

PATIENT PRESENTING CLINICAL SIGNS

Bailey Shupp History: Vomiting food, isothermureic. Medication: Miralax

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline Urinary System

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 were noted. Aortic trifurcation was normal.

BREED

DSH

SEX

Spayed Female

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. Discrete pinpoint medullary mineral was present in both kidneys. The left kidney measured 3.5 cm in length. The right kidney measured 3.5 cm in length.

AGE

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Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 cm.

WEIGHT

8.8

No overt pathology was noted in the area of the right adrenal gland.

Spleen

INTERPRETED BY

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.

Liver

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

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 liver exhibited subjective mild prominent hepatic vasculature likely secondary to anesthesia.

HOSPITAL NAME

Blue Ridge VC

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

REFERRING VET

Dr. Filchner

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 gastric body wall measured 0.25 cm.

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 small intestinal wall measured 0.20 cm in width.

INVOICE

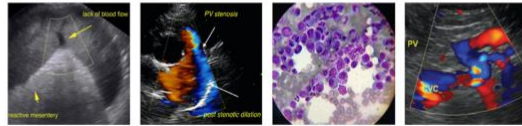
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Normal visible colon wall layers were present with apparent formed feces in lumen.

DATE

11/29/22

Pancreas



PATIENT

The pancreas was mildly prominent in size with minor capsule asymmetry. Uniform mildly hypoechoic parenchyma compared to adjacent nonreactive or inflamed peripancreatic omentum was noted.

Bailey Shupp

Free Abdomen

SPECIES

No omental masses, lymphadenopathy or peritoneal free fluid was present.

Feline

ULTRASONOGRAPHIC FINDINGS

BREED

- Mild age-related renal changes
- Suspect low grade to chronic active pancreatitis
- Sonographically unremarkable gastrointestinal tract

DSH

SEX

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Spayed Female

Assessment for evidence of cranial abdominal subxiphoid discomfort on palpation in the area of the pancreas which may allude to low grade to chronic active pancreatitis. Correlation with a spec FPL or GI panel to include PLI/TLI/Cobalamin/Folate to assess for evidence of nonstructural concurrent occult intestinal disease as a contributing factor. Dietary intolerance/food hypersensitivity, occult parasitism, low grade chronic active pancreatitis, structurally insignificant gastrointestinal disease are all potentials.

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Three view chest radiographs are suggested to rule out occult thoracic or esophageal pathology.

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Empirically, as needed gastrointestinal support, canned hydrolyzed diet trial, broad spectrum deworming and empirical therapy for potential low grade chronic active pancreatitis would be reasonable.

INTERPRETED BY

Baseline renal staging to include UPC level may be considered if evidence of proteinuria.

R. McKenzie Daniel,
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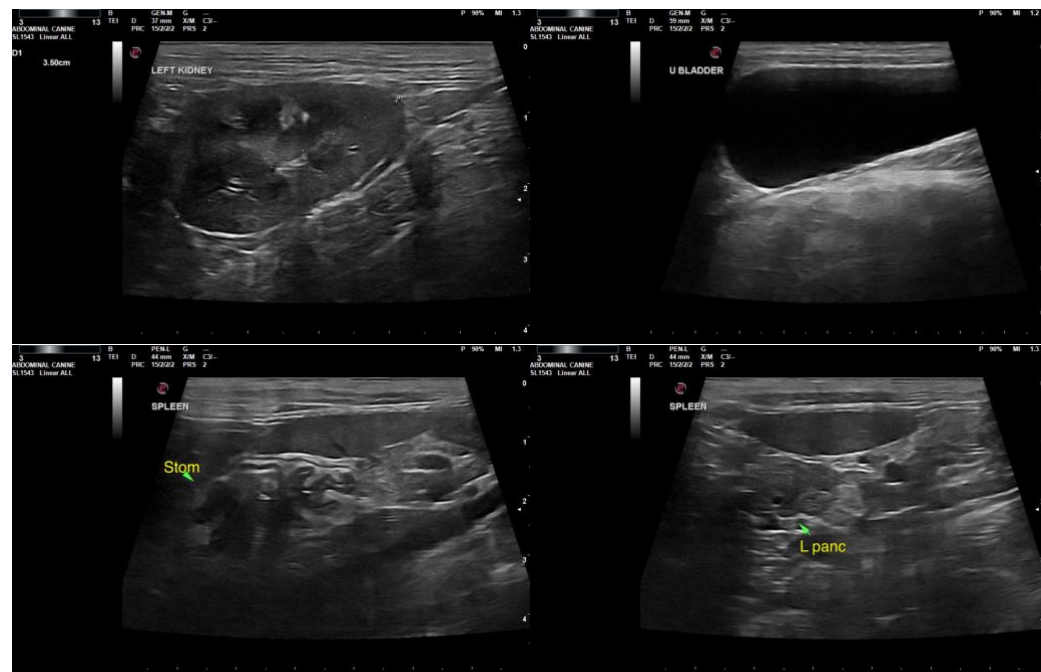
Dr. Filchner

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PATIENT

Bailey Shupp

SPECIES

Feline

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Spayed Female

AGE

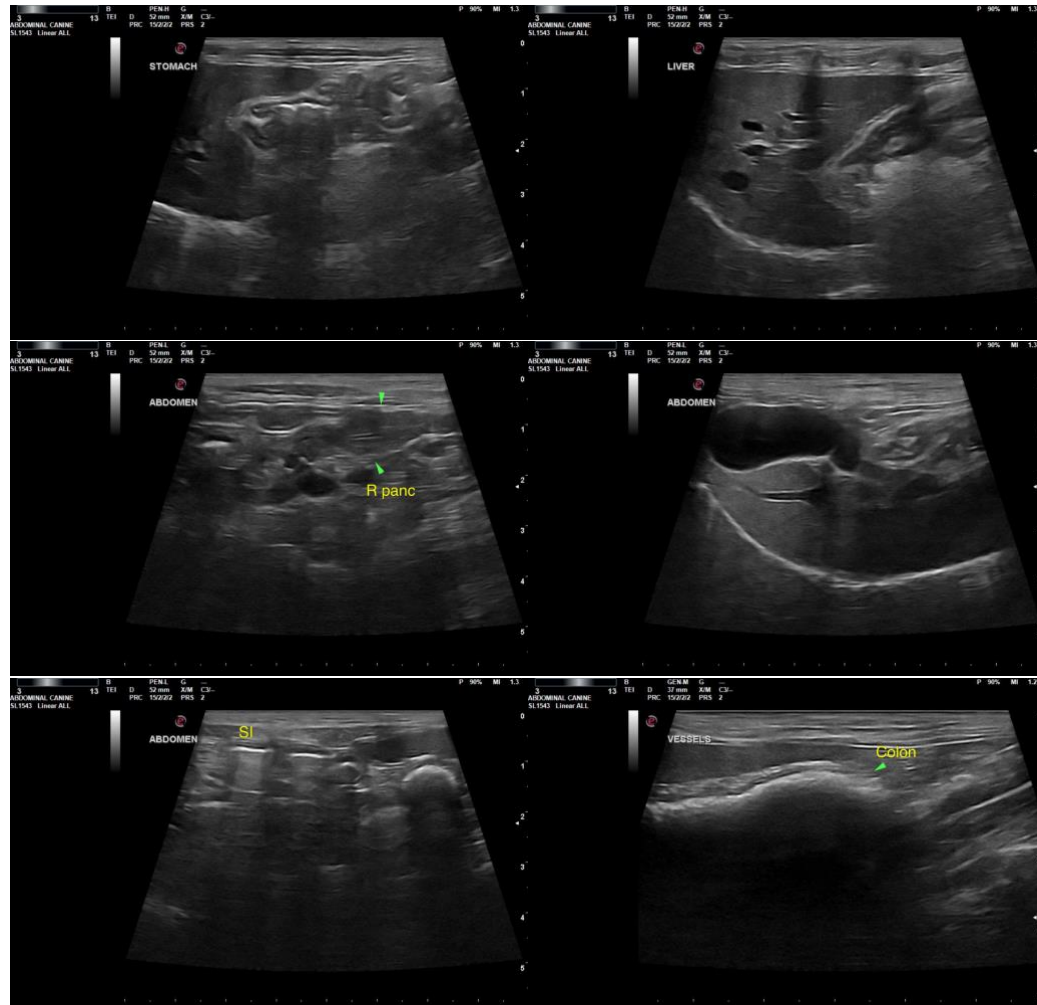
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
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