



**PATIENT**

Bella Liang

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female / Spayed

**AGE**

3

**WEIGHT**

8.4

**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**

15594

**DATE**

12/2/22

**PRESENTING CLINICAL SIGNS**

VOMITING SOFT STOOL  
Abnormal PE/Chem/CBC/UA Results: BW- MILD ANEMIA FPLI- POSITIVE

**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. Primarily anechoic urine was present in the lumen. Mild, non-dependent, particulate sediment, which may indicate mild cellular debris / protein, crystalline debris, lipid, or mucus, was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were 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 3.4 cm in length. The right kidney measured 3.6 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/ 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 presented intact wall layering with a normal wall layer ratio. Mild to moderate retained primarily anechoic fluid was noted.

The intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to



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diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or overt foreign material. No evidence of a mechanical obstructive pattern was noted.

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

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**Pancreas**

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

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**Free Abdomen**

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Intermittent, mildly prominent, mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 0.94 cm diameter. No omental masses or evidence of peritoneal free fluid was noted.

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**ULTRASONOGRAPHIC FINDINGS**

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**Primary Findings**

- Pancreatitis pattern
- Gastroenteritis pattern with mild hypomotile stomach
- Suspect intermittent mesenteric lymphadenitis - potentially owing to inflammatory bowel episode

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**Secondary Findings**

- Mild urinary bladder sediment

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No overt evidence of neoplastic criteria or mechanical / metabolic gastrointestinal obstruction. Inflammatory bowel episode, IBD, pancreatitis, less likely emerging neoplastic criteria or FIP are all potentials.

**REFERRING VET**

Dr. Sharkaway

CBC pathology review +/- infectious disease serology may be considered. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Empirically, hospitalization with as-needed GI support and therapy for pancreatitis with an assessment of clinical response pending additional diagnostics would be reasonable.

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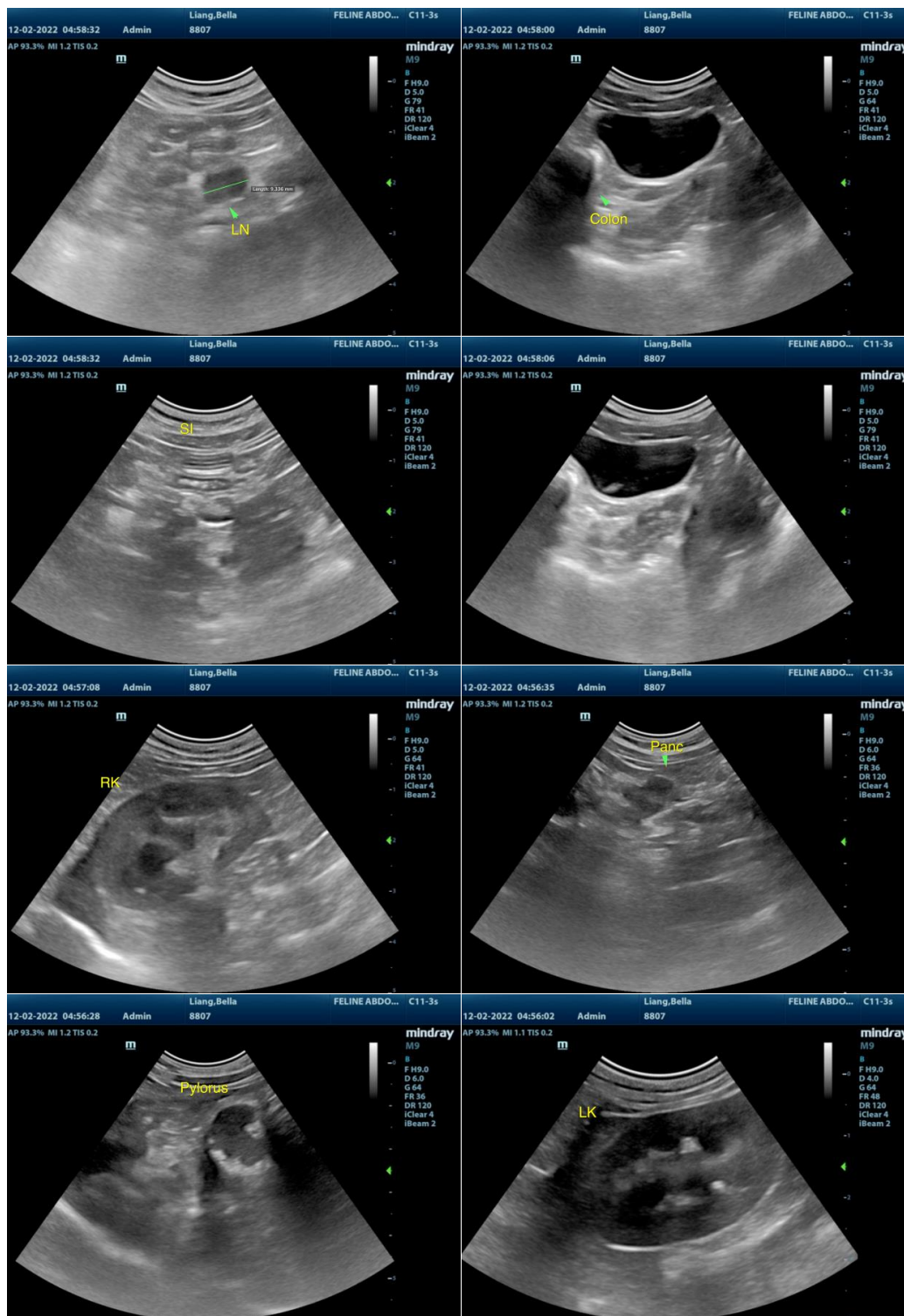
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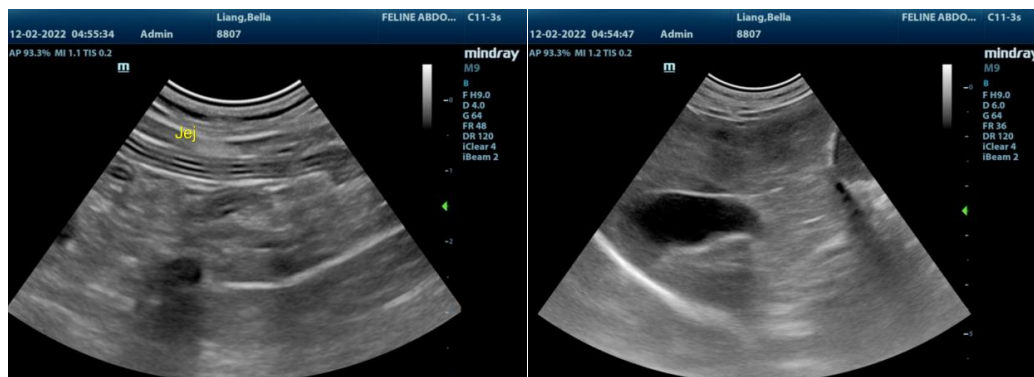
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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)**  
info@SonoPath.com