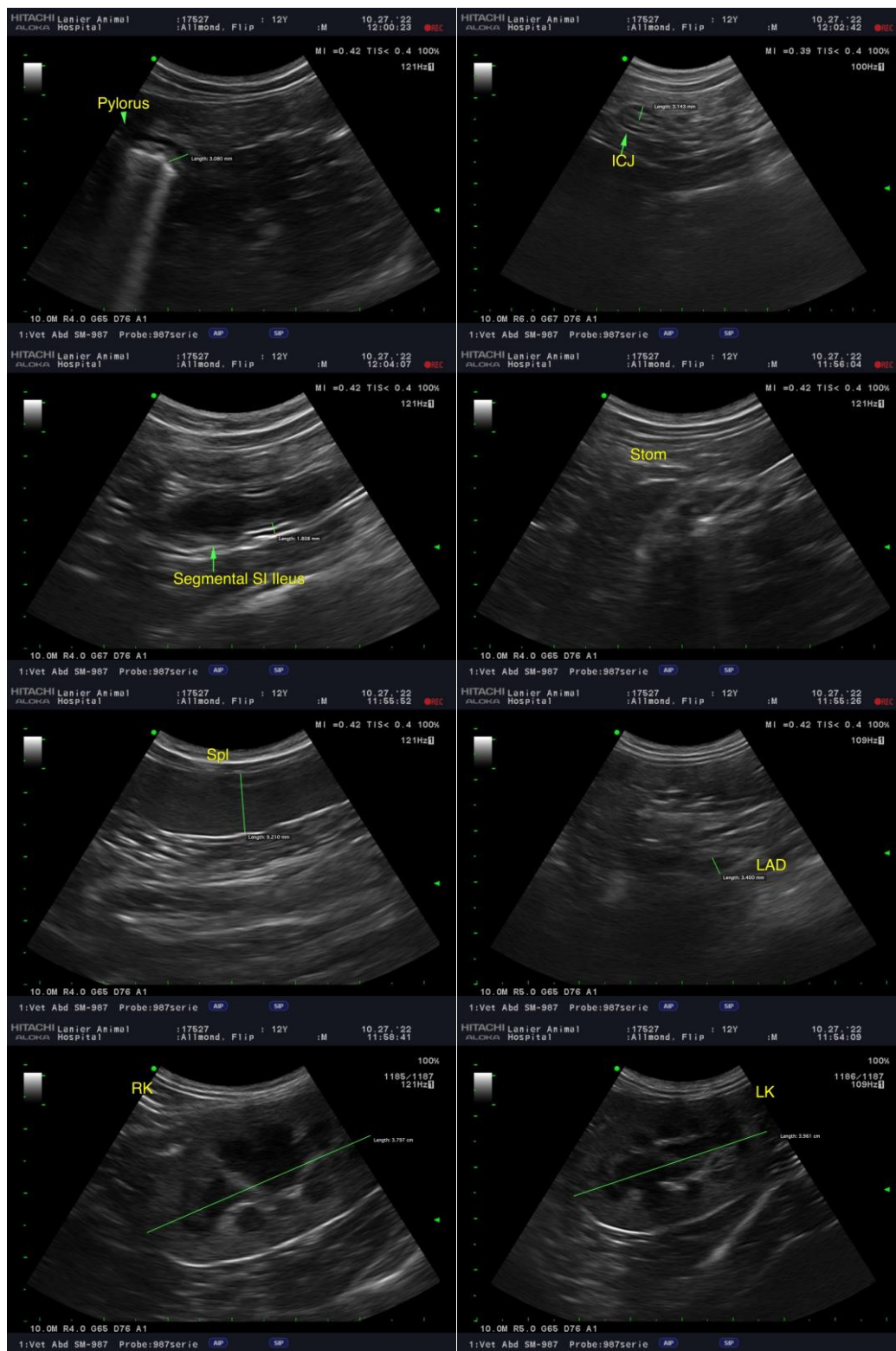
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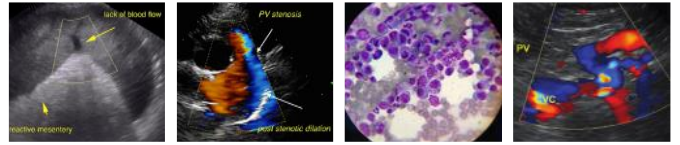
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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