



PATIENT PRESENTING CLINICAL SIGNS

Missy Marrero V/D severe lethargy isolation behavior

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. Dependent to non-dependent particulate 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.

BREED

DSH

SEX

Spayed Female

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The right kidney measured 3.4 cm. The left kidney measured 3.4 cm.

AGE

14 Years

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

No overt pathology in the area of the left and right adrenal gland, although not definitively visualized.

WEIGHT

5.2

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The spleen measured 0.65 cm. 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.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

Liver

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. 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

Rockaway AH

Gastrointestinal

REFERRING VET

Dr. Maniar

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate echogenic ingesta with progressive distal acoustic shadowing, most consistent with post prandial presentation without signs of ileus, obstruction or foreign material.

INVOICE

26093

The small intestine presented intact wall layering with primarily maintained 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained segmental to generalized echogenic, nonshadowing ingesta consistent with normal food without signs of ileus, obstruction or foreign material.

DATE

10/6/21

Normal visible colon wall layers were present with subjective semiformal soft to nonformed feces.



PATIENT

Pancreas

Missy Marrero

The pancreas exhibited generalized mild prominent size with mild asymmetrical contour and heterogeneous to mixed echogenic parenchyma.

SPECIES

Free Abdomen

Feline

No evidence of omental masses, lymphadenopathy or peritoneal effusion.

BREED

DSH

SEX

Spayed Female

AGE

14 Years

WEIGHT

5.2

ULTRASONOGRAPHIC FINDINGS

- Mild urinary bladder sediment
- Moderate bilateral chronic renal changes
- Gastric and segmental to generalized small bowel ingesta – subjective inefficient peristalsis pattern
- Chronic to chronic active pancreatitis with parenchymal remodeling

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The presence of gastric and small bowel ingesta is non-specific and may correlate with post-prandial presentation. However, given the reported vomiting and diarrhea in this patient, generalized inefficient gastrointestinal peristalsis pattern may be present. Potential for structurally insignificant inflammatory bowel disease or other chronic inflammatory enteropathy is of concern.

Concurrent chronic pancreatitis and/or Triaditis (if previous or current history of elevated liver enzymes) also possible. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Empirically, as-needed gastrointestinal support with monitoring for evidence of gastrointestinal emptying +/- pancreatitis/Triaditis therapy would be reasonable.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

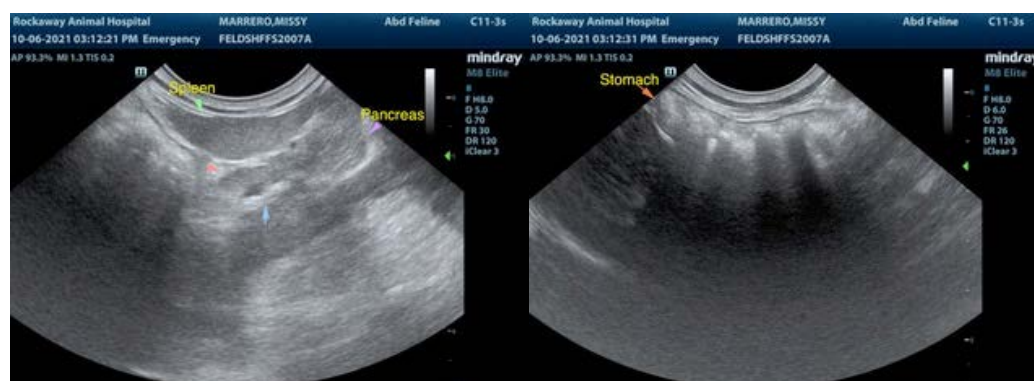
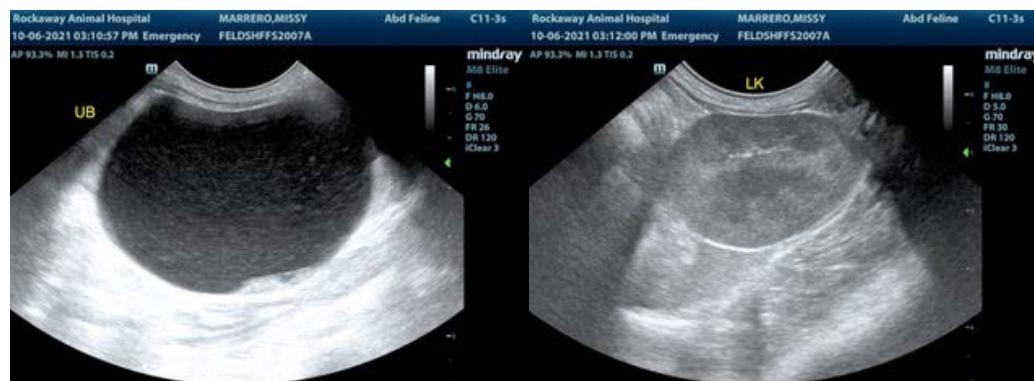
Dr. Maniar

INVOICE

26093

DATE

10/6/21





PATIENT

Missy Marrero

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

14 Years

WEIGHT

5.2

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenn

HOSPITAL NAME

Rockaway AH

REFERRING VET

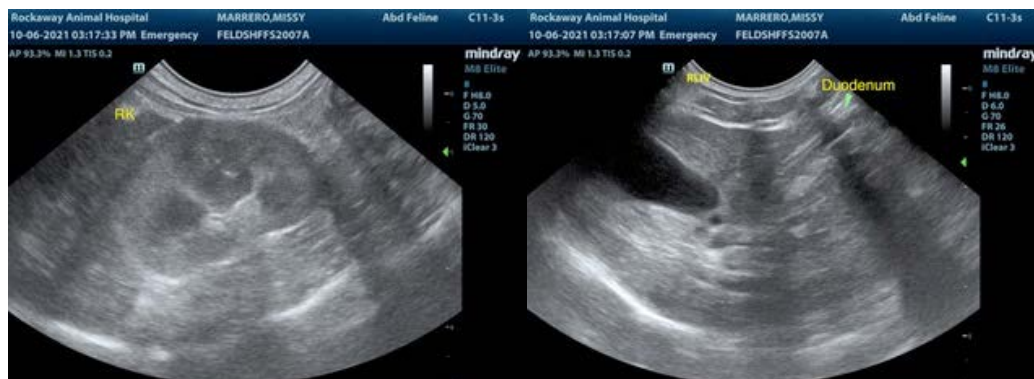
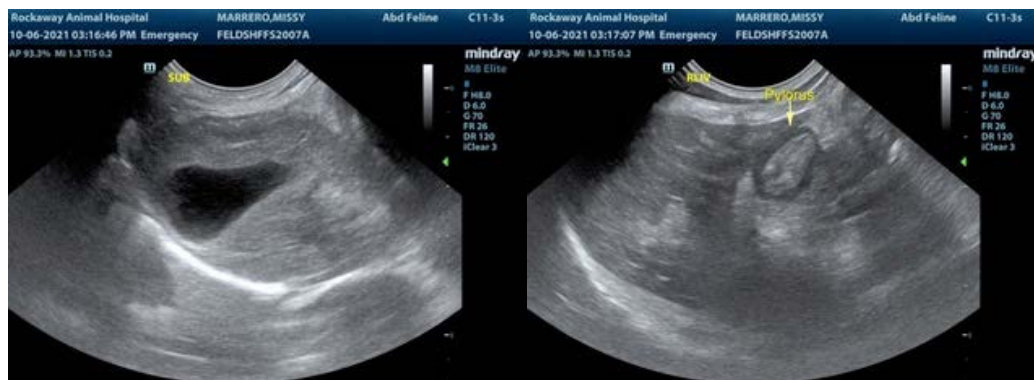
Dr. Maniar

INVOICE

26093

DATE

10/6/21



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.

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