**PATIENT**

Sophie Holland

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

11 years

WEIGHT

10.8 lbs.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP (Canine
and Feline)**IMAGING
PERFORMED BY**

Rachel Runnells, RVT

HOSPITAL NAME

SVS Imaging KC

REFERRING VET

Dr. Johathon Renfro

INVOICE

15062

DATE

10-4-22

PRESENTING CLINICAL SIGNS

Vomiting. Currently on amoxicillin and omeprazole.

Abnormal PE/Chem/CBC/UA Results: Increased radiopacity at the pyloric region.

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. Primarily anechoic urine was present in the lumen. Moderate, nondependent, particulate sediment, which may indicate cellular debris / protein, crystalline debris, mucus, or lipid, 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 aortic trifurcation was free of pathology.

Normal size was present in the kidneys. Mild asymmetrical left kidney margination was noted. 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 corticomedulullary symmetry and definition expected for the age of the patient. No evidence of pyelectasia was present. The left kidney measured 3.7 cm in length. The right kidney measured 4.0 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 0.43 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 cm width.

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.

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 stomach was empty at the time of the ultrasound without evidence of retained ingesta, fluid, or shadowing echoes/ foreign material. The gastric body wall width measured 0.24 cm. The pylorus wall width measured 0.27

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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 0.22 cm width. The jejunum wall measured 0.20 cm width. The ileocolic wall measured 0.32 cm width.

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

Pancreas**BREED**

DSH

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.

SEX

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Free Abdomen

No omental masses, lymphadenopathy, or peritoneal effusion were noted.

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ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable gastrointestinal tract - no evidence of retained gastric ingesta or foreign material
- Sonographically unremarkable pancreas
- Mild chronic renal changes
- Urinary bladder sediment

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urinalysis +/- C/S if evidence of inflammatory cells is recommended. Dietary intolerance / food hypersensitivity, occult parasitism if the patient is indoor/outdoor, structurally insignificant inflammatory bowel, or low-grade to chronic pancreatitis, both of which may present as sonographically normal, all potentials.

IMAGING PERFORMED BY

Rachel Runnells, RVT

As-needed gastrointestinal support, as well as possible bland or hydrolyzed diet trial, and assessment of clinical response would be reasonable. Broad-spectrum deworming is suggested if clinically indicated. Three-view chest radiographs may be considered to rule out occult thoracic or esophageal pathology as a contributing factor.

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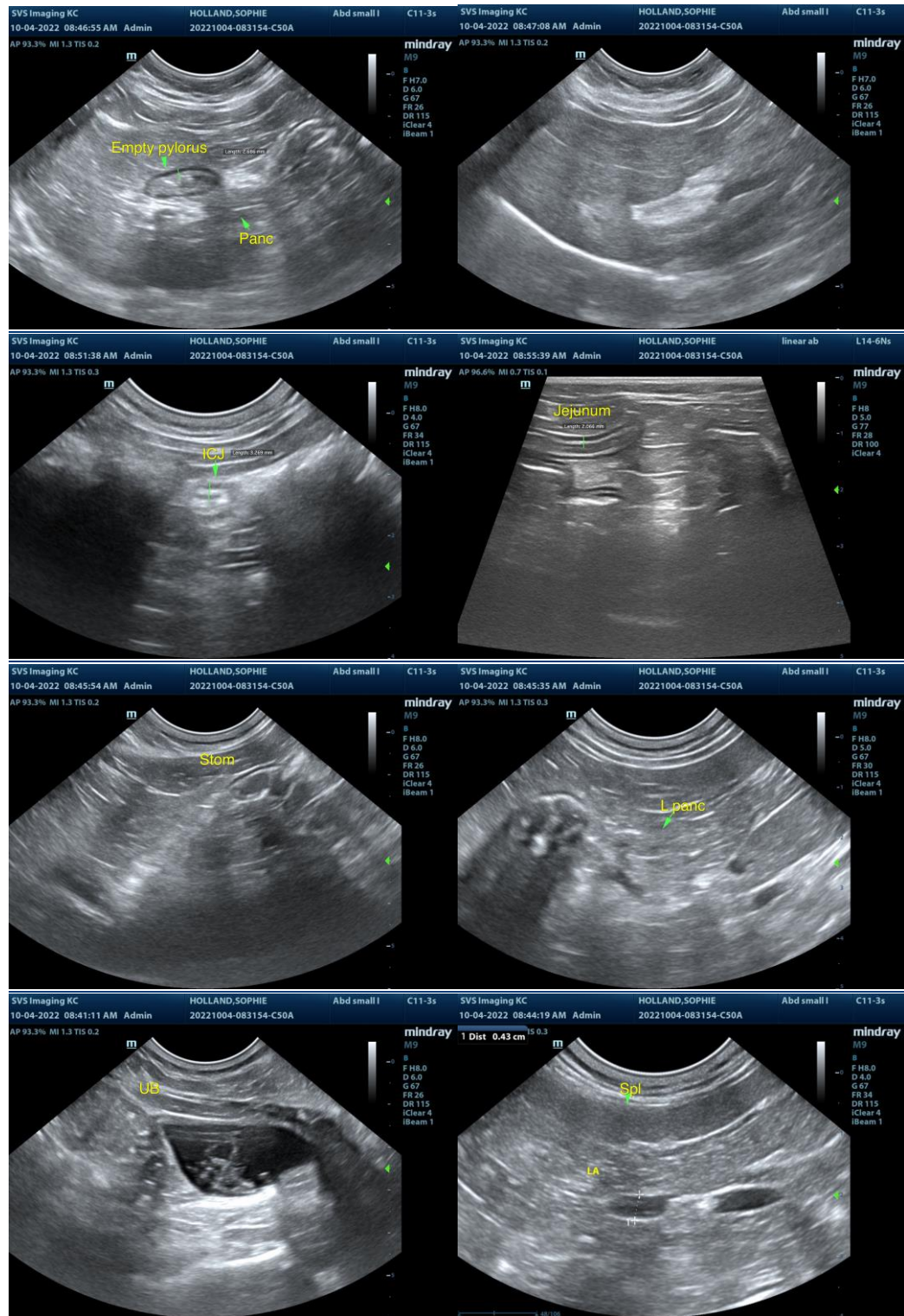
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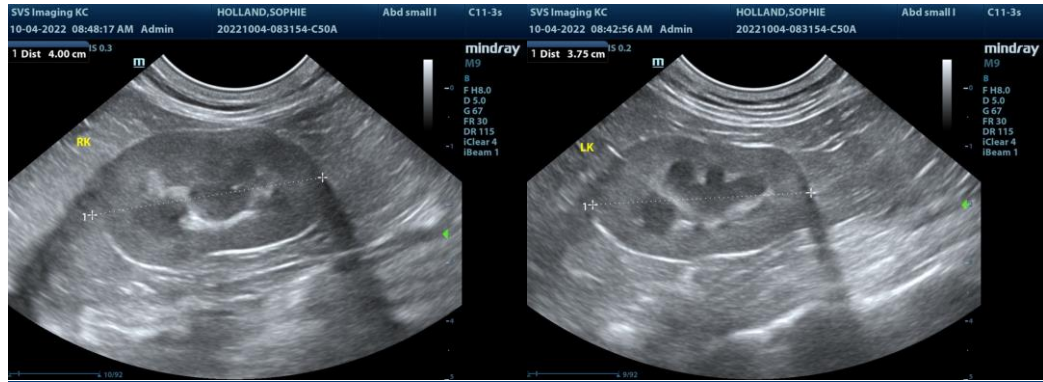
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@SonoPath.com