



PATIENT

Lo Machecha

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

6

WEIGHT

5.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sharkaway

HOSPITAL NAME

Kew Gardens AH

REFERRING VET

Dr. Sharkaway

INVOICE

20071

DATE

12/13/22

PRESENTING CLINICAL SIGNS

History: Nausea Anorexia Slim body
Abnormal PE/Chem/CBC/UA Results: Blood work–mild low creatinine, mild neutrophilia PLI–normal
Radiograph–gas bubble close to the pylorus area

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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.

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 3.0 cm in length. The right kidney measured 3.5 cm in length.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

Spleen

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

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.

Gastrointestinal

The stomach presented intact mildly prominent wall layering. The lumen of the stomach contained a moderate amount of retained anechoic fluid. Overt evidence of mechanical pyloric outflow obstruction was not visualized. The gastric body wall measured 0.30 cm.

The intestinal walls demonstrated intact wall layering with subjective maintained wall layer ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A minor segmental ileus and nonobstructive gas pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material. The small intestinal wall width measured 0.20 cm. No evidence of pathology at the level of the ileocolic junction.

The colon exhibited intact wall layering containing strongly shadowing fecal matter.



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Pancreas

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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.

SPECIES

Free Abdomen

Feline

No evidence of peritoneal free fluid or overt significant lymphadenopathy or omental masses.

BREED

ULTRASONOGRAPHIC FINDINGS

DSH

- Subjective gastroenteritis pattern with hypomotile stomach

SEX

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Spayed Female

Overall, the sonographic appearance of the gastrointestinal tract is suggestive of inflammatory criteria without evidence of neoplastic mural changes, definitive evidence of obstructive pattern or overt small intestinal foreign material was not evident. Technically, the possibility of a small amount of passing foreign material, i.e., hair or similar could be present, while given the patients decreased body condition, chronic gastroenteropathy, low grade to chronic pancreatitis, both of which may present sonographically normal, cannot be definitively excluded. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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Empirically, hospitalization with 24-48-hour IV fluid, gastrointestinal support, assessment of clinical response +/- recheck sonogram, if persistent gastrointestinal signs, is recommended.

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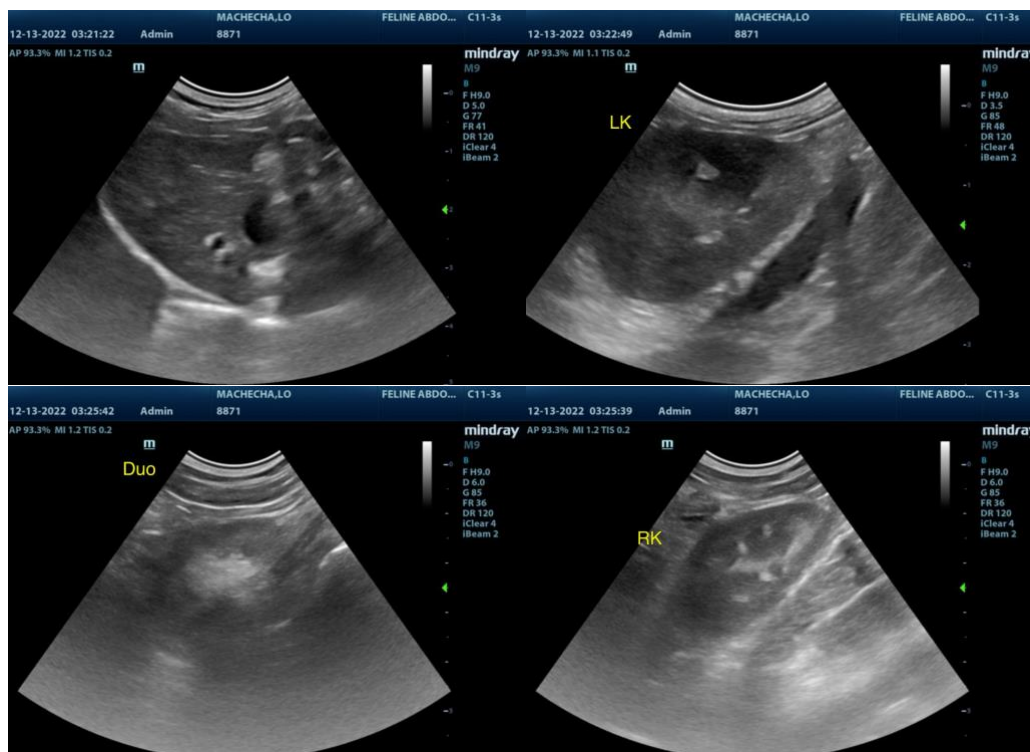
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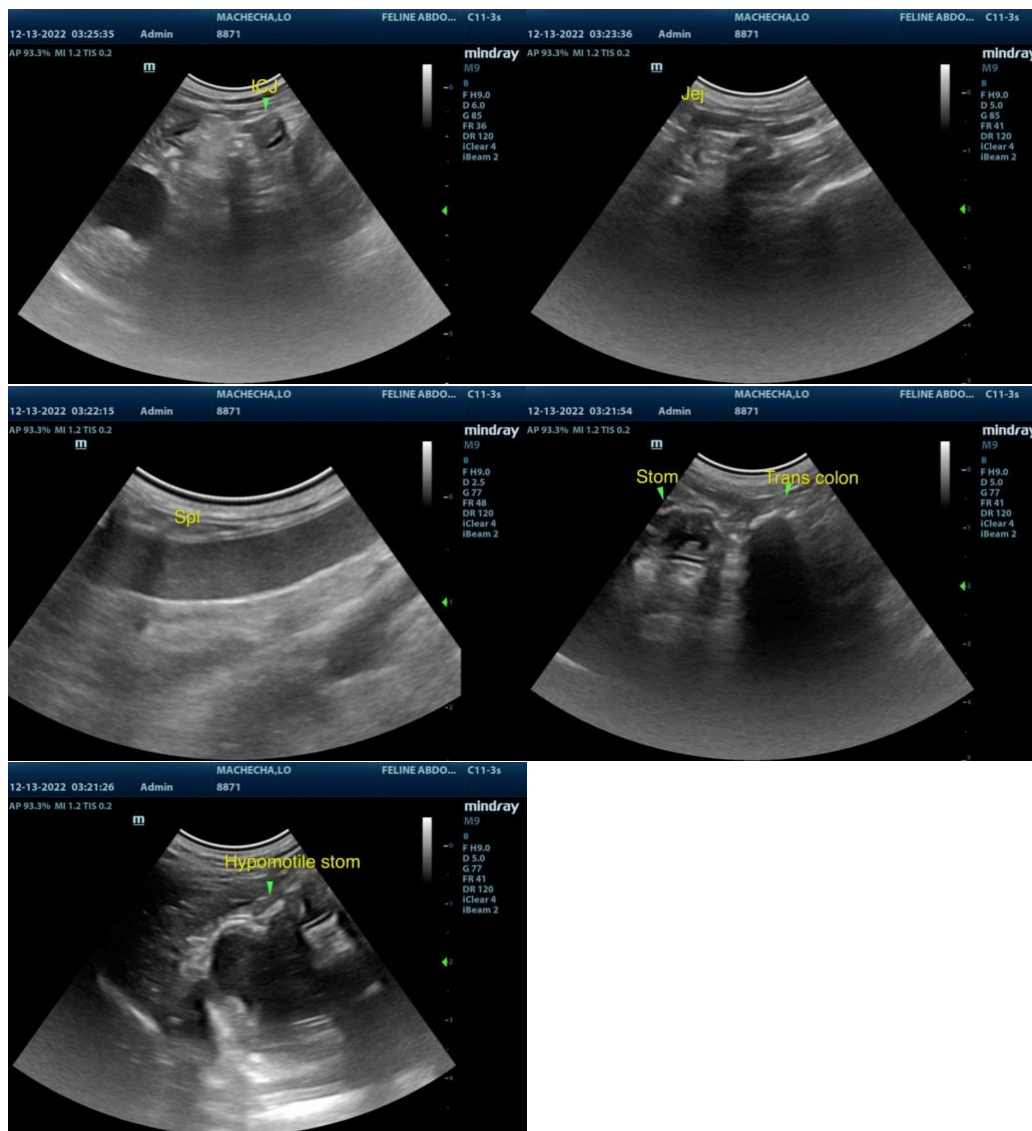
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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