



PATIENT PRESENTING CLINICAL SIGNS

Romeo Osman Vomiting, weight loss. Medication: z/d diet

Abnormal PE/Chem/CBC/UA Results T4 1.9, FeLV/FIV neg/neg, CBC/Chem wnl

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 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.

DSH

SEX

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 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 3.9 cm in length. The right kidney measured 4.2 cm in length

MN

AGE

The area of the aortic trifurcation was free of pathology.

2008

Adrenal Glands

WEIGHT

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm width. No overt pathology in the area of the right adrenal gland.

10.8

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.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

Liver

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

HOSPITAL NAME

Conrad Weiser AH

Gastrointestinal

REFERRING VET

Dr. Watzka

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 in width.

INVOICE

12456ag

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental prominent jejunal wall layering with segments of jejunum measuring 0.29 – 0.30 cm in width. No loss of wall layering or intestinal mural neoplastic criteria. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

DATE

12/16/2022

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



PATIENT *Pancreas*

Romeo Osman 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 omental masses, overt lymphadenopathy or peritoneal effusion was present.

BREED **ULTRASONOGRAPHIC FINDINGS**

- DSH
- Bilateral mild chronic renal changes
 - Probable inflammatory enteropathy
 - Sonographically unremarkable pancreas

SEX

MN

AGE

2008

WEIGHT

10.8

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall no evidence of significant visceral pathology or intra-abdominal neoplastic criteria, GI mural change or evidence of active pancreatitis was present. Although there is a potential for patient variant, the segmental small intestine exhibited mild prominent wall layering which is suggestive of underlying inflammatory enteropathy. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology as a contributing factor. Dietary intolerance / food hypersensitivity, occult parasitism, low grade to chronic pancreatitis which may appear sonographically normal are all potential contributing factors. Empirically, current hydrolyzed diet trial with as needed GI support and assessment of clinical response pending additional diagnostics would be reasonable.

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Conrad Weiser AH

REFERRING VET

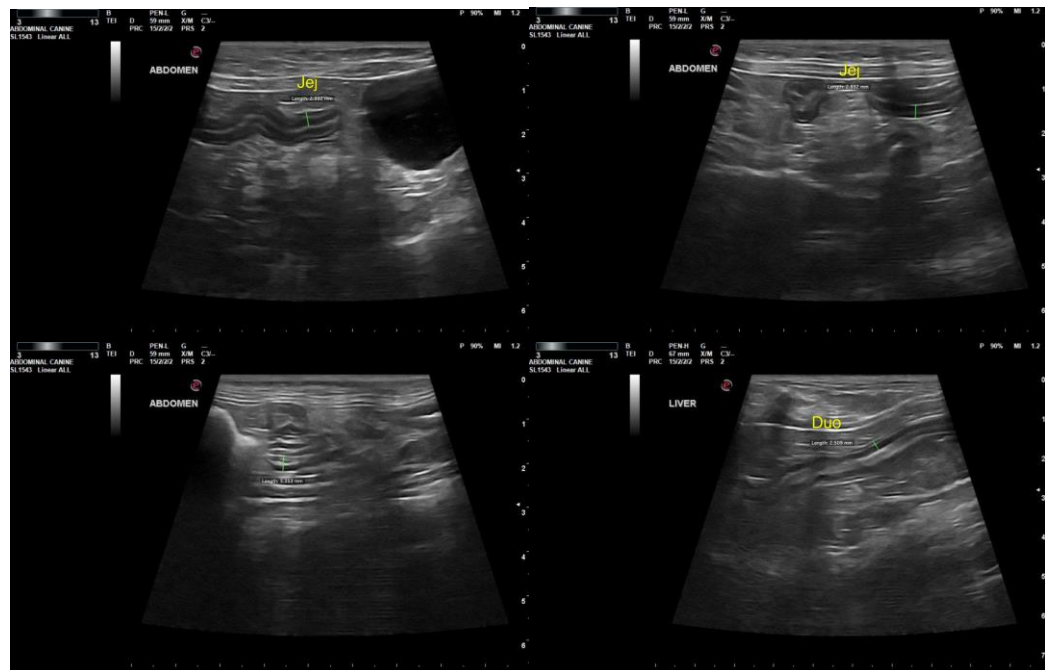
Dr. Watzka

INVOICE

12456ag

DATE

12/16/2022





PATIENT

Romeo Osman

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

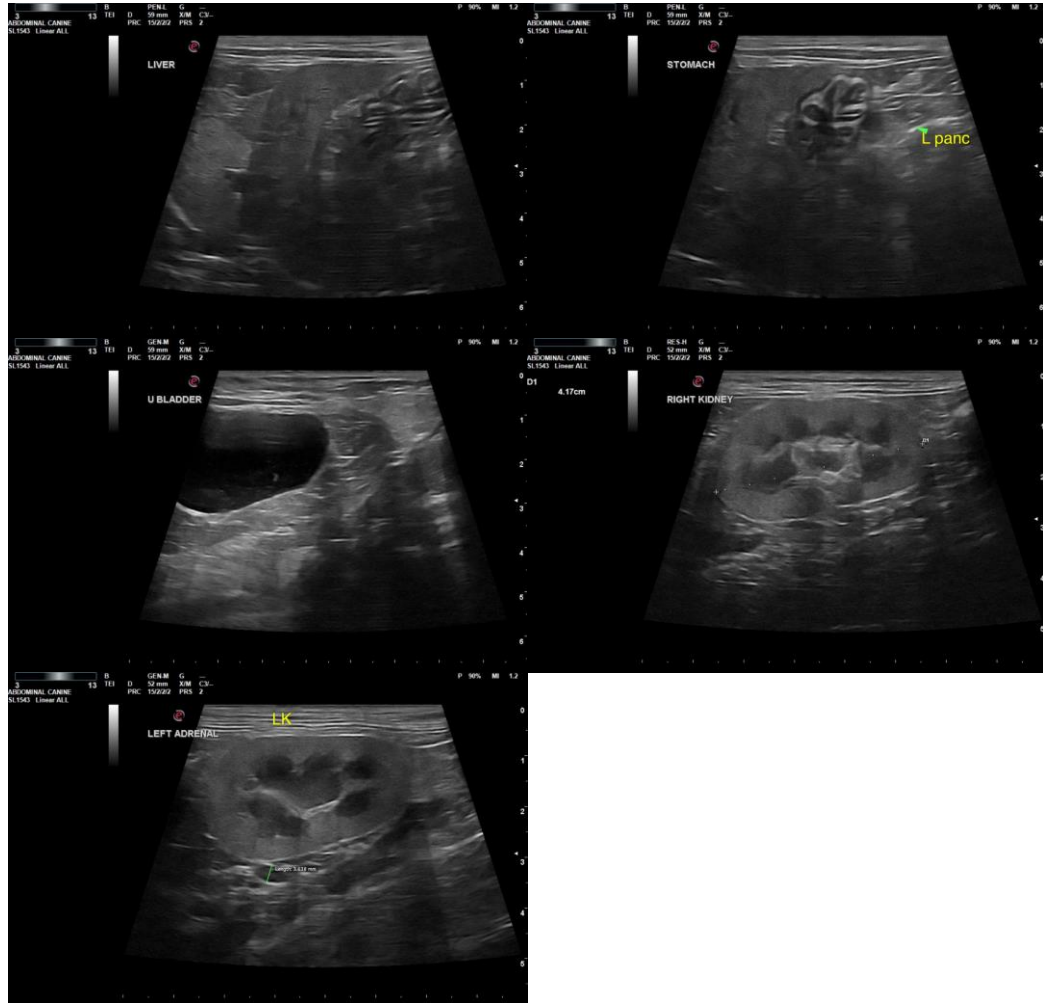
2008

WEIGHT

10.8

INTERPRETED BY

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



IMAGING PERFORMED BY
Rebekah Jakum, CVT
ARDMS/RVT

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.

HOSPITAL NAME

Conrad Weiser AH

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.

REFERRING VET

Dr. Watzka

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
mac.daniel@sonopath.com

INVOICE

12456ag

DATE

12/16/2022