



PATIENT	PRESENTING CLINICAL SIGNS
Izzy Lambe	Hyporexia
	Abnormal PE/Chem/CBC/UA Results: WBC: 14.3, Neut: 11, Mono: 0.82,
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Feline	Urinary System
BREED	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with moderate non-dependent particulate sediment. The sediment may indicate 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 changes were noted.
DSH	
SEX	Normal size and minor asymmetrical contour were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.3 cm in length. The right kidney measured 4.3 cm in length
FS	
AGE	The area of the aortic trifurcation was free of pathology.
17yr	
WEIGHT	Adrenal Glands
11.5lb	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.41 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 cm width.
INTERPRETED BY	Spleen
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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.
IMAGING PERFORMED BY	Liver
Dr. Rodriguez	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.
HOSPITAL NAME	Gastrointestinal
Foxfield Veterinary Services	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.
REFERRING VET	
Dr. Rodriguez	
INVOICE	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.
12268ag	Normal visible colon wall layers were present with apparent formed feces in lumen.
DATE	Pancreas
11/28/2022	



PATIENT

Izzy Lambe

The pancreas base and right pancreatic limb was normal in size and contour with heterogeneous to mildly hyperechoic parenchyma compared to adjacent omentum, likely consistent with age related changes and considered incidental. No signs of active inflammation or neoplasia.

SPECIES

Feline

Free Abdomen

No omental masses or peritoneal effusion was present.

BREED

DSH

A solitary enlarged lymph node was present in the right cranial abdomen adjacent to the pylorus and right pancreatic limb consistent with gastric or pancreaticoduodenal node measuring 0.97 cm in diameter. This lymph node was homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident.

ULTRASONOGRAPHIC FINDINGS

SEX

FS

- Mild age-related kidney changes
- Moderate urinary bladder sediment
- Sonographically unremarkable GI tract
- Mild pancreatic remodeling
- Focal subjective benign/reactive gastric/pancreaticoduodenal lymphadenopathy-potential mild lymphadenitis owing to inflammatory bowel episode or chronic pancreatitis

AGE

17yr

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

11.5lb

Pancreatitis may be considered if evidence of cranial abdominal or subxiphoid discomfort on palpation. A GI panel to include PLI/TLI/Cobalamin/Folate may be considered to further assessment of the pancreas as well as rule out underlying non-structural intestinal disease especially if evidence of weight loss. No indication for surgical intervention.

INTERPRETED BY

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

As needed GI supportive care and conservative therapy for potential chronic pancreatitis if clinically indicated should prove beneficial.

Three view chest radiographs are suggested to rule out thoracic pathology as a contributing factor if not done.

IMAGING PERFORMED BY

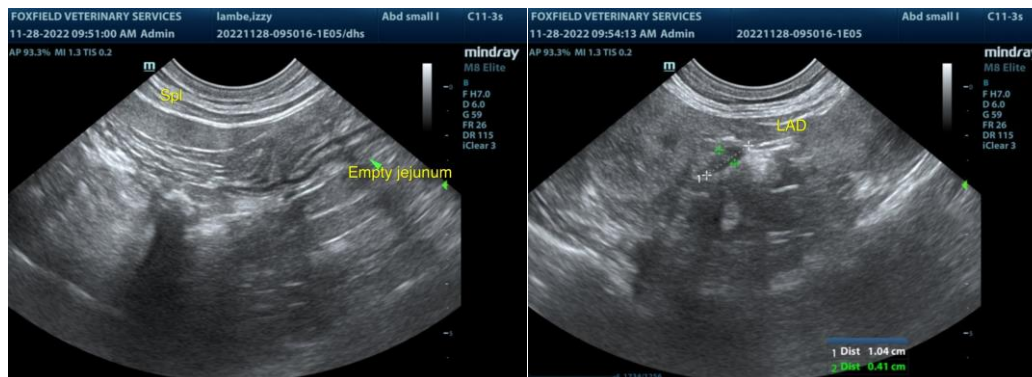
Dr. Rodriguez

HOSPITAL NAME

Foxfield Veterinary
Services

REFERRING VET

Dr. Rodriguez



INVOICE

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SPECIES

Feline

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WEIGHT

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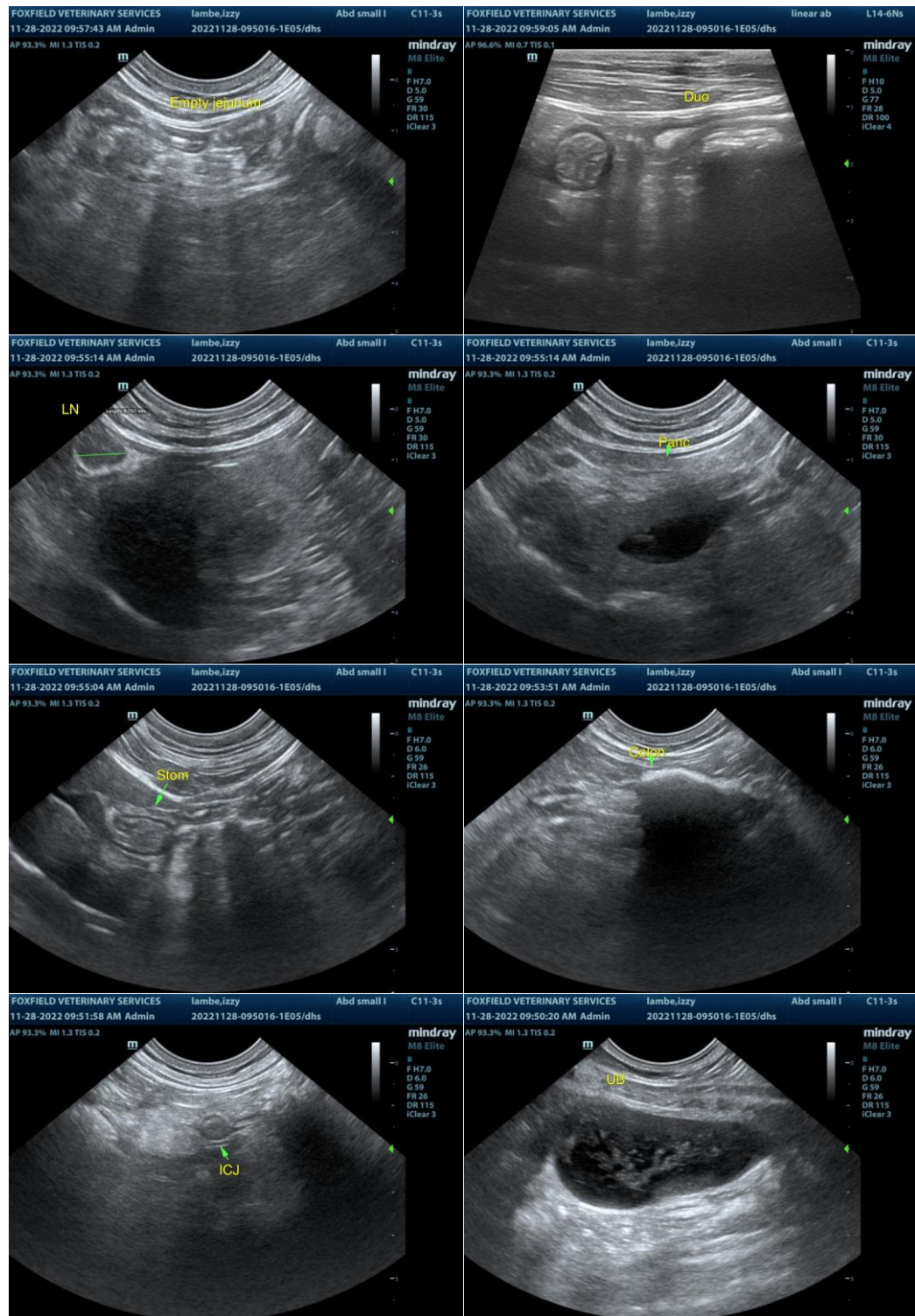
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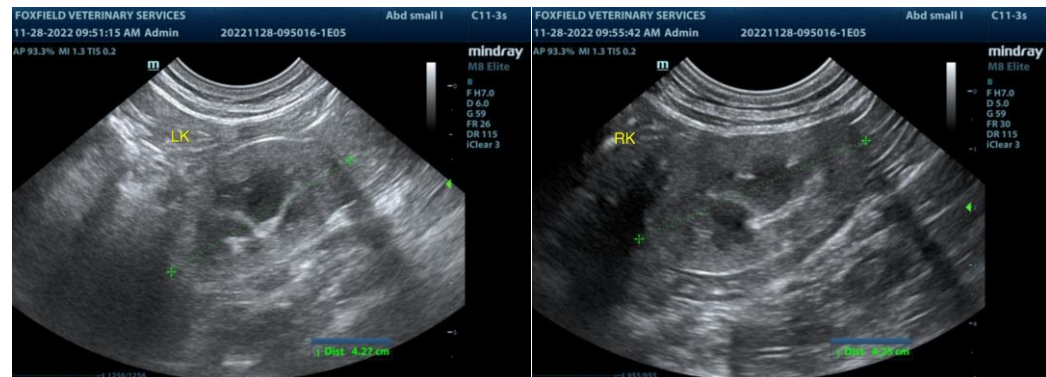
Dr. Rodriguez

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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)
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