



PATIENT

Piper McDonald

SPECIES

Feline

BREED

Abyssinian

SEX

FS

AGE

1yr 3mo

WEIGHT

2.83 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Donna Markland,
DVM

HOSPITAL NAME

Island Mobile Paws
VS

REFERRING VET

Harbour City AH

INVOICE

15159

DATE

10/7/22

PRESENTING CLINICAL SIGNS

Intermittent anorexia over the past year. Always a picky eater. Not lethargic. The most recent episode of anorexia started after vaccination, 6 days prior to this scan. The patient was too fractious to examine prior to the scan. She was sedated with dexdomitor and butorphanol for the scan. USG was 1.062 with new CBC/Chem results pending. Additional history includes a diagnosis of tricuspid valve regurgitation with normal cardiac structure and no medications or anesthetic recommendations from the cardiologist who saw her. Bloodwork abnormalities from May (following an episode of anorexia in April) are reported below.

Abnormal PE/Chem/CBC/UA Results: May, 2022: WBC=21.2 (2.8-19.4) Neutrophils=15.19 (2.6-10.12) TP=79 (55-76) GT=1 (2-11) Cl=111 (113-123) Anion Gap=27 (12-25) Osm, Calc = 307 (286-305) USG=1.028 Trace protein 2+ blood October 6, 2022: usg=1.062 Bloodwork pending

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 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 3.1 cm in length. The right kidney measured 3.0 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 0.31 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.27 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. The spleen measured 0.57 cm width at the level of the hilus.

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



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walls and primarily anechoic luminal content. Very minor dilation of the cystic biliary duct with minor echogenic luminal debris was present.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained antrum and pyloric nonshadowing chyme was present. No evidence of mechanical pyloric outflow obstruction was noted. The pyloric wall width measured 0.22 cm.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild segmental intestinal ingesta / chyme was present. The duodenum wall measured 0.26 cm width. The jejunum wall measured 0.23 cm width. The ileocolic wall measured 0.30 cm width.

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

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Pancreas

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.

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Free Abdomen

Mild 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). An example lymph node measured 0.43 cm diameter.

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ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable gastrointestinal tract with mild gastric and segmental intestinal chyme
- Mild subjective benign / reactive colic lymphadenopathy

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no evidence of visceral, specifically gastrointestinal or pancreatic, pathology as an obvious cause of the patient's intermittent anorexia.

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A GI panel to include PLI/TLI/Cobalamin/Folate could be considered to rule out occult intestinal or pancreatic disease as a contributing factor. Dietary intolerance / food hypersensitivity may be a consideration in this patient. Correlation with pending blood work to assess for or rule out underlying metabolic disease as a possible cause is recommended.

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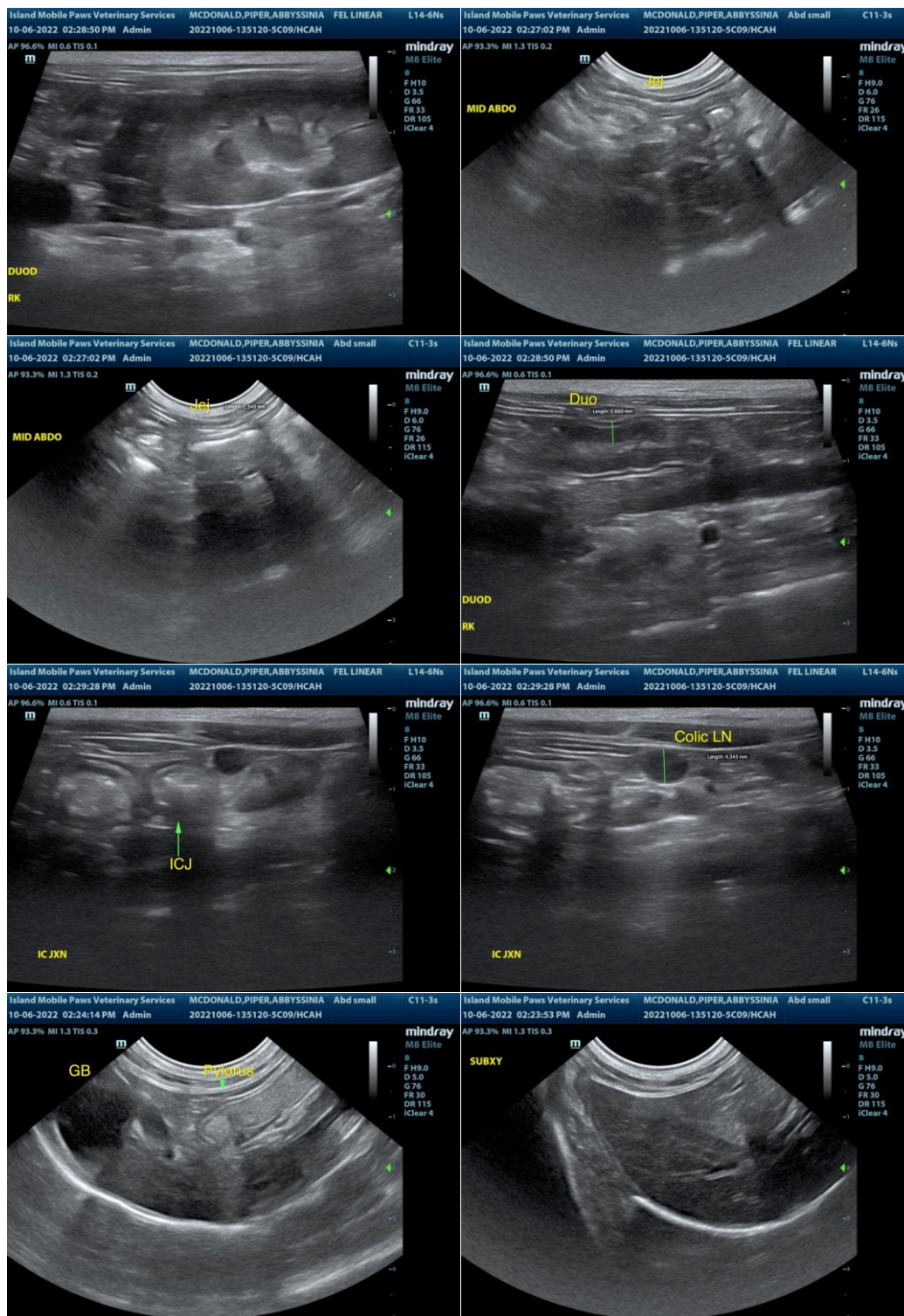
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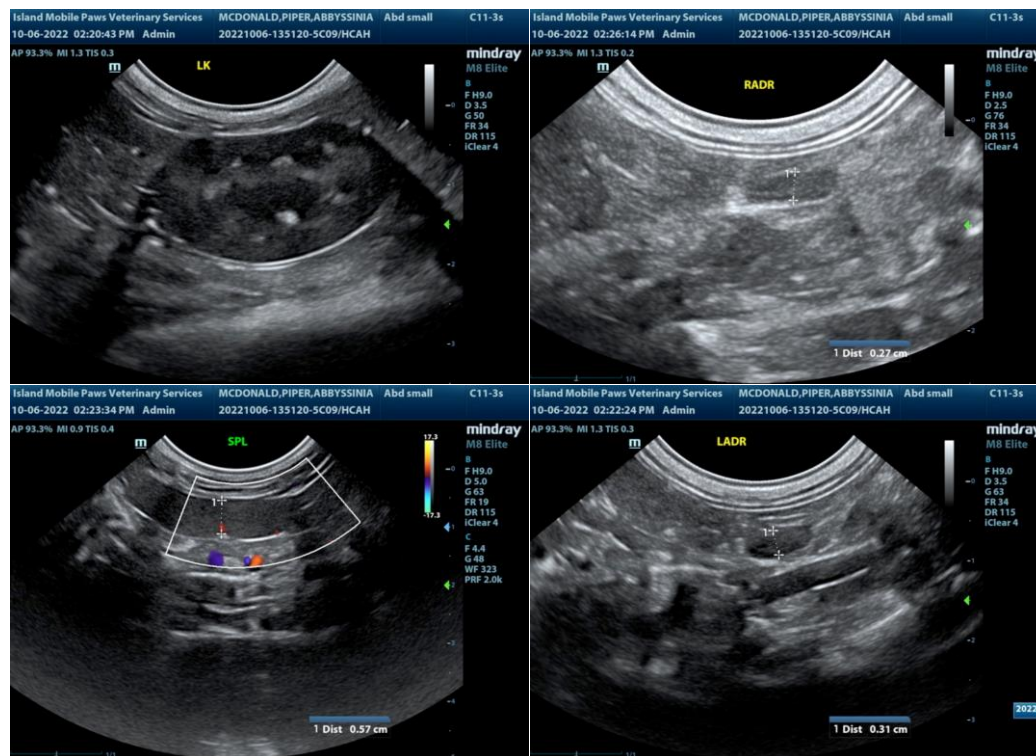
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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