



**PATIENT**

Mini Casey

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

6 Years 2 Months

**WEIGHT**

5.33

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Michael Roppolo

**HOSPITAL NAME**

Pennsauken AH & UC

**REFERRING VET**

Michael Roppolo

**INVOICE**

17926

**DATE**

11/10/22

**PRESENTING CLINICAL SIGNS**

History: 1-2 day hx of acute onset lethargy/anorexia. O noticed gums were pale last night, heart rate was elevated last night. O states has baby's breath/roses in room but does not get into anything. Did not want to eat this AM but somewhat interested in treats

Abnormal PE/Chem/CBC/UA Results: PCV 7%, RBC 1.4, Creat 0.7ml, Glu 200 BP 80 Tachycardia Pale MM Painful on palpation of cranial abdomen FeLV/FIV negative last month

**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. Mild nondependent particulate sediment was present without evidence of calculus formation, likely indicative of cellular debris/protein, crystalline debris, lipid or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted. No evidence of medial or sublumbar lymphadenopathy/masses.

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 4.4 cm in length. The right kidney measured 4.5 cm in length.

**Adrenal Glands**

The left adrenal gland was normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age-related finding and not pathological. The left adrenal gland measured 0.35 width.

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

**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 0.69 cm in width.

**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 normal in size with primarily anechoic content with mild echogenic, nonorganized debris without evidence of gallbladder or peripheral gallbladder inflammatory criteria. The cystic duct and common bile ducts were normal without evidence of dilation. The gallbladder debris was likely incidental given no reported evidence of cholestasis or hepatic enzyme elevation and likely secondary to anorexia.

**Gastrointestinal**



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, primarily pyloric segmental mild nonshadowing ingesta/chyme.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained mild segmental ingesta.

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

**Pancreas**

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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.

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**Free Abdomen**

No omental masses, lymphadenopathy or peritoneal free fluid was present.

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**ULTRASONOGRAPHIC FINDINGS**

- Overall, sonographically unremarkable abdomen
- Normal gastrointestinal tract with gastric and mild segmental intestinal ingesta
- Mild incidental gallbladder debris
- Mild incidental gallbladder debris

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No overt evidence of abdominal visceral pathology, specifically neoplastic criteria or peritoneal free fluid as an obvious cause or contributing factor to the patients anemia. CBC pathology review +/- infectious disease serology and assessment for possible agglutination may be considered. Three view chest radiographs are suggested to assess for or rule out occult thoracic pathology as a contributing factor. Some degree of potential gastrointestinal hypomotility or inefficient peristalsis could be possible without evidence of mechanical obstruction or gastrointestinal mural pathology. Conditioned as needed gastrointestinal support is recommended.

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For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

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One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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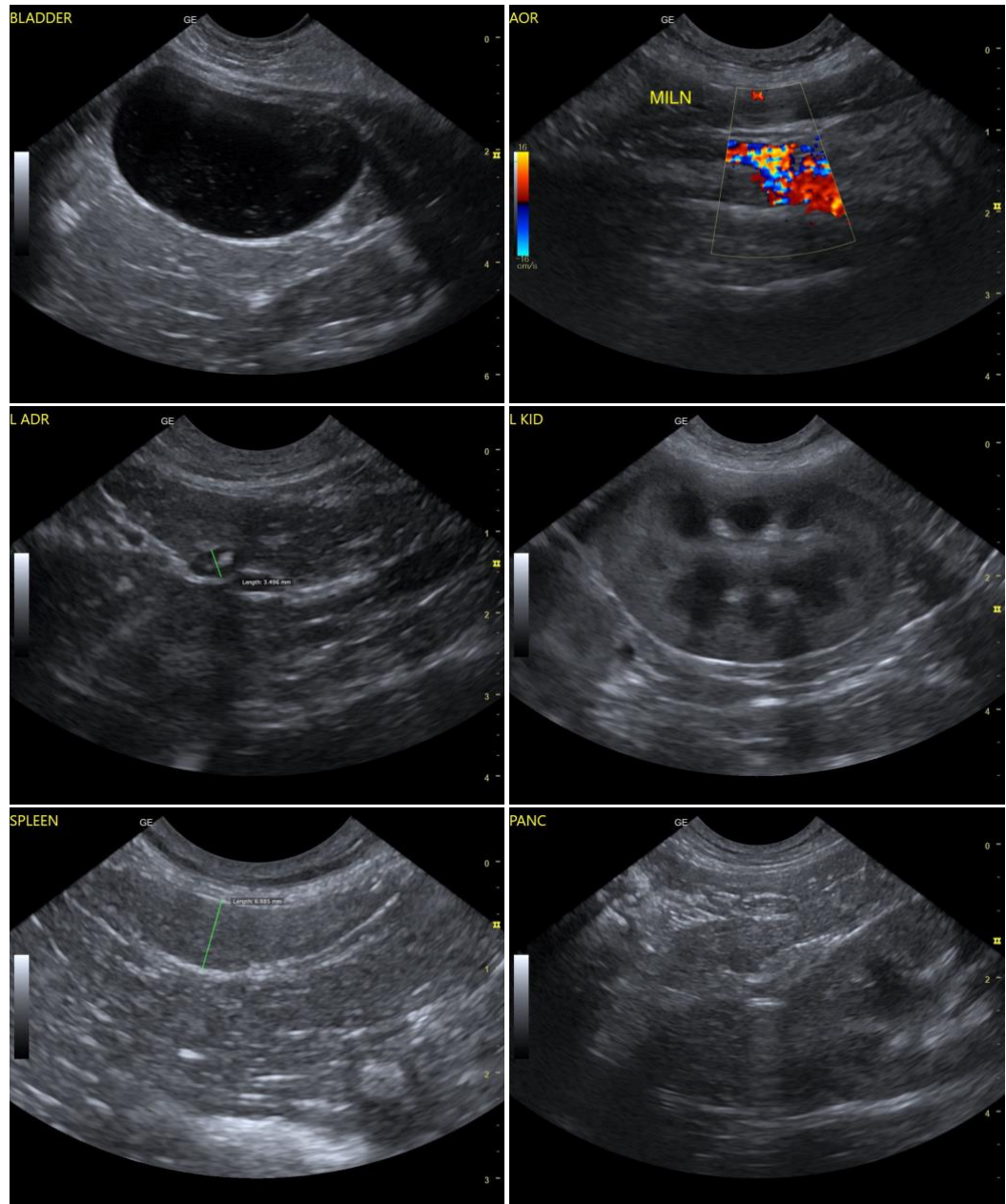
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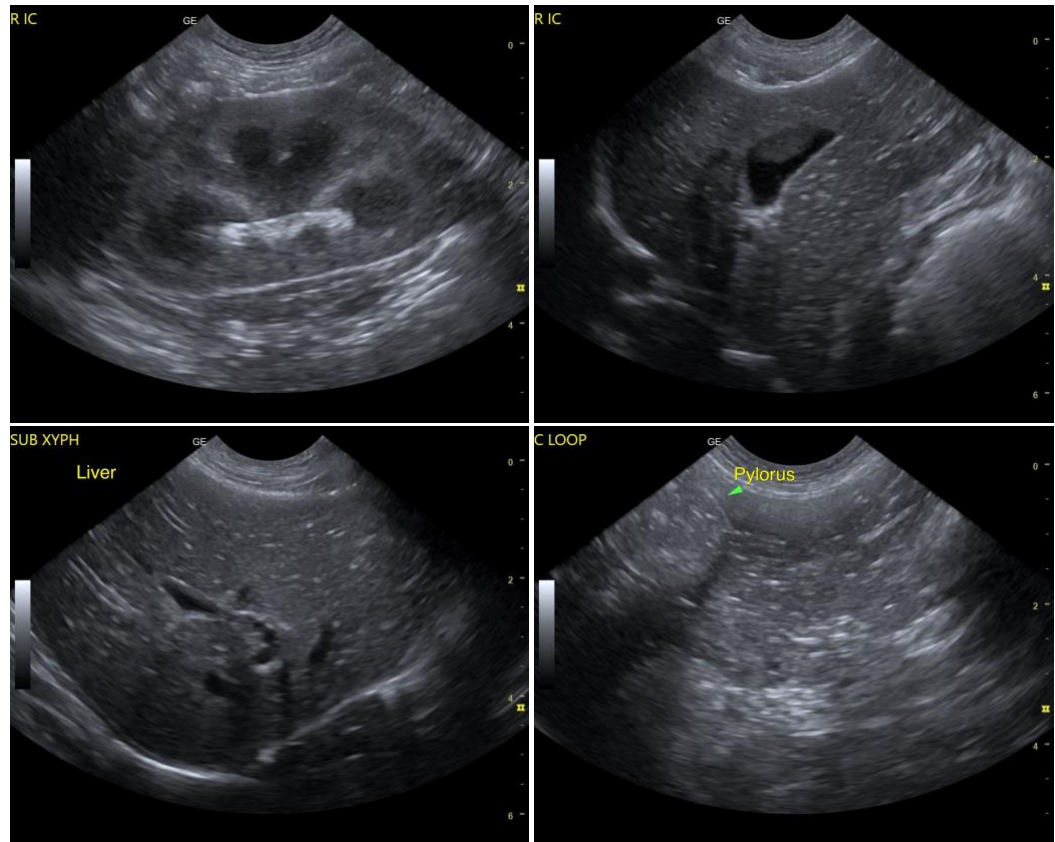
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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