



**PATIENT**

Phoebe Inglese

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

12 years

**WEIGHT**

-

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Oakland AH

**REFERRING VET**

Dr. Robert Gordon

**INVOICE**

15133

**DATE**

10/7/22

**PRESENTING CLINICAL SIGNS**

Patient presents for anemia and weight loss. Current meds: Methimazole 2.5 mgs 1 BID, Apoquel 5.4 mgs 1/4 SID, and Flovent inhaler BID.

Abnormal PE/Chem/CBC/UA Results: RBC 3.92, ALT 5, HCT 21.7, platelets 1425, BUN 45, albumin 2.2, T. bili. 0.4.

**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 was noted.

The area of the aortic trifurcation was free of pathology.

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 mild to moderate loss of corticomedullary symmetry 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 3.1 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 0.32 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.32 cm width.

**Spleen**

The spleen was normal in size and contour with subtle parenchyma heterogeneity. 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, or benign parenchyma changes were not noted. No evidence of neoplastic criteria was notes. The spleen measured 0.68 cm width at the level of the hilus.

**Liver/ Gallbladder**

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 proximal common bile duct was dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.18 cm diameter.



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**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material. The gastric body wall width measured 0.26 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 measured 0.21 cm width. The ileocolic wall measured 0.27 cm width.

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

**Pancreas**

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

**Free Abdomen**

Several discretely prominent colic lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph nodes are incidental and not consistent with inflammatory or neoplastic criteria. No omental masses or evidence of peritoneal free fluid.

**ULTRASONOGRAPHIC FINDINGS**

- Mild to moderate chronic renal changes
- Heterogeneous pancreas
- Minor nonobstructive proximal common bile duct dilation

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Largely mild geriatric abdomen without evidence of significant visceral pathology.

The proximal common bile duct dilation may suggest age related changes or secondary to underlying cholangitis / cholangiohepatitis especially if previous or current liver enzymes elevations have been noted. No overt signs of post hepatic obstruction. At times, this finding may correlate with low-grade lethargy or anorexia.

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss.

CBC pathology review may be considered.



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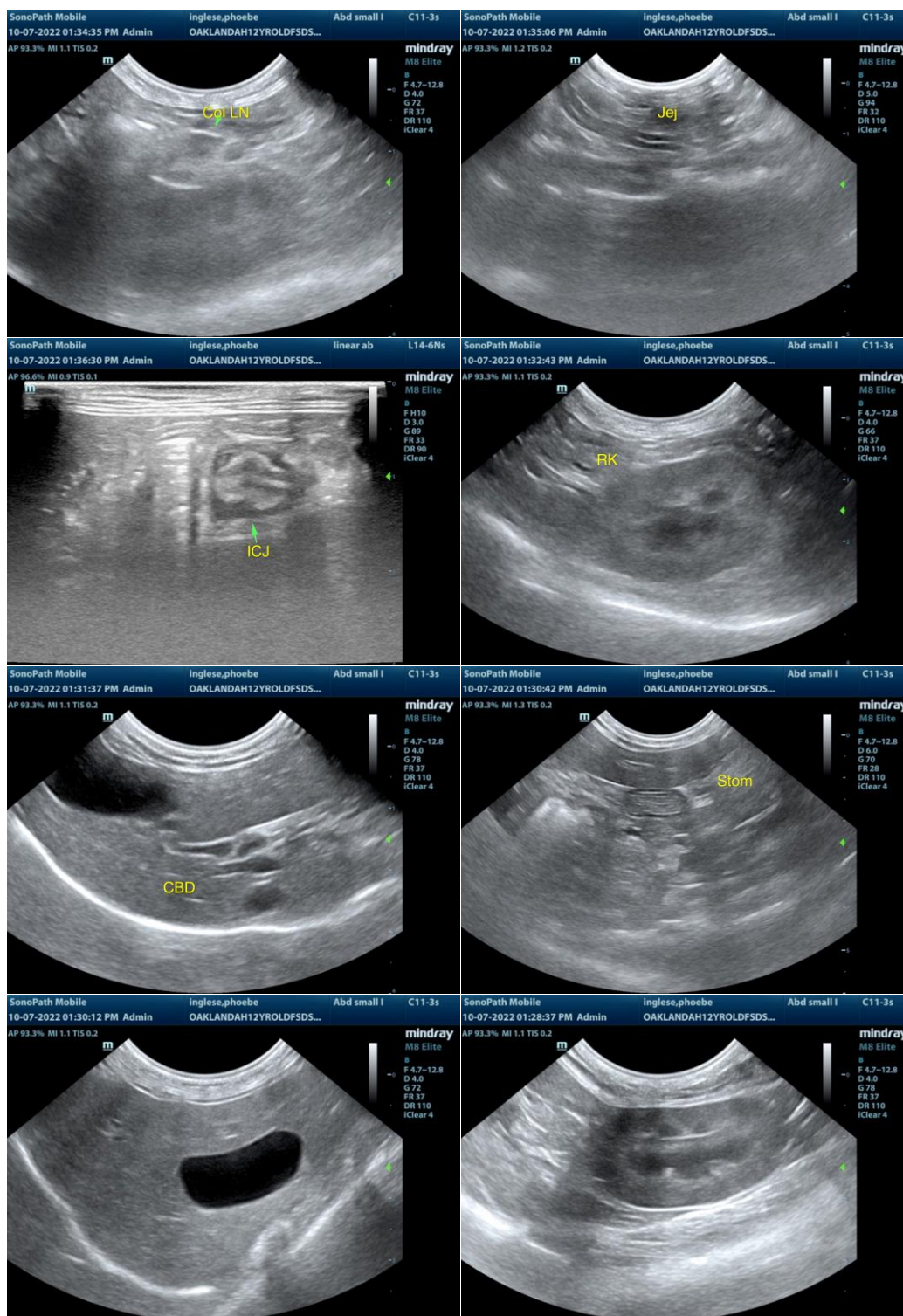
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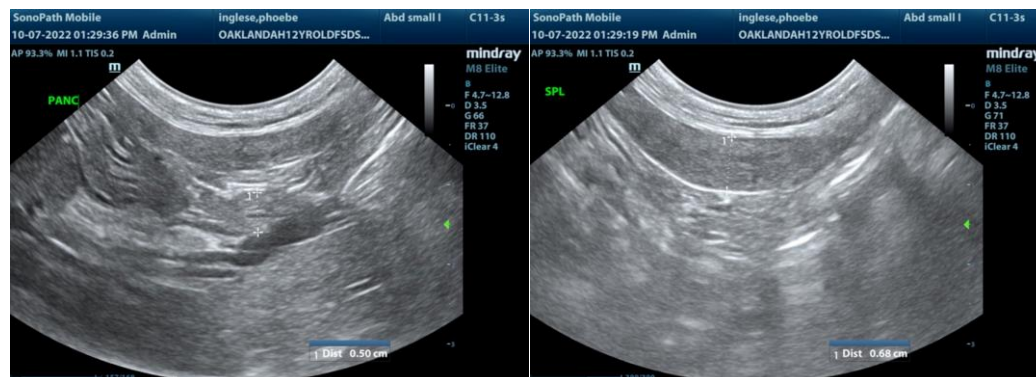
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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