



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Olivia Liesenfelt	intermittent vomiting- AUS recommended 1 yr ago
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: PE- wnl bloodwork pending
Feline	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>BREED</b>	<b>Urinary System</b>
DSH	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 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.
<b>SEX</b>	Mild subnormal left size was present compared to normal feline renal size and compared to the right kidney. 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 2.6 cm in length. The right kidney measured 3.3 cm in length.
FS	
<b>AGE</b>	The area of the aortic trifurcation was free of pathology.
11yr	<b>Adrenal Glands</b>
<b>WEIGHT</b>	No overt pathology in the area of the bilateral adrenal glands.
5.70lb	<b>Spleen</b>
<b>INTERPRETED BY</b>	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 in width at the level of the hilus.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<b>Liver</b>
<b>IMAGING PERFORMED BY</b>	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.
Dr. Rivera	<b>Gastrointestinal</b>
<b>HOSPITAL NAME</b>	The stomach presented intact mildly prominent wall layering. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.28 cm in width.
DPC Veterinary Hospital	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. Small intestinal wall width measured 0.2 cm. The ileocolic wall measured 0.26 cm in width.
<b>REFERRING VET</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
Dr. Rivera	<b>Pancreas</b>
<b>INVOICE</b>	The pancreas was normal in size with areas of capsule asymmetry and mildly non-homogeneous to variably echogenic mildly hypoechoic parenchyma.
12052ag	
<b>DATE</b>	
10/30/2022	



**PATIENT**

**Free Abdomen**

Olivia Liesenfelt

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

**SPECIES**

Feline

**ULTRASONOGRAPHIC FINDINGS**

- Intact yet mildly prominent gastric walls
- Heterogeneous mildly hypoechoic pancreas
- Bilateral mild age-related kidney changes

**BREED**

DSH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Sonographically the appearance of the stomach may suggest mild to low-grade chronic gastritis while potential for low-grade to chronic pancreatitis may be suspected if evidence of cranial abdominal/subxiphoid discomfort on palpation. Correlation with pending labs and/or spec fPL is recommended. Dietary intolerance / food hypersensitivity, occult parasitism, structurally insignificant inflammatory gastropathy/gastroenteropathy or mild low grade to chronic pancreatitis both of which may appear sonographically normal are all potentials. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

**SEX**

FS

**AGE**

11yr

Empirically, a canned limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative) if clinically indicated or if indoor/outdoor and gastric protectant protocol may prove beneficial. Sonographic reassessment of the GI tract/pancreas is recommended if persistent or progressive vomiting or evidence of weight loss despite supportive and dietary care.

**WEIGHT**

5.70lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Rivera

**HOSPITAL NAME**

DPC Veterinary  
Hospital

**REFERRING VET**

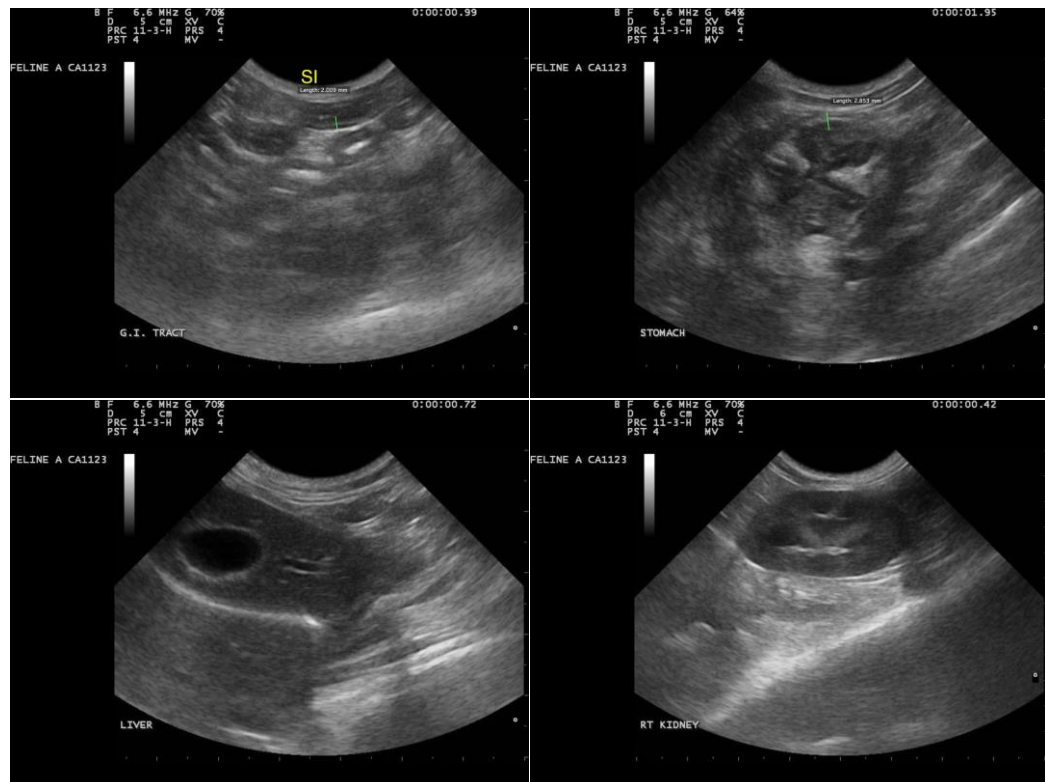
Dr. Rivera

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**PATIENT**

Olivia Liesenfelt

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

11yr

**WEIGHT**

5.70lb

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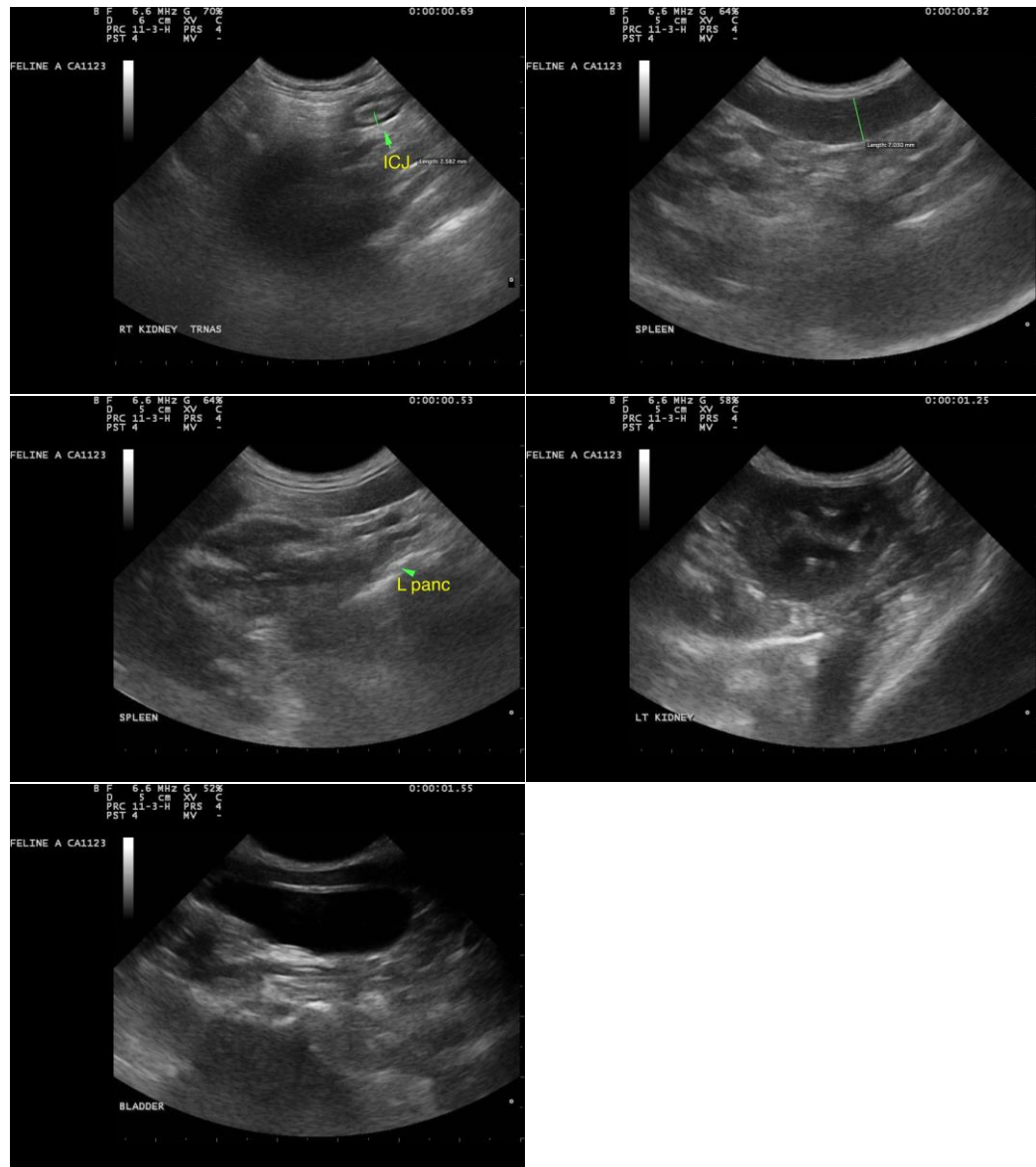
Dr. Rivera

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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.

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)

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