



PATIENT PRESENTING CLINICAL SIGNS

Django Pennington

Previous ultrasound performed by Animal Sounds in May 2022 for recurrent vomiting and intermittent anorexia--a bladder stone was noted in addition to possible pancreatitis and IBD; in June patient was switched to c/d and was asymptomatic for a few months; he receives cerenia and mirtazapine PRN for possible pancreatitis flare ups(isolated vomiting and short-term picky appetite); last month patient started transition onto hypoallergenic diet for possible IBD as he continued to have recurrent vomiting/anorexia

SPECIES

Feline

BREED

DSH

Abnormal PE/Chem/CBC/UA Results: NSF on labs in May, none since Current Medications cerenia and mirtazapine PRN

SEX

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Neutered Male

Urinary System

AGE

9 Years

The urinary bladder was normal in size and tone. Previously noted non-dependent to congealed, particulate urinary bladder sediment along with mild accumulated dependent hyperechoic mineral is present. Potential for dorsal polyp, although the congealed particulate sediment appeared to be mobile. No evidence of inflammatory or neoplastic urinary bladder changes. The urethral was normal in structure and tone to a depth of 2.0 cm.

WEIGHT

12.5 Pounds

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 4.3 cm. The right kidney measured 4.3 cm.

INTERPRETED BY

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

Adrenal Glands

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.52 cm.

IMAGING PERFORMED BY

Sara Hansen

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

Spleen

HOSPITAL NAME

VCA Salem AH

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.

REFERRING VET

Dr. Tremper

Liver

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.

INVOICE

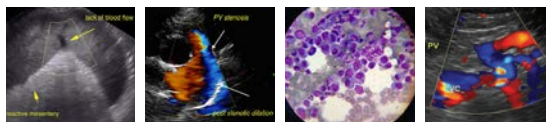
42731

Gastrointestinal

DATE

11/10/22

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. Gastric body wall measured 0.24 cm.



PATIENT Django Pennington
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. Duodenum wall measured 0.23 cm. Jejunum wall measured 0.22 cm. Ileocolic wall measured 0.35 cm.

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

Feline **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 was evident.

SEX Neutered Male
ULTRASONOGRAPHIC FINDINGS

- Previously noted persistent non-dependent urinary bladder sediment and mild dependent sand/mineral.
- Sonographically unremarkable gastrointestinal tract/pancreas

AGE 9 Years
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT 12.5 Pounds
The gastrointestinal tract in this study appears to be sonographically normal without evidence of inflammatory changes or altered intestinal wall layer ratio. Likewise, no sonographic evidence of active pancreatitis, although potential for low-grade to chronic pancreatitis as well as structurally insignificant inflammatory bowel may present sonographically normal. Dietary intolerance/food allergy, occult parasitism are additional potential considerations. No evidence of intraabdominal or gastrointestinal neoplastic criteria.

INTERPRETED BY

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

Further assessment may include GI panel to include PLI, TLI, cobalamin and folate. Empirically, novel protein or hydrolyzed diet with likely long-term dietary therapy, as needed gastrointestinal support, and assessment of gastrointestinal response would be reasonable.

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

VCA Salem AH

REFERRING VET

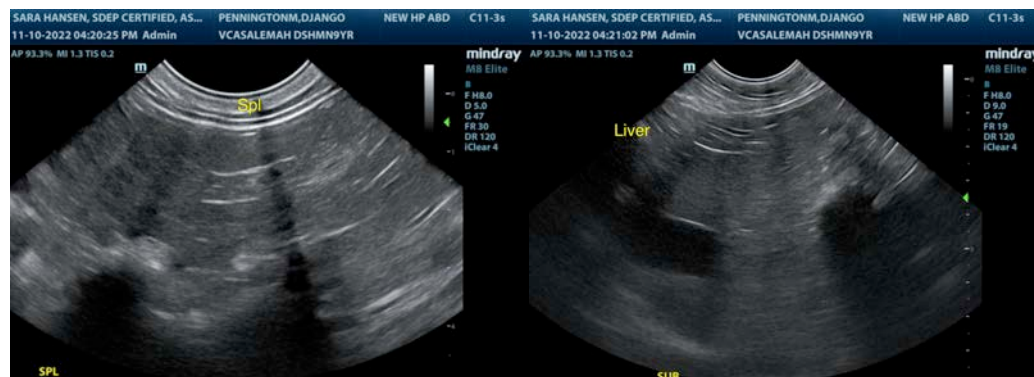
Dr. Tremper

INVOICE

42731

DATE

11/10/22





PATIENT

Django Pennington

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9 Years

WEIGHT

12.5 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

VCA Salem AH

REFERRING VET

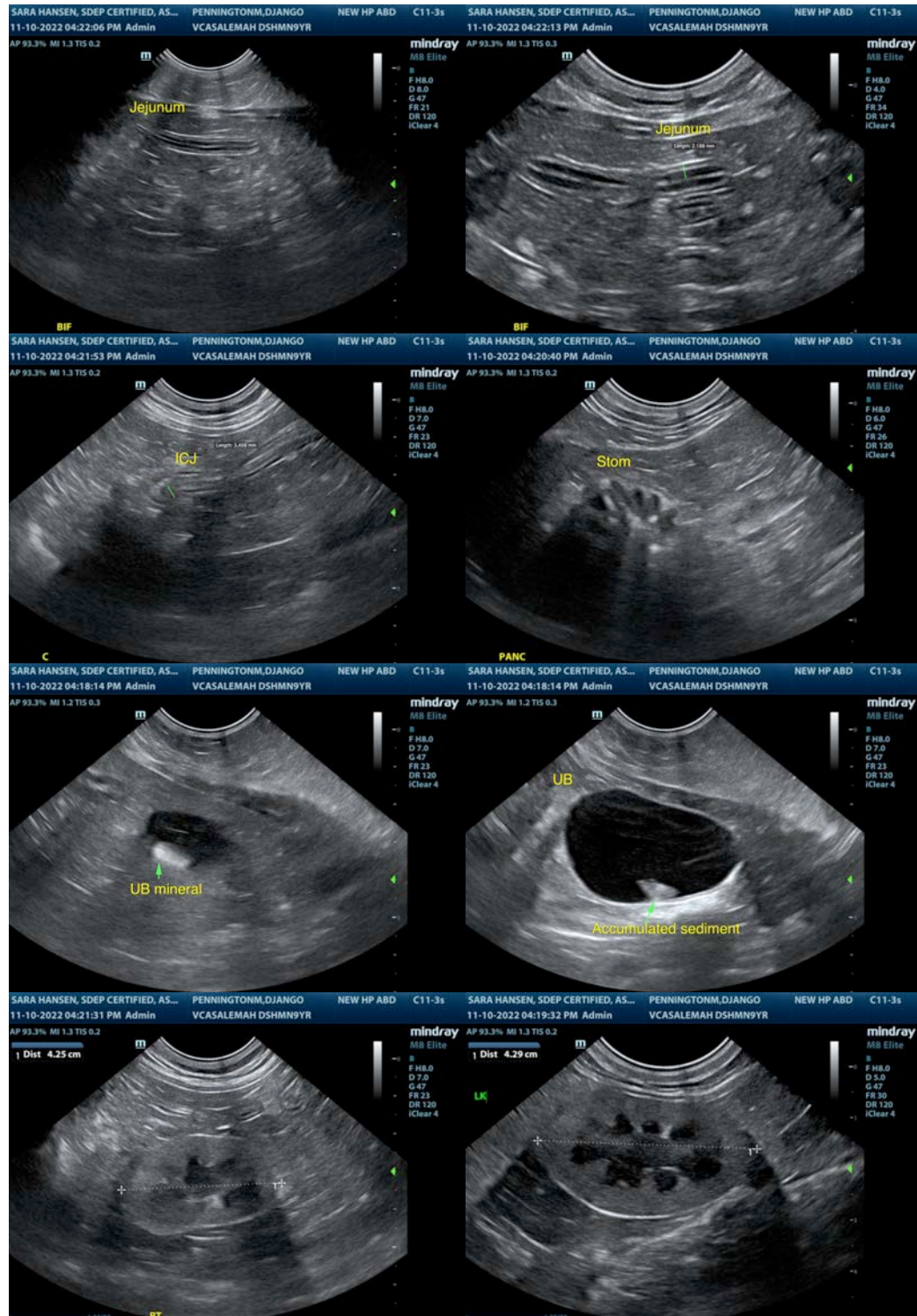
Dr. Tremper

INVOICE

42731

DATE

11/10/22





PATIENT

Django Pennington

SPECIES

Feline

BREED

DSH

SEX

Neutered Male

AGE

9 Years

WEIGHT

12.5 Pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Sara Hansen

HOSPITAL NAME

VCA Salem AH

REFERRING VET

Dr. Tremper

INVOICE

42731

DATE

11/10/22

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