



PATIENT PRESENTING CLINICAL SIGNS

Leo Ruiz Alopecia ventral abdomen. Obese. Vomits multiple times every week. 1+ urine protein; USG 1.043

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline *Urinary System*

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 to moderate nondependent hyperechoic sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the residual prostate appeared normal and free of pathology.

SEX No evidence of pathology in the area of the aortic trifurcation.

MN 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 subtle nonspecific uniform increased cortex echogenicity and mild loss of corticomedullary border demarcation and definition expected for the age of the patient. No evidence of pyelectasia. The left kidney measured 4.0 cm in length. The right kidney measured 4.4 cm in length.

AGE
11 Years

WEIGHT *Adrenal Glands*

17.9 lbs The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.46 cm width.

INTERPRETED BY *Spleen*

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 0.9 cm width at the level of the hilus.

IMAGING PERFORMED BY *Liver*

Pamela Harrigan, RDMS

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.

HOSPITAL NAME *Gastrointestinal*

Greenwich Bay Animal
 Hospital

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild luminal gas and no evidence of retained ingesta, fluid, or foreign material. The gastric body wall measures 0.27 cm width.

REFERRING VET

Jonathan Chyten, DVM

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. The duodenum wall measured 0.24 cm width and the jejunum wall measured 0.24 cm width. The ileocolic wall measured 0.32 cm width.

48109

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

10-30-21



PATIENT

Pancreas

Leo Ruiz

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

A solitary mildly prominent colic lymph node was noted measuring 0.4 cm width.

BREED

DSH

No effusion was noted.

SEX

MN

ULTRASONOGRAPHIC FINDINGS

- Mild hyperechoic urinary bladder sediment.
- Mild chronic renal changes.
- Sonographically unremarkable gastrointestinal tract.

AGE

11 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

WEIGHT

17.9 lbs

No evidence of structural gastrointestinal pathology . Dietary intolerance/food hypersensitivity, occult parasitism, if the patient is indoor/outdoor, or structurally insignificant inflammatory bowel possible. Potential for low grade or chronic pancreatitis may be present yet ultrasonographically normal. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. Hydrolyzed diet trial with as needed gastrointestinal support would be appropriate with assessment of clinical response. Broad spectrum deworming suggested if clinically indicated. Heartworm antigen/antibody test may be considered again, if clinically indicated as cats with underlying heartworm disease often exhibit persistent vomiting.

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Pamela Harrigan, RDMS

HOSPITAL NAME

Greenwich Bay Animal
Hospital

REFERRING VET

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SPECIES

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 DABVP (Canine and Feline)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

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REFERRING VET

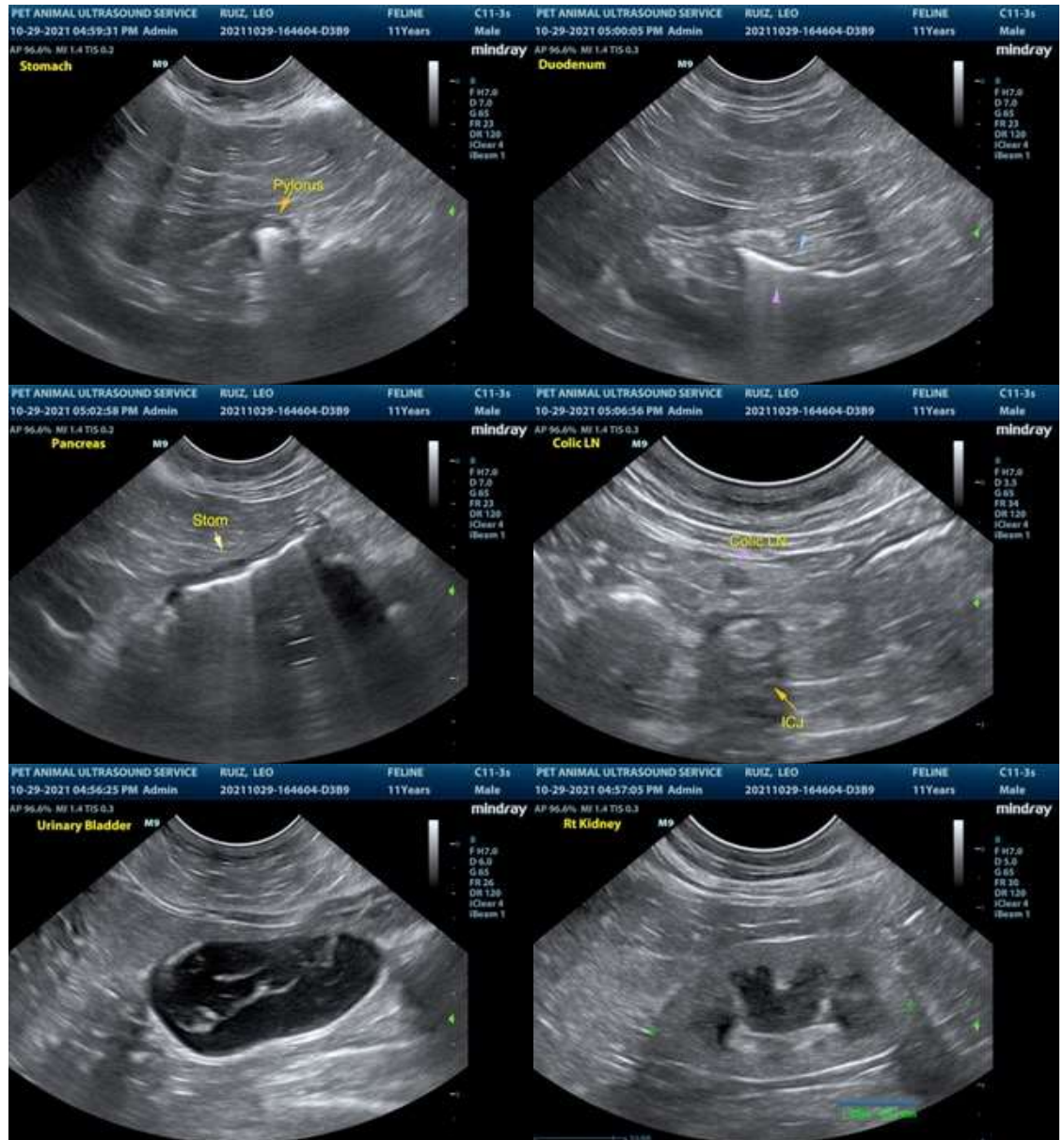
Jonathan Chyten, DVM

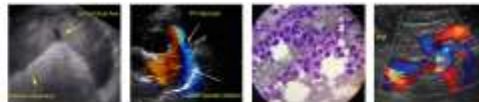
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R. McKenzie Daniel, DVM,
 DABVP (Canine and
 Feline)

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.

IMAGING PERFORMED BY

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.

Pamela Harrigan, RDMS

HOSPITAL NAME

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

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 Hospital

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