



PATIENT

Zara Evans

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

8yr

WEIGHT

5.0kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Lea Hayes, DVM

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Lea Hayes, DVM

INVOICE

22990

DATE

11-19-25

PRESENTING CLINICAL SIGNS

P presents for decreased appetite. Last ate yesterday, has been eating less lately. Vomited twice this morning. First was foamy, brown liquid the second time. Last BM was two days ago, small and semi hard. Was seen at rDVM on 10/30 & 11/11 for constipation. P was given enemas, Miralax & Lactulose TGH. (O D/C'd since p isn't eating).

Abnormal PE/Chem/CBC/UA Results: Abdomen/Gastrointestinal- Not painful, soft. Colon is small on palpation. No organomegaly or obvious masses. Rectal- Normal stool palpable, small amount. No masses or swellings Integument- Clean hair, no ectoparasites or lesions. Lymphatic- No external lymphadenopathy Musculoskeletal- Ambulatory on all limbs. Normal range of motion. No muscle atrophy Neurologic- Appropriate mentation. Normal cranial nerve. Normal postural reflexes. Urinary- Small and soft bladder. CBC: HCT 47.7%, WBC 6.68, PLT 207 Chem: Creat 1.6, BUN 22, Na 160, K 4.0, Cl 118, TP 8.2, Alb 3.7, ALT 33, ALP 19

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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 3.7 cm in length. The right kidney measured 4.2 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

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.

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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and mild gravity dependent non-organized debris. The common bile duct was not visualized without overt evidence of dilation or post hepatic obstructive criteria.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of obstruction or foreign material. The gastric body wall measured 0.25 cm in width.

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 mechanical/metabolic ileus, obstruction or foreign material. The small intestinal wall measured 0.22 cm in width.

Normal visible colon wall layers were present with apparent formed to semi formed feces in lumen. The colon was non-distended in size.

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 was evident.

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

Primary

- Sonographically unremarkable gastrointestinal tract /colon with formed to semi-formed fecal matter -no evidence of colon distension
- Normal area of pancreas
- Mild urine sediment
- Mild gallbladder debris

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant abdominal visceral pathology as a definitive cause of the patient's clinical signs. No current evidence of constipation. A GI panel to include PLI/TLI/Cobalamin/Folate and three view chest radiographs may be considered to assess for occult disease as a contributing factor. Gastrointestinal support is indicated.



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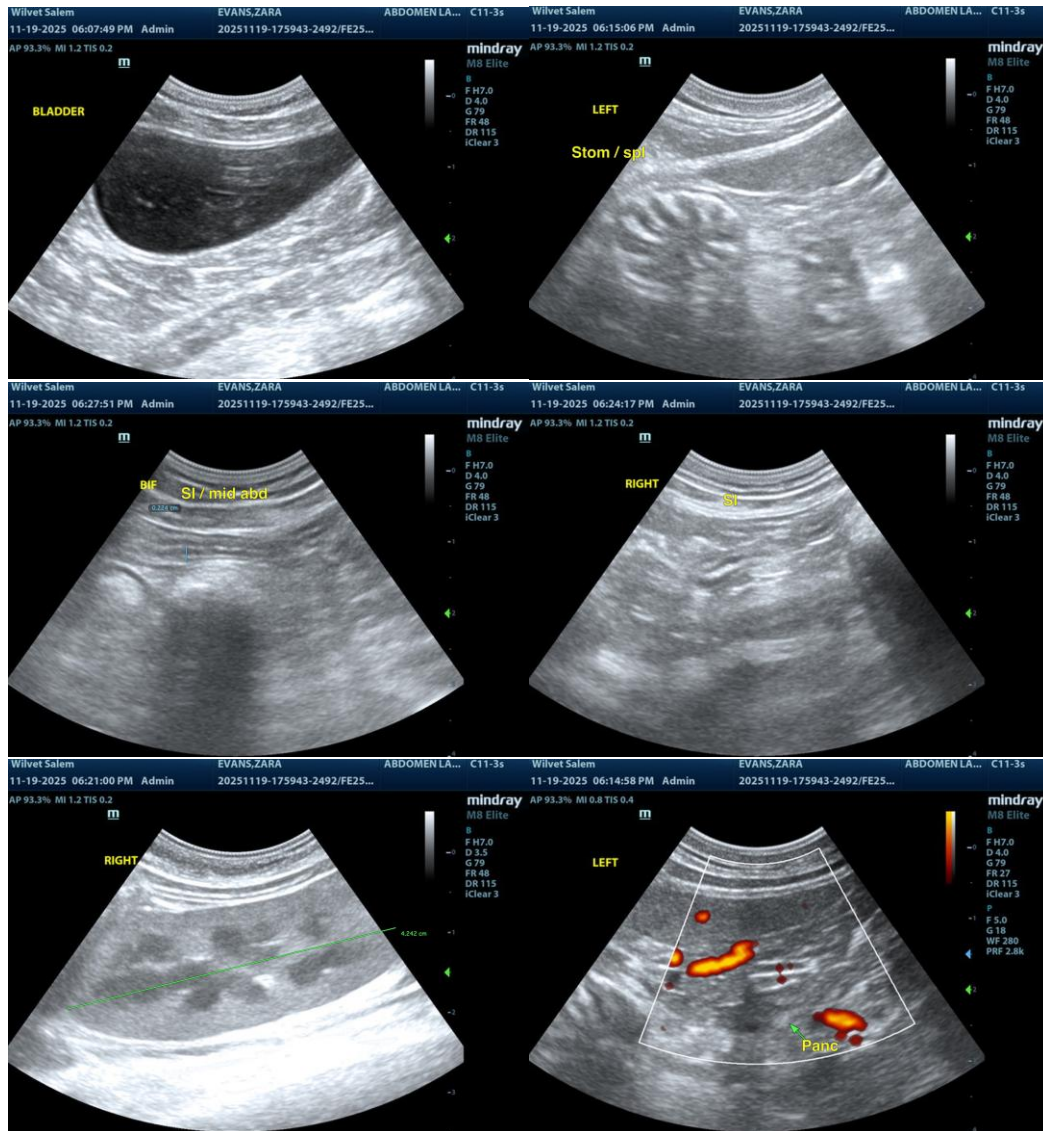
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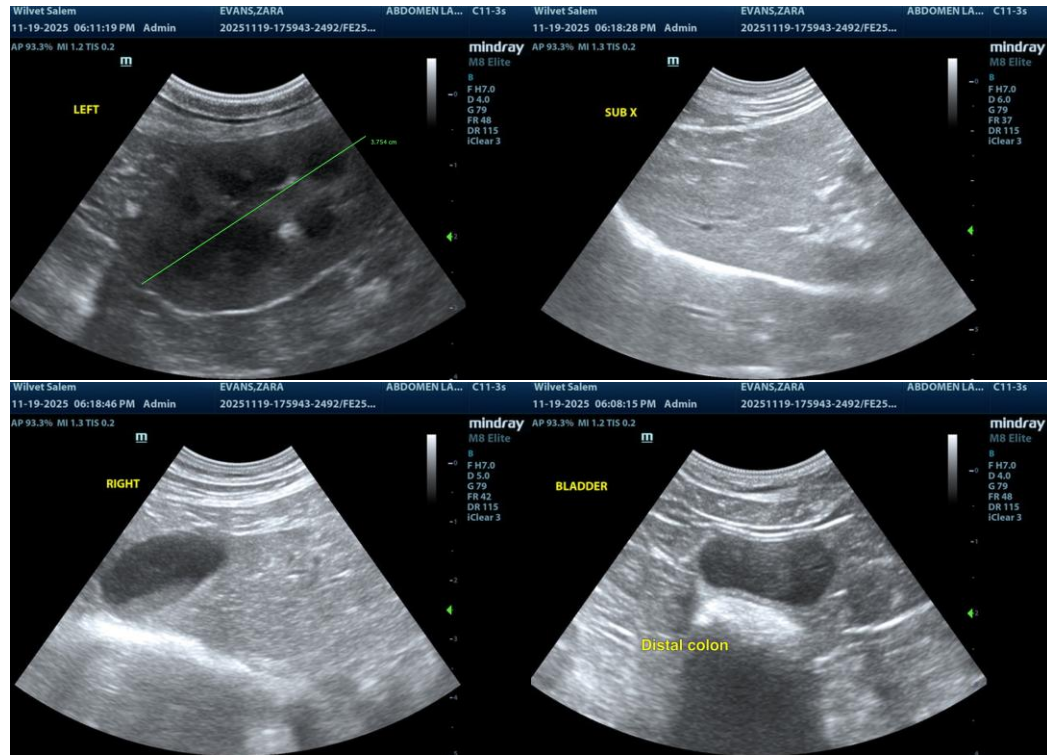
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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