


PATIENT

Sanam Avella

PRESENTING CLINICAL SIGNS

febrile vomiting

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Urinary System

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.

BREED

Persian

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 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 3.5 cm in length. The right kidney measured 4.0 cm in length.

AGE

4

Adrenal Glands

No overt pathology in the area of the left or right adrenal gland.

WEIGHT

11.7

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.

INTERPRETED BY

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

Liver / Gallbladder
IMAGING PERFORMED BY

Jenn

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.

HOSPITAL NAME

 Rockaway Animal
 Hospital

The gallbladder was normal yet divided into two separate compartments and contained anechoic content. The cystic and common bile ducts were normal.

Gastrointestinal
REFERRING VET

Dr. Maniar

The stomach presented intact wall layering with a normal wall layer ratio. A mild amount of retained anechoic fluid was present in the area of the gastric antrum and pylorus. The gastric body wall width measured 0.20 cm.

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 jejunum wall width measured 0.20 cm.

INVOICE

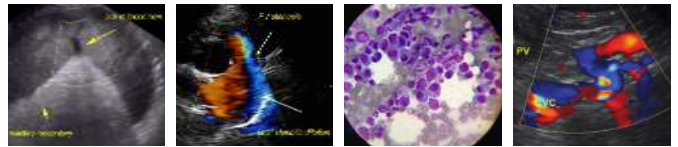
47646

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

DATE

10-4-21

Pancreas



PATIENT

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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

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

BREED

Persian

ULTRASONOGRAPHIC FINDINGS

- Bilobed gallbladder - normal variant in a cat.
- Mild retained anechoic gastric fluid, suspect mild gastritis.
- Sonographically unremarkable small bowel.

SEX

MN

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

An obvious cause of the fever was not definitively evident in this study. Potential for low grade or chronic pancreatitis may be present yet ultrasonographically normal. Recheck retroviral status may be considered if clinically indicated. Three view chest radiographs suggested to rule out occult thoracic or esophageal pathology. If evidence of weight loss, assessment of serum, cobalamin, and folate levels suggested. Empirical therapy for mild gastritis and gastric stasis suggested.

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HOSPITAL NAME

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Hospital

REFERRING VET

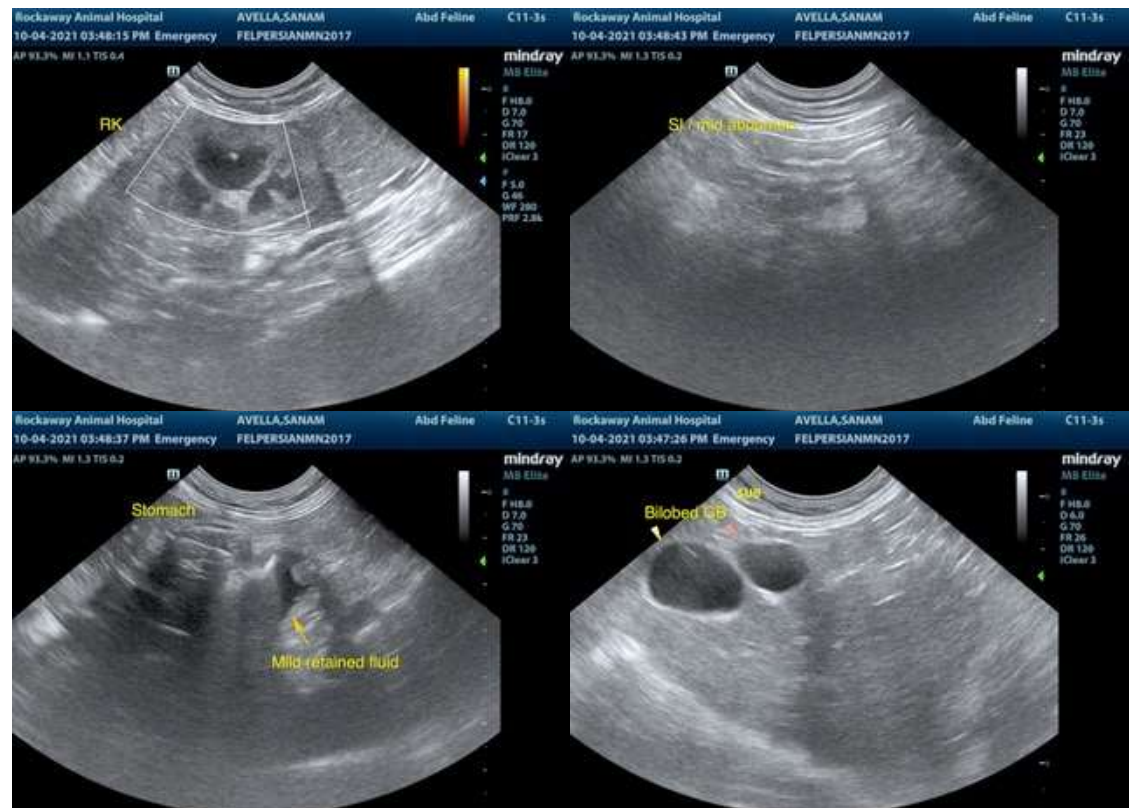
Dr. Maniar

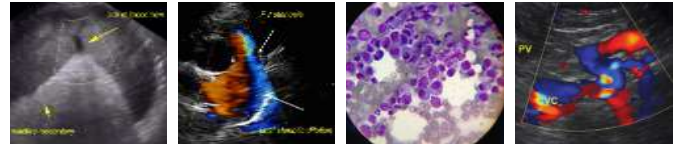
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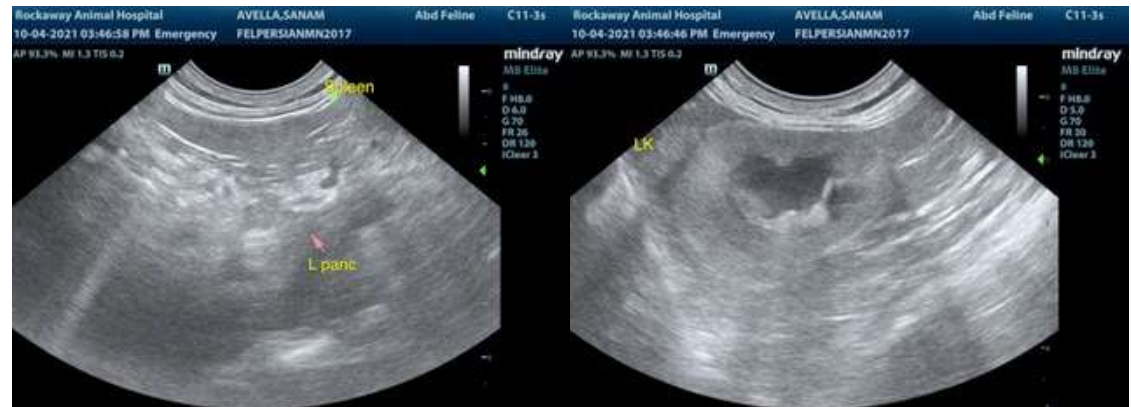
MN

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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.

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