

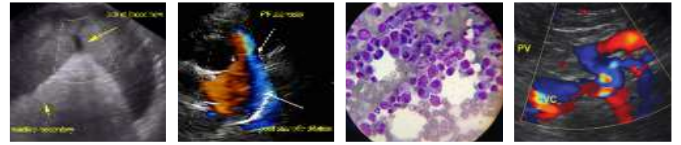


PATIENT	PRESENTING CLINICAL SIGNS
June Bug Eichelberger	Was at ER over weekend for inappetence
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Feline	Urinary System
BREED	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness 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 was noted.
Persian	
SEX	The area of the aortic trifurcation was free of pathology.
SF	
AGE	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 3.1 cm in length. The right kidney measured 3.2 cm in length.
11 months	
WEIGHT	Adrenal Glands
6	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.29 cm width. No overt pathology was noted in the area of the right adrenal gland.
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. The spleen measured 0.68 cm in width.
IMAGING PERFORMED BY	Liver/ Gallbladder
Tasha	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
Dillsburg VC	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ingesta, fluid, foreign material, or overt hairball density. Mild luminal gas was present in the stomach. The gastric body wall width measured 0.25 cm.
REFERRING VET	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 width
Dr. Pyror	
INVOICE	
12678	
DATE	
11/29/21	



PATIENT	measured 0.21 cm. No evidence of mechanical / metabolic small intestinal ileus, obstruction or overt foreign material.
June Bug Eichelberger	
SPECIES	Normal visible colon wall layers were present with apparent formed feces in lumen.
Feline	Pancreas
BREED	The left pancreatic limb exhibited subtle prominent size with mild uniform hypoechoic parenchyma compared to the adjacent omentum.
Persian	Free Abdomen
SEX	Intermittent, mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example lymph node measured 0.48 cm width. No effusion was noted.
SF	
AGE	ULTRASONOGRAPHIC FINDINGS
11 months	Primary Findings
WEIGHT	<ul style="list-style-type: none"> • Sonographically unremarkable gastrointestinal tract • Mildly prominent to hypoechoic left pancreas • Intermittent benign mesenteric lymphadenopathy - mild lymphoid hyperplasia, reactive lymphadenitis potentially owing to inflammatory bowel episode, or immunologic immaturity
6	
INTERPRETED BY	<u>INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS</u>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Overall, no overt evidence of significant visceral, specifically gastrointestinal, pathology was noted. The potential for low-grade pancreatitis in the left pancreatic limb may be possible and would be suspected if elevated Spec fPL or evidence of cranial abdominal / subxiphoid discomfort on palpation.
IMAGING PERFORMED BY	Continued as-needed gastrointestinal supportive care and conservative therapy for potential low-grade pancreatitis, if clinically indicated, is suggested. Recheck sonogram to assess for progressive inflammatory pancreatic or gastrointestinal changes is recommended if persistent anorexia. Three view chest radiographs and/or thorough muscular-skeletal examination may be considered to rule out occult disease which may account for the patient's clinical signs.
Tasha	
HOSPITAL NAME	
Dillsburg VC	
REFERRING VET	
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PATIENT

June Bug
Eichelberger

SPECIES

Feline

BREED

Persian

SEX

SF

AGE

11 months

WEIGHT

6

INTERPRETED BY

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

IMAGING PERFORMED BY

Tasha

HOSPITAL NAME

Dillsburg VC

REFERRING VET

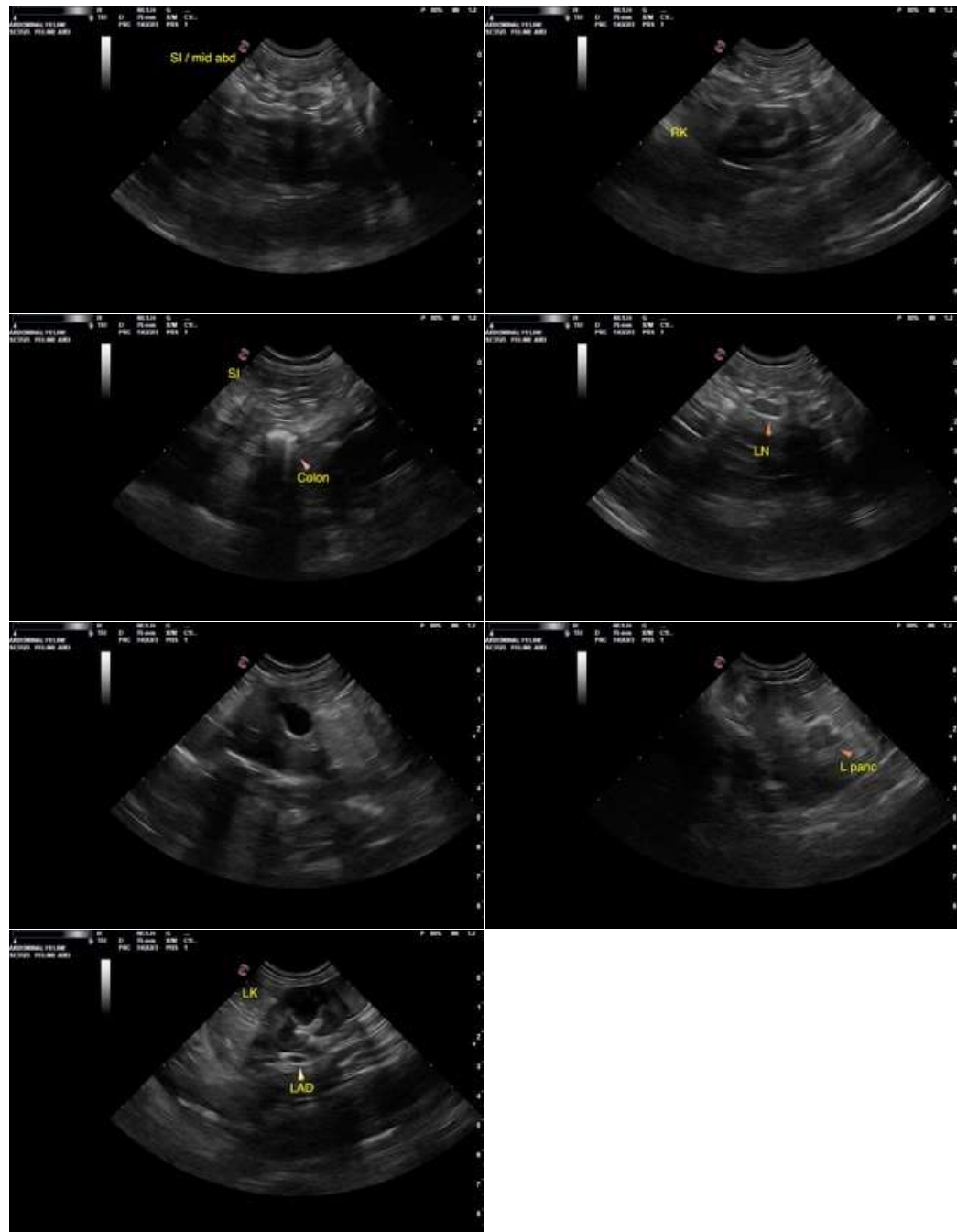
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com