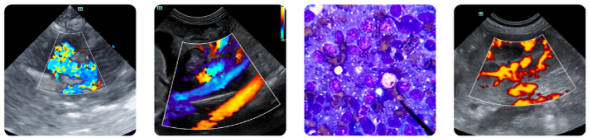




**PATIENT**

Hazel Hayes

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female Spayed

**AGE**

4 yrs 7 mos

**WEIGHT**

8.50 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Amanda Crook

**HOSPITAL NAME**

River's Edge PMC

**REFERRING VET**

Dr. Bridget Hayes

**INVOICE**

12863

**DATE**

11/25/25

## PRESENTING CLINICAL SIGNS

History: Clinical & PE History (please bullet point/limit clinical history): Slightly decreased appetite 11/22. Vomited after meals 11/23. Anorexia 11/24. Normal activity, no vomiting not associated with meals. Physical unremarkable besides slight weight loss.

Current Medications: none

Abnormal PE/Chem/CBC/UA Results: Laboratory Abnormalities (please indicate if WNL): No significant findings on chemistry, CBC (clumped platelets), UA, Pancreatic Lipase.

Radiographic Findings (if applicable): empty stomach, stool in colon

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, non-dependent echogenic to particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

Normal size and margination was 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 3.6 cm in length. The right kidney measured 4.0 cm in length.

### *Adrenal Glands*

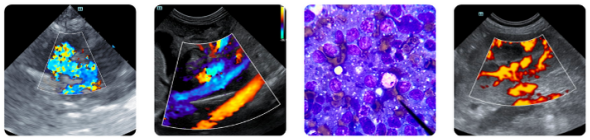
The left adrenal gland was overtly normal in size, position and shape measuring 0.29 cm. No obvious pathology in the area of the right adrenal gland.

### *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.

### *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.





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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 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 0.27 cm, jejunum wall measured 0.22 cm and ileocolic wall measured 0.25 cm.

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

### *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*

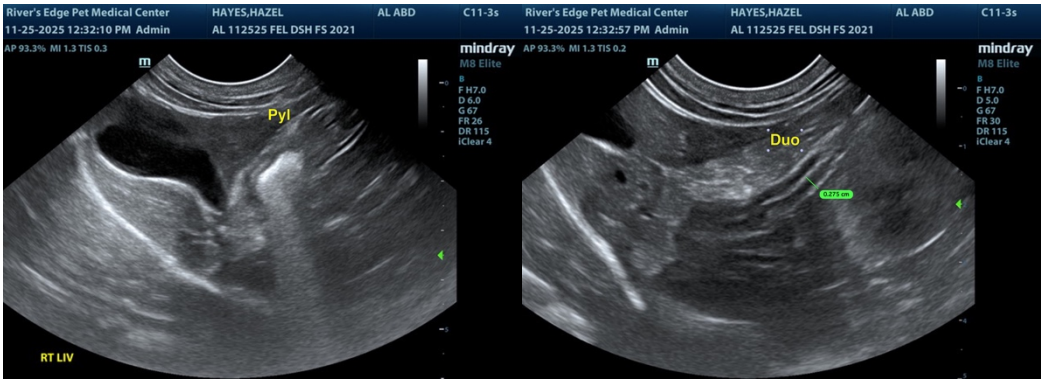
No overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

- Sonographically gastrointetsinal tract
- Normal area of pancreas
- Mild urine sediment

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, sonographically normal abdomen without evidence of visceral pathology as a definitive cause of the patient's history. 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. Dietary trial and as needed gastro protectants may prove beneficial. The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.



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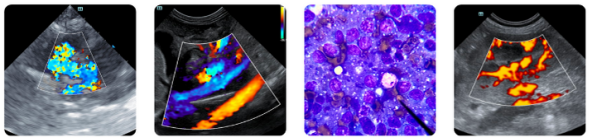

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*Educational Teleconsultation Services™*

SonoPath.com info@sonopath.com 1.800.838.4268

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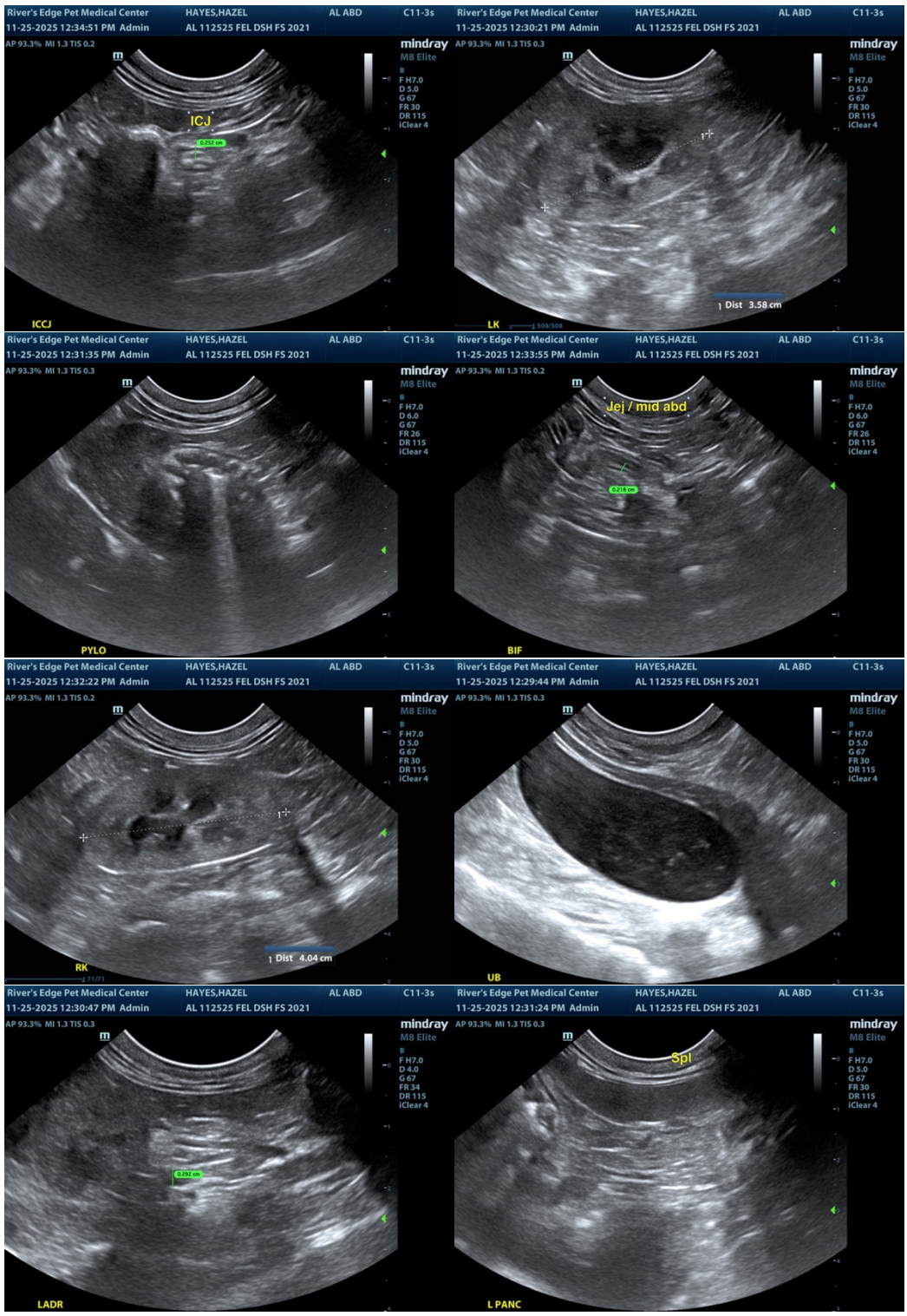

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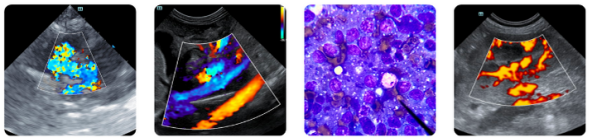

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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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