



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Simba Bidwell	Simba has had a recent history of vomiting after eating. He vomits within 1-4 hours after eating each meal. He is able to keep his weight steady, has a good appetite, etc. Acting overall WNL. He also had a recent issue with mild constipation. He is eating Science Diet and Friskies food.
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: CBC/Chemistry/T4/Free T4 overall WNL. UA shows 1+ proteinuria, good USG, normal fPL.
Feline	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
DSH	<b>Urinary System</b>
<b>SEX</b>	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 minor non-dependent hyperechoic sediment and possible dependent luminal mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.
MN	
<b>AGE</b>	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. Bilateral pinpoint medullary mineral was present. The left kidney measured 3.5 cm in length. The right kidney measured 3.5 cm in length
11yr	
<b>WEIGHT</b>	The area of the aortic trifurcation was free of pathology.
10.05	<b>Adrenal Glands</b>
<b>INTERPRETED BY</b>	No pathology present in the area of the bilateral adrenal glands.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<b>Spleen</b>
<b>IMAGING PERFORMED BY</b>	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.
Dr. Freson	<b>Liver/Gallbladder</b>
<b>HOSPITAL NAME</b>	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.
Kings Veterinary Hospital	<b>Gastrointestinal</b>
<b>REFERRING VET</b>	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 pylorus wall measured 0.22 cm in width.
Dr. Freson	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 duodenum wall measured 0.24 cm width. The jejunum wall measured 0.21 cm width. The ileocolic wall measured 0.26 cm width.
<b>INVOICE</b>	
12572ag	
<b>DATE</b>	
12/30/2022	



**PATIENT**

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

Simba Bidwell

**Pancreas**

**SPECIES**

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. Evidence of minor pancreatic duct dilation was present. No signs of active inflammation or neoplasia.

Feline

**Free Abdomen**

**BREED**

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

DSH

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

- Overtly normal GI tract
- Heterogenous pancreas with minor pancreatic duct dilation
- Bilateral chronic renal changes with pinpoint medullary mineral
- Minor urinary bladder sediment with possible focal dependent mineral

MN

**AGE**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

11yr

Overall, a largely geriatric abdomen with no overt evidence of significant abdominal visceral pathology as a definitive cause of the patient's clinical signs. Dietary intolerance / food allergy, low grade inflammatory GI disease or less likely low grade to chronic pancreatitis could be possible. No evidence of intra-abdominal neoplastic criteria was present. A canned novel protein/hydrolyzed diet trial and as needed gastric protectant protocol with assessment of clinical response would be reasonable. Hairball therapy is suggested if clinically indicated.

**WEIGHT**

10.05

**INTERPRETED BY**

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Three view chest radiographs are recommended if not done to assess for occult thoracic pathology.

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

**IMAGING PERFORMED BY**

Dr. Freson

**HOSPITAL NAME**

Kings Veterinary  
Hospital

**REFERRING VET**

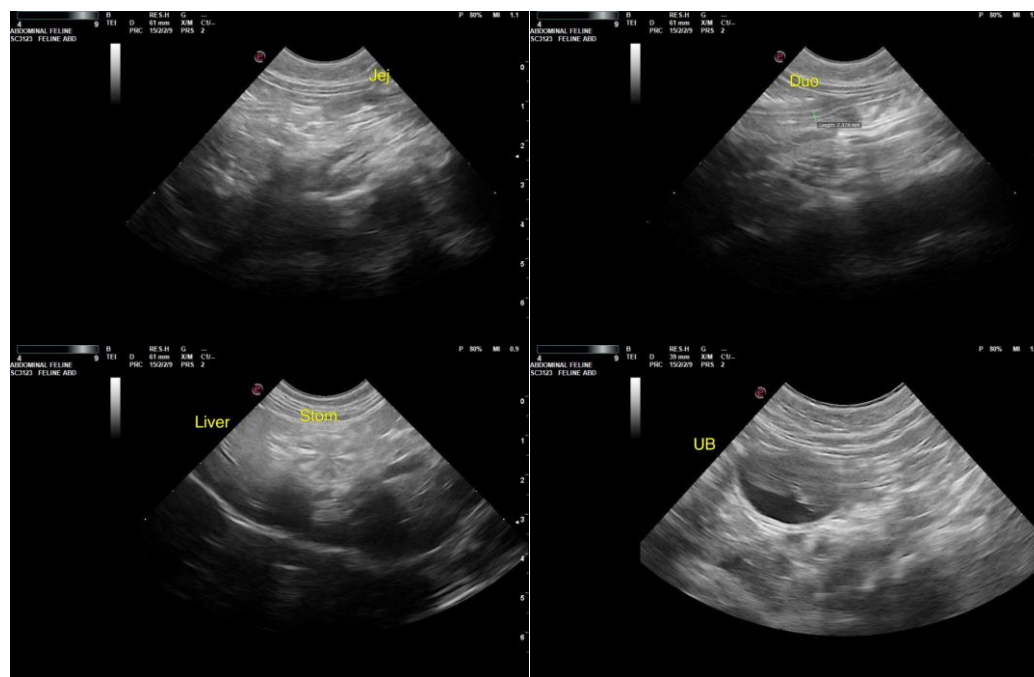
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**PATIENT**

Simba Bidwell

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

11yr

**WEIGHT**

10.05

**INTERPRETED BY**

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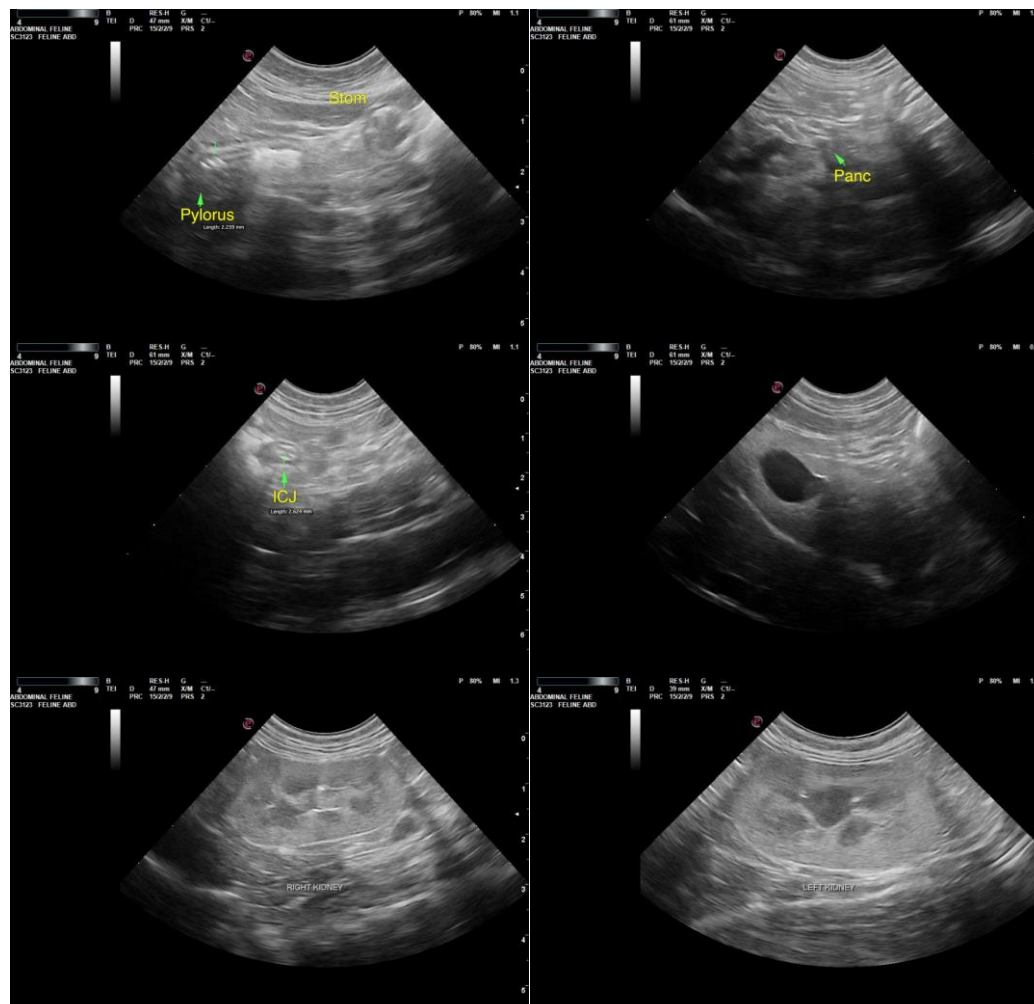
Dr. Freson

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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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