

**PATIENT**

Moto Brooks

PRESENTING CLINICAL SIGNS

Possible IBS? Throwing up 1-5x day

Abnormal PE/Chem/CBC/UA Results: Bloodwork came back all within normal range

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**Urinary System****BREED**

DLH

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 no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

SEX

MN

Mild prominent size and normal 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.7 cm in length. The right kidney measured 4.9 cm in length.

AGE

11

The area of the aortic trifurcation was free of pathology.

Adrenal Glands**WEIGHT**

18

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.56 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.49 cm width.

INTERPRETED BYR. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)**Spleen**

The spleen exhibited mild increased 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 1.2-1.3 cm in width at the level of the hilus.

IMAGING PERFORMED BY

Tracy LaSarge

Liver**HOSPITAL NAME**

SVS Imaging

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 common bile duct was mildly dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.18 cm in width.

REFERRING VET

Dr. Kelly

Gastrointestinal**INVOICE**

12300ag

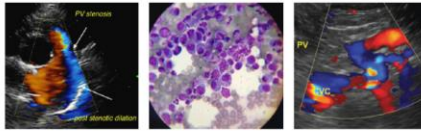
The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta/chyme in the area of the antrum and pylorus with no signs of ileus, obstruction or foreign material. The pylorus wall measure 0.26 cm in width.

DATE

11/28/2022

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. The jejunum wall measured 0.25 cm width. The ileocolic wall measured 0.37 cm width.

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



PATIENT

Pancreas

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The left pancreas exhibited areas of hypoechoic mild asymmetrical parenchyma primarily medial to the spleen. No signs of active inflammation or neoplasia.

SPECIES

Free Abdomen

Feline

No overt lymphadenopathy or peritoneal free fluid was present.

BREED

DLH

SEX

MN

ULTRASONOGRAPHIC FINDINGS

- Probable regional low grade to chronic active pancreatitis left pancreatic limb
- Sonographically unremarkable GI tract with mild gastric ingesta/chyme
- Mild chronic renal changes with likely incidental bilateral prominent renal size
- Non-obstructive proximal common bile duct dilation
- Nonspecific mild splenomegaly-patient variant or owing to sedation if clinically applicable, hematopoiesis, splenitis or other with neoplastic criteria thought less likely

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

11

Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation is recommended. Correlation with a spec fPL vs a GI panel to include PLI/TLI/Cobalamin/Folate is warranted. Assuming normal clotting status and using a 25g needle, a splenic FNA for screening cytology could be considered for further assessment primarily to ensure only benign changes are present. Dietary indiscretion, mild regional left pancreatitis, inflammatory bowel, occult parasitism are all potentials.

WEIGHT

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HOSPITAL NAME

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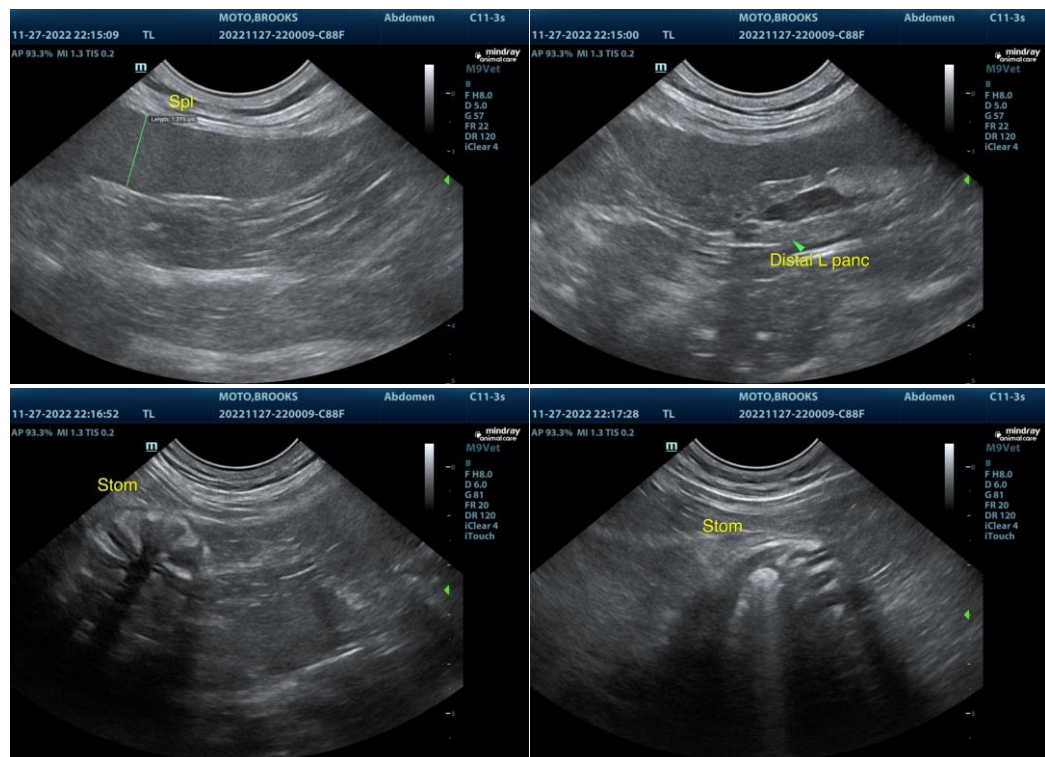
Dr. Kelly

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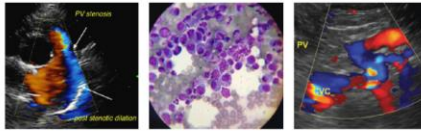
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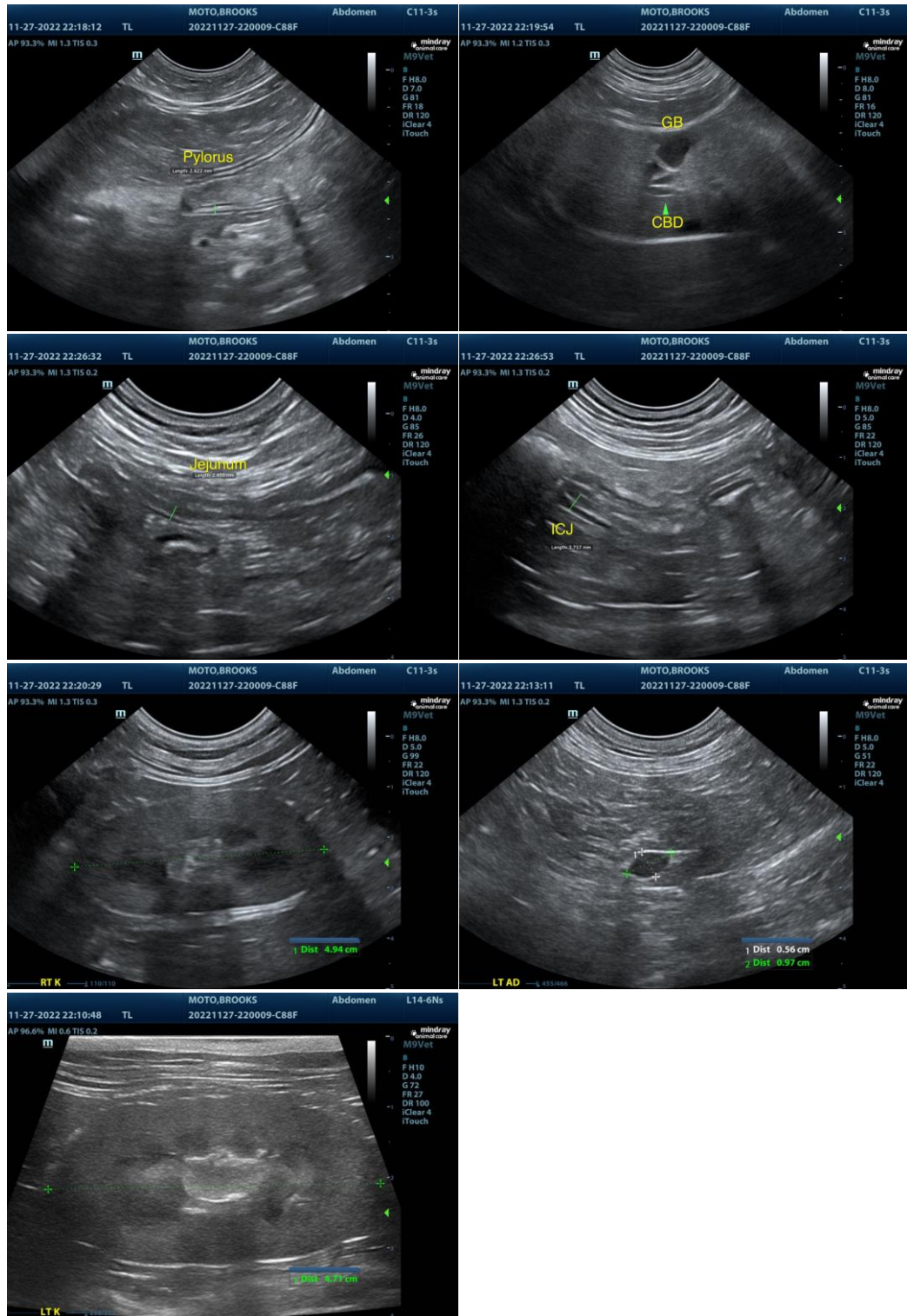
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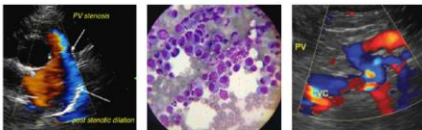


The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I

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can be of any further assistance please contact me.

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