



**PATIENT**

Teddy Britton

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

4 Years 11 Months

**WEIGHT**

10.8 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Michaleen

**HOSPITAL NAME**

DPC Vet Hospital

**REFERRING VET**

Dr. Feldt

**INVOICE**

33665

**DATE**

12/22/21

**PRESENTING CLINICAL SIGNS**

Presented 12/11/21: p is coming because vomited 3x in 2 weeks. Vomit from today was clear and very liquid 1.5 lb weight loss. p is an strictly indoors feline. 12/21/21: O REPORTED P STILL VOMITING  
Abnormal PE/Chem/CBC/UA Results: Hydration: N Mentation: N EENT: N Oral Cavity: mm pm crt 1-2 sec Lymph Nodes: N Skin: N CV/Respiratory: N Abd/GI: Normal compressible stool in colon, no palpable masses or FB, not painful Uro/Perineum: N Musculoskeletal: BCS 5/9 Neurological: N CBC: Plt 170 (200-500), Eos 1092 (0-1000), rest WNL Chem: Alb 4.0 (2.5-3.9), Alkp 5 (6-102), Ca 11.1 (8.2-10.8), Chol 249 (75-220), rest WNL T4 2.3 (normal) UA via cystocentesis: SG 1.070, 2+ protein [dehydration, inflammation, inc BP, other], dark yellow, cloudy

**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 3.7 cm. The right kidney measured 3.8 cm.

**Adrenal Glands**

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 cm in width. The right adrenal gland measured 0.40 cm in width.

**Spleen**

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The spleen measured 0.71 cm in width. 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 wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. 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. Jejunum wall measured 0.23 cm.

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



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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.

**Free Abdomen**

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No omental masses, lymphadenopathy or peritoneal effusion.

**ULTRASONOGRAPHIC FINDINGS**

- Sonographically unremarkable abdomen

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Neutered Male

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of visceral pathology, specifically gastrointestinal or pancreatic pathology as an obvious cause of the patient's vomiting and weight loss. Dietary intolerance/food hypersensitivity, structurally insignificant inflammatory bowel, or low grade pancreatitis (which may present sonographically unremarkable) are possible.

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Urine culture and sensitivity and baseline UPC may be considered if clinically indicated. Heartworm antigen antibody test may also be considered given the eosinophilia, as cats with heartworm disease often exhibit persistent vomiting. A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological examination are recommended to assess for or rule out occult disease which may cause weight loss.

**WEIGHT**

10.8 Pounds

**INTERPRETED BY**

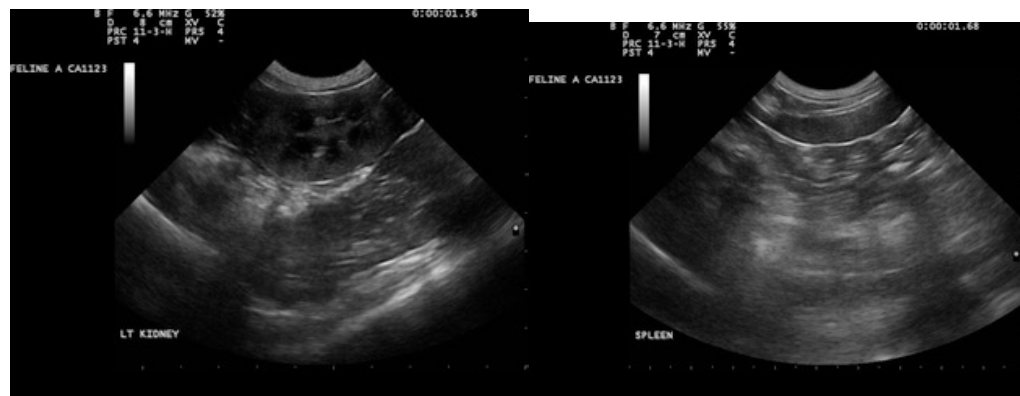
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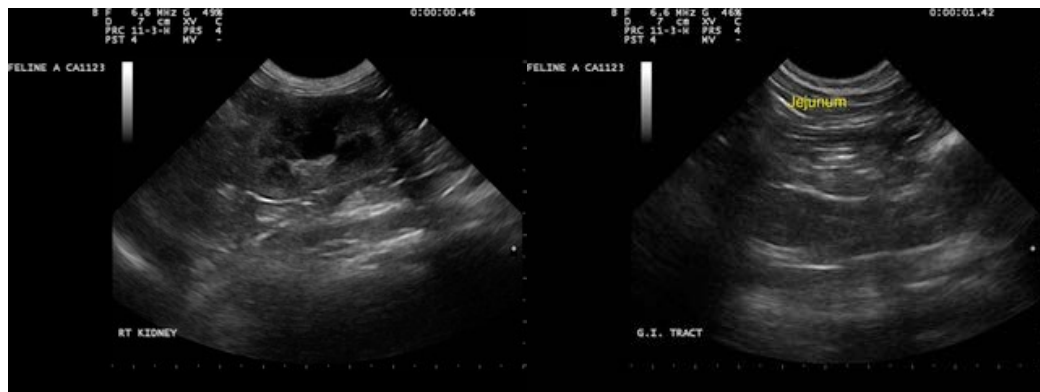
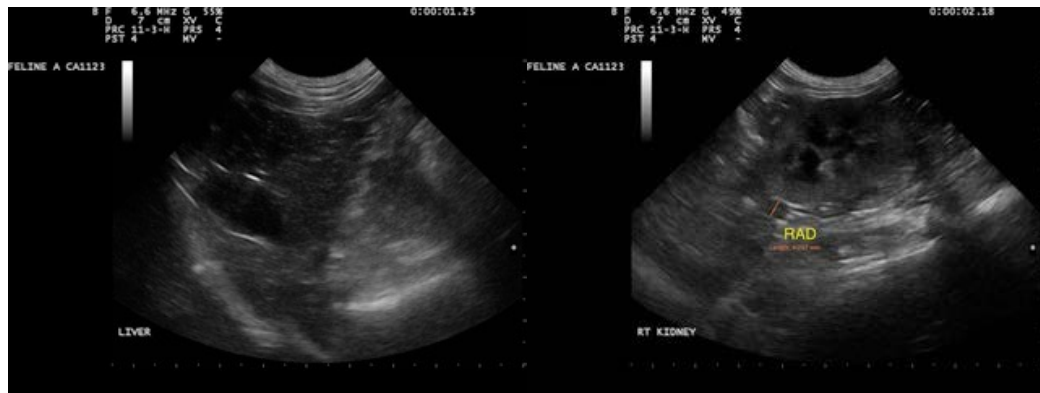
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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