



PATIENT

Milo Schmidt

PRESENTING CLINICAL SIGNS

vomiting, lethargic

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 mild to moderate nondependent particulate to hyperechoic 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.

BREED

DSH

SEX

MN

Normal size and margination 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 4.5 cm in length

AGE

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The area of the aortic trifurcation was free of pathology.

Adrenal Glands

WEIGHT

17.6

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

Spleen

INTERPRETED BY

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

The spleen exhibited borderline prominent size with 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 1.0 cm in width at the level of the hilus.

IMAGING PERFORMED BY

Jenn

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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Rockaway Animal
Hospital

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.

REFERRING VET

Dr. Maniar

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.

INVOICE

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

Pancreas

DATE

11/28/2022

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

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

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ULTRASONOGRAPHIC FINDINGS

- Urinary bladder sediment
- Early to mild age-related kidney changes
- Sonographically unremarkable GI tract/pancreas
- Borderline splenomegaly-subjectively benign, incidental hyperplasia, hematopoiesis or splenitis likely

BREED

DSH

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

Overall, there is no overt evidence of significant abdominal visceral specifically GI or pancreatic pathology as a definitive cause of the patient's clinical signs.

MN

A full CBC/Chem and UA +/- urine C/S if evidence of inflammatory sediment is suggested. Recheck retroviral status may be considered. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

AGE

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Assuming normal clotting status and using a 25g needle, a splenic FNA for screening cytology could be considered to rule out occult pathology if persistent clinical signs or evidence of weight loss. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

As needed GI support is recommended.

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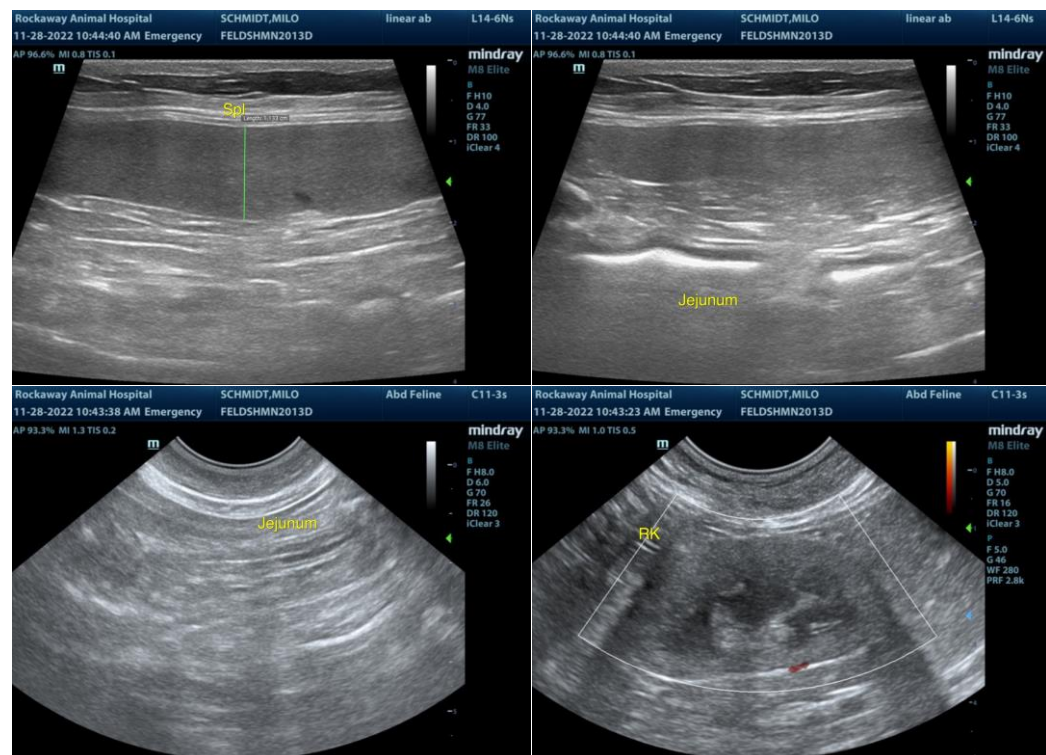
Dr. Maniar

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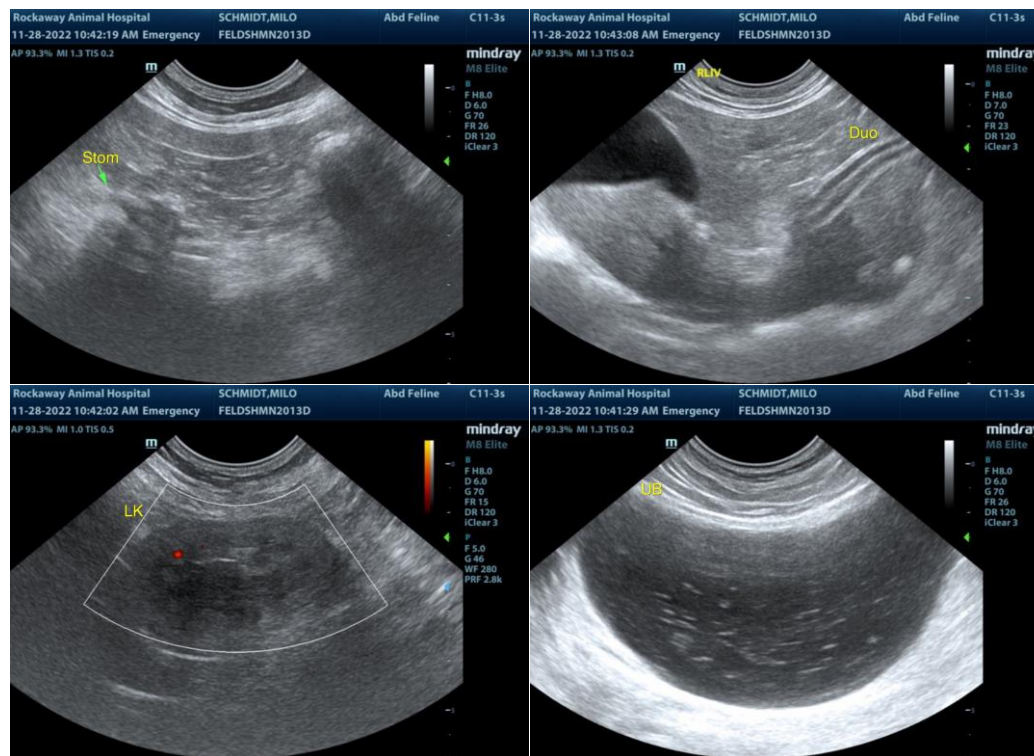
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

IMAGING PERFORMED BY

Jenn

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