



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Scooter Liao
SPECIES Feline
 Presented to ER Nov. 29 for hematemesis after vomiting a hairball. BW NSF with exception of mild hyperglycemia and mild hypophosphatemia. 3 view radiographs - ingesta vs other material in stomach (not fasted rads), but no obvious FB or obstructive pattern noted. Mild constipation. Seen here 12/1: fecal with Giardia neg and T4 screen WNL. Noted > 1 lb weight loss in last 10 months per our records. Symptomatic treatment pending AUS results - concern for LSA. BG 160, P2.7.

On Cerenia, Mirtaz ointment inner pinna SID, Sucralfae, Miralax.

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

DSH *Urinary System*

SEX The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

AGE 10yr
 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 4.1 cm in length

WEIGHT 12lb
 The area of the aortic trifurcation was free of pathology.

Adrenal Glands

INTERPRETED BY R. McKenzie Daniel, DVM, DABVP (Canine and Feline)
 The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm width. No overt pathology in the area of the right adrenal gland.

Spleen

IMAGING PERFORMED BY Pamela Harrigan, RDCS
 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.

HOSPITAL NAME *Liver/Gallbladder*

VCA Hanson Animal Hospital
 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 with mild echogenic luminal debris-likely incidental given lack of reported cholestasis, potentially secondary to fasting. The cystic and common bile ducts were normal.

REFERRING VET *Gastrointestinal*

Dr. Whalen
 The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild luminal gas and no signs of ileus, obstruction or foreign material. The ventral gastric body wall measured 0.21 cm in width.

INVOICE

12549ag

DATE

12/26/2022



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 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. The jejunum wall measured 0.26 cm width. The ileocolic wall measured 0.32 cm width.

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

BREED DSH
Free Abdomen
 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.

SEX MN
 No omental masses or peritoneal effusion was present.

AGE 10yr
 Mild peri ileocolic hyperechoic mesentery with intermittent minor benign/reactive colic lymph nodes was present, an example measuring 0.41 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

- Overtly normal GI tract/colon
- Sonographically unremarkable pancreas
- Mild age related kidney changes
- Mild peri ileocolic hyperechoic mesentery and minor benign/reactive colic lymphadenopathy-nonspecific given area of commonly seen colic lymphadenopathy secondary to antigenic stimulation
- Mild gallbladder debris-incidental

INTERPRETED BY INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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

Overall, there is no overt evidence of significant abdominal visceral specifically gastroenterocolic or pancreatic pathology as a definitive cause of the patient's clinical signs. No evidence of GI neoplastic criteria was observed. Potential for low-grade inflammatory enteropathy or low-grade pancreatitis both of which may present sonographically normal may be possible.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

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.

HOSPITAL NAME

VCA Hanson Animal Hospital

As needed GI support and hairball therapy if clinically indicated would be reasonable pending further monitoring and additional diagnostics. A recheck sonogram may be considered to assess for progressive GI mural changes or lymphadenopathy if continued weight loss is noted.

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SEX

MN

AGE

10yr

WEIGHT

12lb

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 DABVP (Canine and Feline)

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

VCA Hanson Animal
 Hospital

REFERRING VET

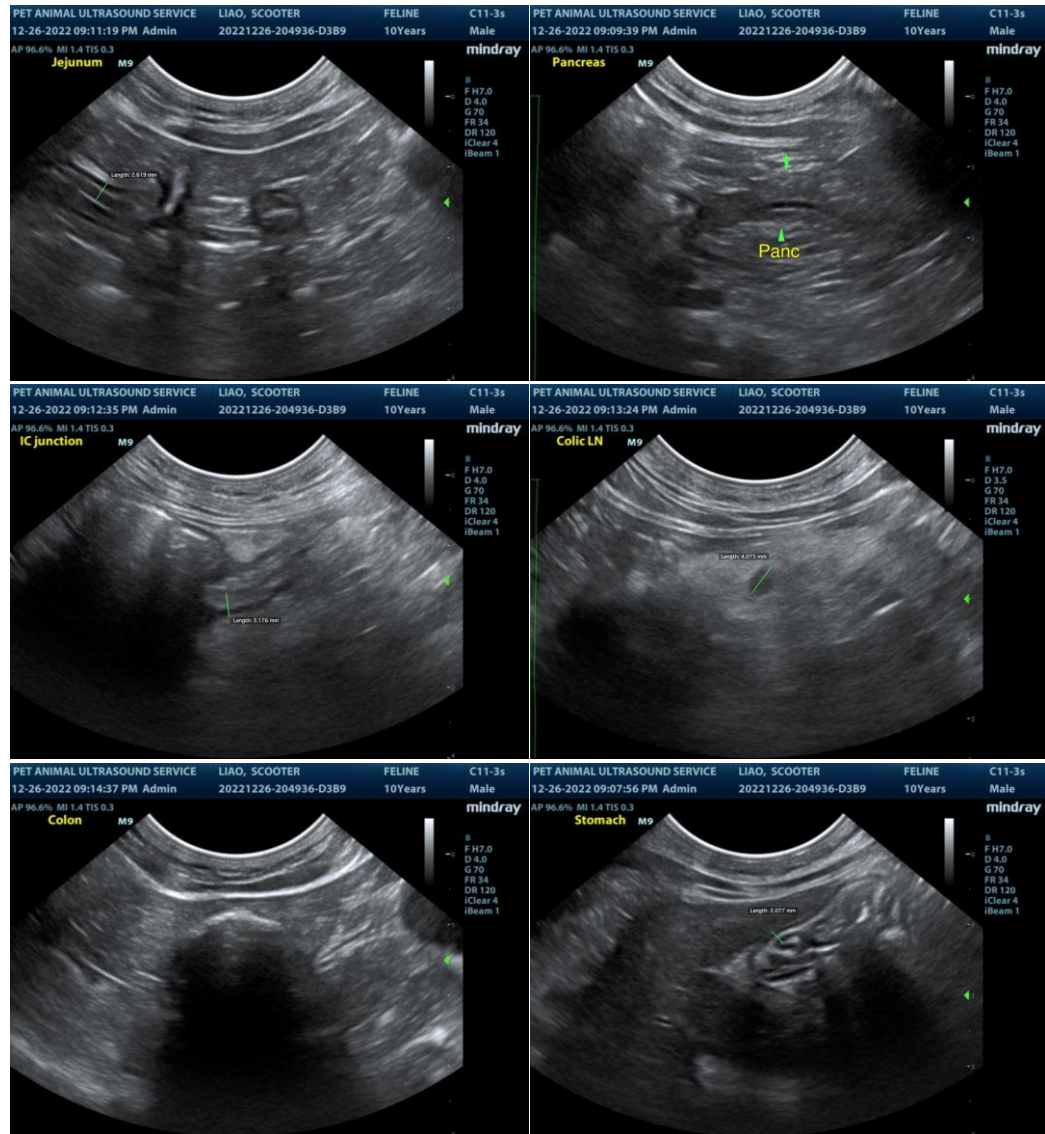
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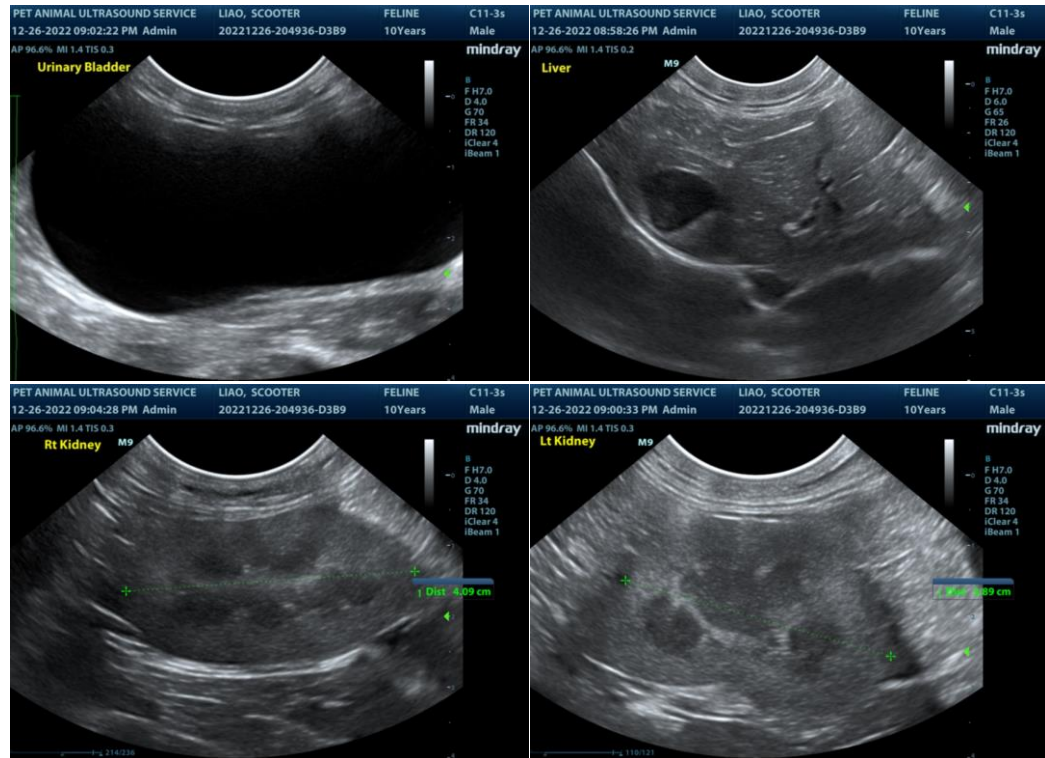
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 Feline

BREED
 DSH

SEX
 MN

AGE
 10yr

WEIGHT
 12lb



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.

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