



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Kasha Brown	occasional vomiter, now vomiting EOD, decreased appetite, no BM since last weekend, ADR Abnormal PE/Chem/CBC/UA Results: Please see attached BW and UA
<b>SPECIES</b>	USG 1.017, neg protein/glucose, neg urine culture and sensitivity, BUN 11.5, Creatinine 230, SDMA 27, ALT 23, Spec fpl 47.9, unremarkable CBC
Feline	
	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>BREED</b>	<i>Urinary System</i>
DSH	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Mild dependent to particulate sediment was present. Anechoic urine was present in the lumen. 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>	
FS	No evidence of pathology in the area of the aortic trifurcation.
<b>AGE</b>	The right kidney was subnormal in size and the left kidney was small in size with asymmetrical margination in both kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary border demarcation and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.2 cm in length. The right kidney measured 2.9 cm in length.
17 Years	
<b>WEIGHT</b>	<i>Adrenal Glands</i>
4.64kg	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.23 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.25 cm width.
<b>INTERPRETED BY</b>	<i>Spleen</i>
R. McKenzie Daniel, DVM, DABVP	The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease.
<b>IMAGING PERFORMED BY</b>	
Kelly Reshny, RVT	
<b>HOSPITAL NAME</b>	<i>Liver</i>
East Credit	The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.
<b>REFERRING VET</b>	
Webster	The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
<b>INVOICE</b>	<i>Gastrointestinal</i>
47643	The stomach exhibited mild to moderate mural hypertrophy with mild decreased mural echogenicity and loss of distinct wall layering noted in the area of the gastric fundus body and extending subjectively into the area of the pylorus. Gastric wall thickening was variable measuring 0.6-0.85 cm. A mild amount of retained echogenic ingesta was present in the stomach lumen.
<b>DATE</b>	
10-4-21	



<b>PATIENT</b>	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.
Kasha Brown	Normal visible colon wall layers were present with apparent formed feces in lumen.
<b>SPECIES</b>	<i>Pancreas</i>
Feline	The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with a hypoechoic to heterogeneous subtly nodular parenchyma. No overt evidence of neoplasia.
<b>BREED</b>	<i>Free Abdomen</i>
DSH	Mild evidence of perigastric and peripancreatic mesentery.
<b>SEX</b>	No overt lymphadenopathy or peritoneal effusion was present.
FS	<b>ULTRASONOGRAPHIC FINDINGS</b>
<b>AGE</b>	<ul style="list-style-type: none"><li>• Minor urinary bladder sediment - minor cellular / crystalline debris or mucus possible.</li><li>• Bilateral moderate chronic renal changes.</li><li>• Regional mild to moderate thickened stomach with minor retained ingesta.</li><li>• Prominent hypoechoic to heterogeneous subtly nodular pancreas - suspect chronic active pancreatitis with parenchymal remodeling and potential indistinct nodular hyperplasia. Potential for emerging pancreatic neoplasia considered an unlikely differential diagnosis.</li></ul>
17 Years	
<b>WEIGHT</b>	
4.64kg	
<b>INTERPRETED BY</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
R. McKenzie Daniel, DVM, DABVP	Potentials for the stomach may include chronic gastritis or emerging infiltrative neoplasia such as lymphoma, adenocarcinoma, or other. Gastric biopsies required for a definitive diagnosis.
<b>IMAGING PERFORMED BY</b>	Empirically, gastroprotectants, canned limited antigen or hydrolyzed diet +/- empirical therapy for helicobacter with sonographic monitoring of the stomach could be considered.
Kelly Reshny, RVT	Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.
<b>HOSPITAL NAME</b>	If conservative therapy is elected, recheck sonogram for reassessment of stomach suggested in 3-4 weeks, sooner if persistent vomiting is noted despite conservative therapy.
East Credit	
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Webster	
<b>INVOICE</b>	
47643	
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**PATIENT**

Kasha Brown

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

17 Years

**WEIGHT**

4.64kg

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP

**IMAGING  
PERFORMED BY**

Kelly Reshny, RVT

**HOSPITAL NAME**

East Credit

**REFERRING VET**

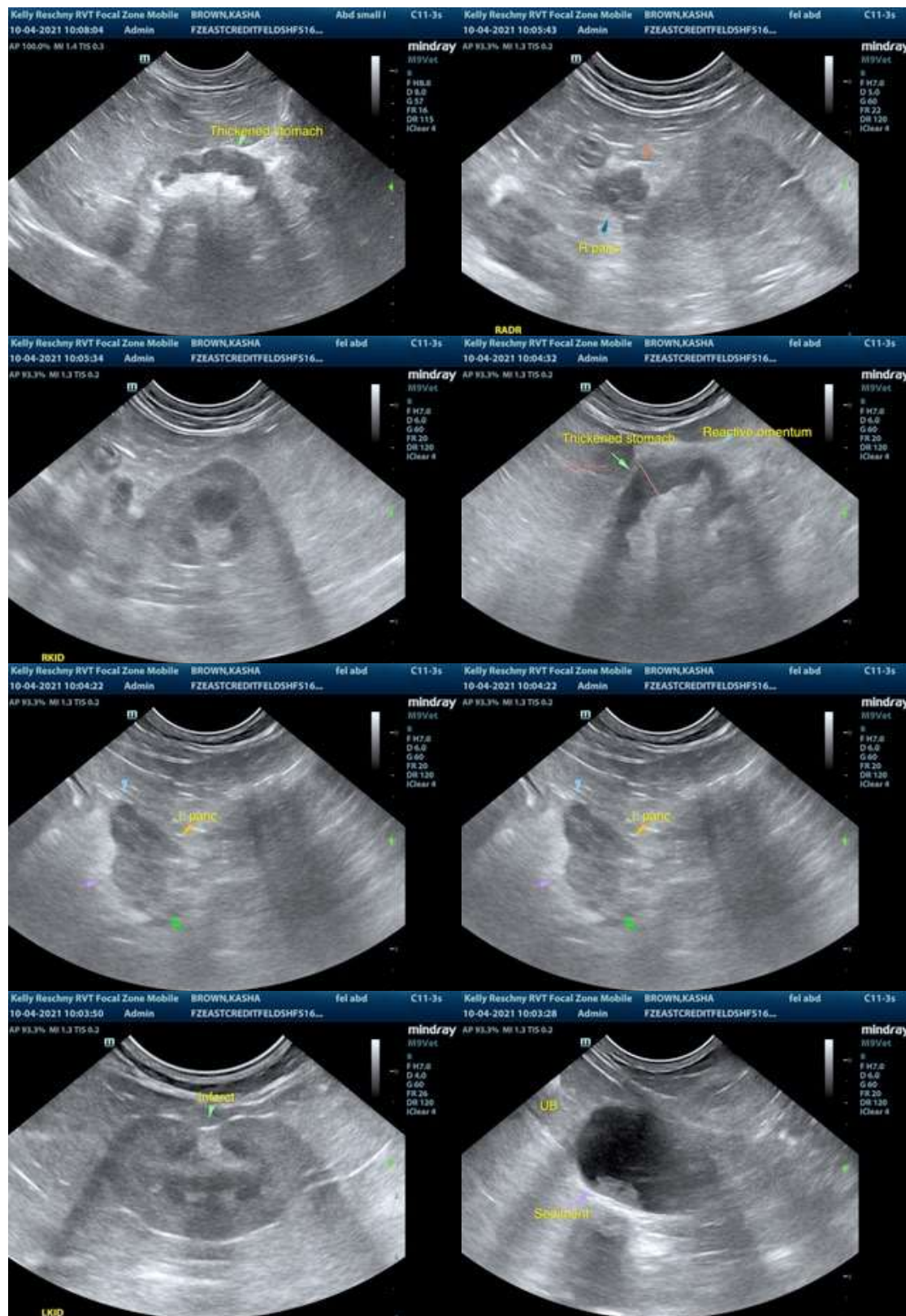
Webster

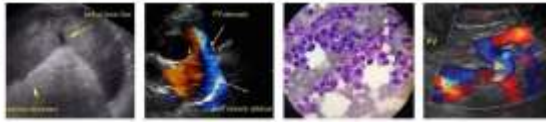
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**PATIENT**

Kasha Brown

**SPECIES**

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.

**BREED**

DSH

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)

**SEX**

FS

[info@SonoPath.com](mailto:info@SonoPath.com)

**AGE**

17 Years

**WEIGHT**

4.64kg

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**HOSPITAL NAME**

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