



**PATIENT**

Tigger Hanson

**SPECIES**

Feline

**BREED**

DSH

**SEX**

NM

**AGE**

10y 11m

**WEIGHT**

11.86 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Rivera

**HOSPITAL NAME**

DPC Veterinary  
Hospital

**REFERRING VET**

Dr. Rivera

**INVOICE**

15749

**DATE**

12/29/22

**PRESENTING CLINICAL SIGNS**

History from 11/14/22: A 10 yr old neutered male tabby cat presents today for his annual exam. O states p is throwing up every day. It's a clear vile consistency or a hairball consistency. O says P's vomit is different every day. P is an indoor cat and has not had any new changes in his life. Still very active and acts normal.

Abnormal PE/Chem/CBC/UA Results: Physical Examination from 11/14/22 Key -- (N= Normal, A= Abnormal) CV/Respiratory: Normal heart rate and rhythm, no murmur, pulses strong and synchronous, normal bronchovesicular sounds. EENT: Clear OU and AU. No nasal discharge. No cough on tracheal palpation. Oral cavity: Moderate to severe dental tartar/calculus, moderate gingivitis, painful on oral exam Musculoskeletal: BCS = 5/9. Ambulatory x 4 Uro/Perineum: No significant lesions Abd/GI: Soft, non-painful. No masses or fluid wave palpated Lymph Nodes: No peripheral lymphadenopathy Neurological: Alert and appropriate. No significant abnormalities Skin: Good hair coat. No ectoparasites seen Mentation: BAR Hydration: N Fecal: Not performed today 1) CBC: RBC 7.08 (7.12-11.46), RETIC 0 (3-50) 2) CHEM: TP 6.2 (6.3-8.8), GLOB 2.9 (3.0-5.9) 3) UA (cysto): NSF 4) TT4: WNL

**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 minor capsule asymmetry were present in the kidneys. Minor uniform increased cortex echogenicity with mild loss of corticomedullary border demarcation was present. No evidence of pelvic dilation was present. The left kidney measured 3.7 cm in length. The right kidney measured 3.5 cm in length.

**Adrenal Glands**

The left and right adrenal glands were not definitively visualized.

**Spleen**

The spleen was normal in size with a primarily maintained finely textured and homogenous parenchyma. Mild medial capsule asymmetry was noted. No overt evidence of splenic neoplastic criteria was noted. The spleen measured 0.97 cm width at the level of the hilus.

**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.



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***Gastrointestinal***

The stomach exhibited normal to sonographically unremarkable visualized wall layering. The stomach was moderately distended with variably echogenic nonshadowing ingesta / chyme. No obvious evidence of mechanical pyloric outflow obstruction was noted. The ventral gastric body wall width measured 0.20 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental mild nonshadowing ingesta / chyme was present without overt evidence of a mechanical obstructive pattern. The duodenum wall measured 0.25 cm width. The jejunum wall measured 0.25 cm width.

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

***Pancreas***

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.

***Free Abdomen***

No omental masses, evidence of overt lymphadenopathy, or evidence of peritoneal free fluid were noted.

**ULTRASONOGRAPHIC FINDINGS**

- Moderate variably echogenic gastric ingesta
- Overtly normal small bowel with minor segmental ingesta / chyme
- Sonographically unremarkable pancreas
- Mild chronic renal changes

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The presence of gastric ingesta is nonspecific and may indicate recent meal ingestion or post-prandial presentation. However, if documented NPO, some degree of metabolic stasis or nonobstructive delayed gastric emptying could be possible. Dietary indiscretion / food intolerance, structurally insignificant inflammatory bowel, or low-grade to chronic pancreatitis, both of which may present as sonographically normal, less likely infiltrative neoplasia, or occult parasitism are all potentials. No obvious evidence of overt hairball density in this study.

Empirically, a hydrolyzed diet trial with possible smaller more frequent feedings, gastroprotectant protocol, and as-needed hairball therapy with an assessment of clinical response would be reasonable. Three-view chest radiographs are suggested to rule out occult thoracic or esophageal pathology as a contributing factor. Recheck sonogram ideally following a 12-hour fast is suggested for gastrointestinal sonographic reassessment, if continued episodes of vomiting despite dietary therapy and conservative gastrointestinal support.



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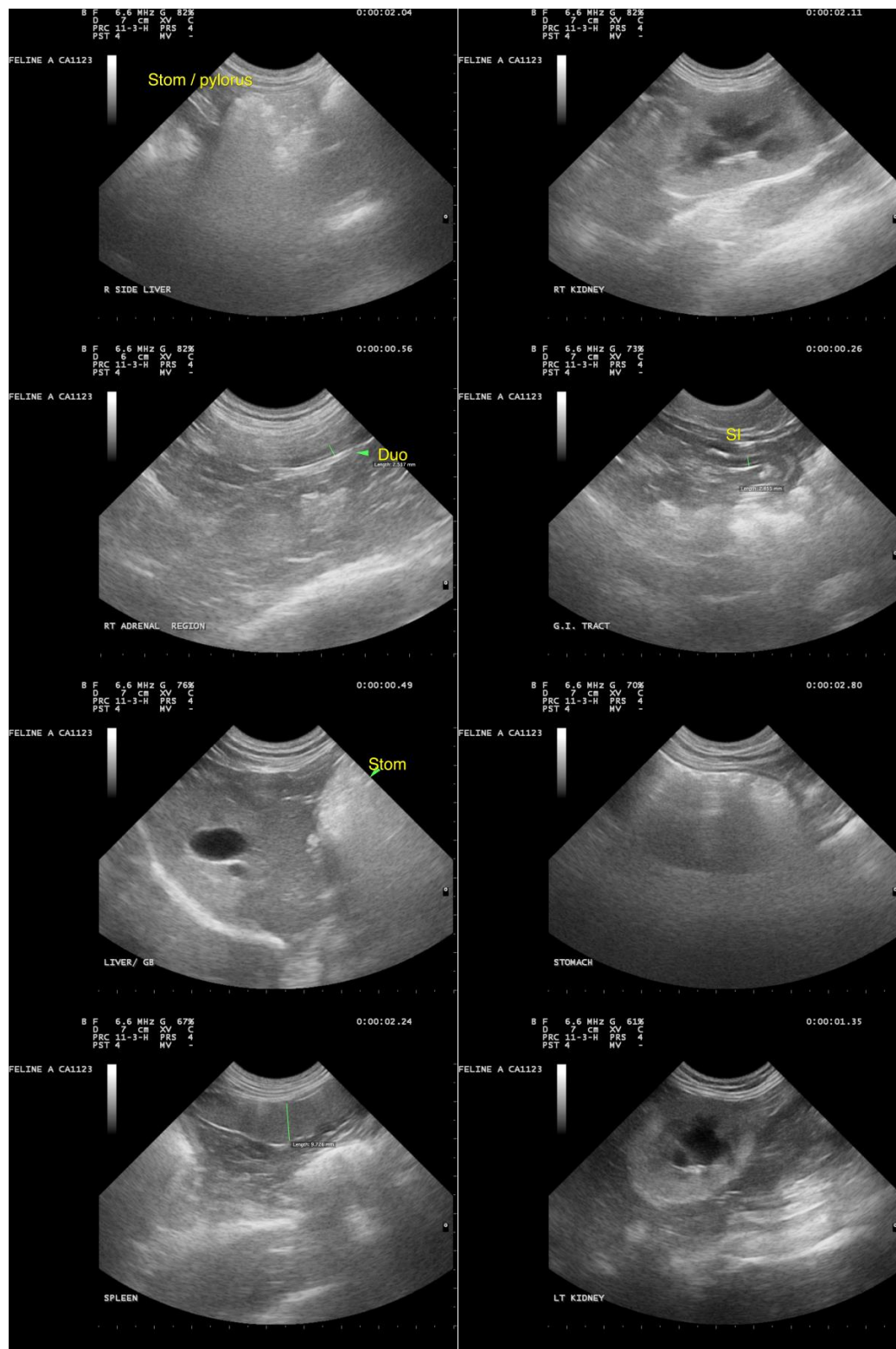
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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.

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