

**PATIENT**

Booger Neighbor

SPECIES

Feline

BREED

DSH

SEX

SF

AGE

7 years

WEIGHT

10.25 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sarah Pender, CVT

HOSPITAL NAME

SVS Imaging QC

REFERRING VET

Dr. Molly Bies

INVOICE

12830

DATE

12/15/21

PRESENTING CLINICAL SIGNS

7y/o cat looks much older and moves much slower. Always looked disheveled. QAR
Abnormal PE/Chem/CBC/UA Results: ALKP 192, RBC 6.31, HCT 28%, WBC 22.9, Neu 17.14, Mono 0.92, Eos 1.66, Baso 0.41 Fasted since 10pm last night Vomits hairballs on occ otherwise no vomiting

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 was noted.

The area of the aortic trifurcation was free of pathology.

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 3.9 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.27 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.32 cm width.

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. The spleen measured 0.67 cm width.

Liver/ Gallbladder

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 exhibited sonographically unremarkable visualized wall layering with ventral gastric body wall width measuring 0.26 cm. The stomach contained a moderate amount of echogenic ingesta and potential chyme along with progressively shadowing echo possibly indicative of hairball density, given the patient's history. If present, the hairball density did not appear to be obstructive.



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The small intestine presented intact wall layering with subjective propensity for segmental to generalized mildly prominent muscularis layer. Overt evidence of significant small intestinal mural hypertrophy or loss of intestinal wall layering was not present. The jejunum wall width measured 0.25-0.27 cm.

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

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 were evident.

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Free Abdomen

No evidence of concurrent omental lymphadenopathy was noted. No evidence of peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Gastric ingesta with potential nonobstructive hairball density
- Possible Inflammatory enteropathy
- Low-grade hepatopathy - subjectively benign

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10.25 lbs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The small intestine exhibited subtle mural changes including subjective propensity for mildly prominent muscularis layer, which may suggest underlying intestinal inflammatory disease or IBD. However, given the lack of reported gastrointestinal signs or weight loss, this finding is nonspecific. Some degree of potential metabolic gastric hypomotility is possible, given the reported fast prior to the ultrasound. If evidence of weight loss or gastrointestinal signs, further assessment may include A GI panel to include PLI/TLI/Cobalamin/Folate as potential concurrent low-grade pancreatitis may be present yet ultrasonographically normal. Hairball therapy is recommended if clinically indicated. Recheck retroviral status may be considered if not recently done.

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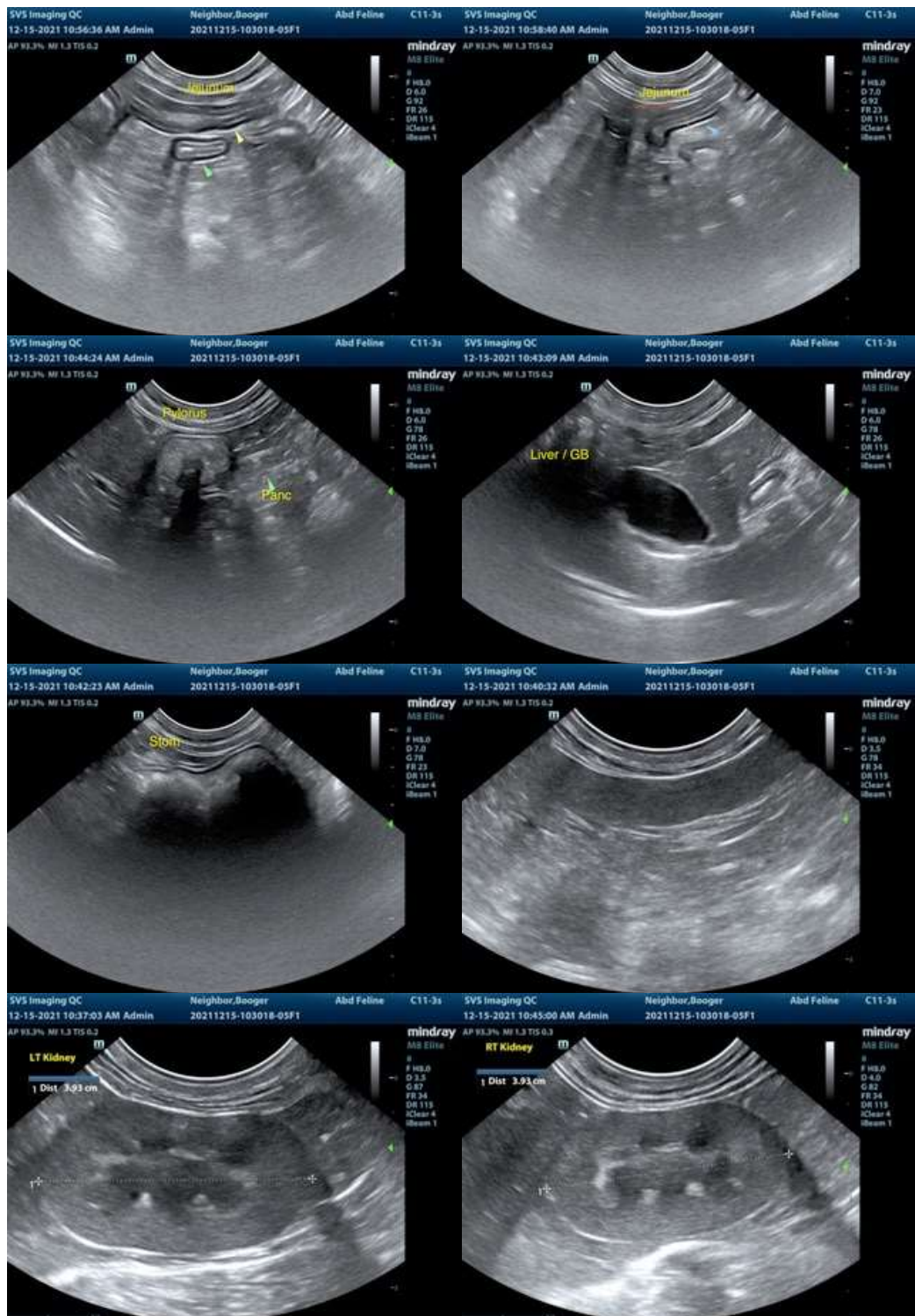
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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svsmedicalimaging.com 309-737-3070



Clinical Sonography & Telectology

EDUCATIONAL TELECONSULTATION SERVICES™

1-800-838-4288 info@sonopath.com SonoPath.com

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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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