



PATIENT

Daisy McElhoe

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

14yr

WEIGHT

8lb

PRESENTING CLINICAL SIGNS

Weight loss (4lbs lost between 2020 and 2022) and subsequent gain (1.5lbs gained again since Nov 2022). On/off vomiting. Been exhibiting pruritic and excessive grooming behavior per O. Hungry all the time per O.

Abnormal PE/Chem/CBC/UA Results: TP 4.5 ALB 2.1 Ca 7.4 Na:K 28 WBC 17.7 T4 1.2 USG 1.039 1+ pro UPC 0.2 Scabs on face and dorsum. Dental disease (FORL) likely, periodontal dz confirmed. Labs (attached) show marked neutrophilia, hypoalbuminemia and otherwise normal results.

Radiographs: hepatomegaly suspected. Possibly thickened SIs. R/O: LSA, IBD, FB, parasites, psychogenic alopecia, etc.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 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 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 3.8 cm in length. The right kidney measured 4.4 cm in length.

The area of the aortic trifurcation was free of pathology.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.43 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.32 cm width.

IMAGING PERFORMED BY

Sorbo

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Mild generalized parenchyma heterogeneity was present without evidence of nodular changes. 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. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age related remodeling with minor potential for inflammatory or neoplastic disease. The spleen measured 0.65 cm in width at the level of the hilus.

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Liver/Gallbladder

The liver exhibited subjective potential for mild enlargement with normal 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.

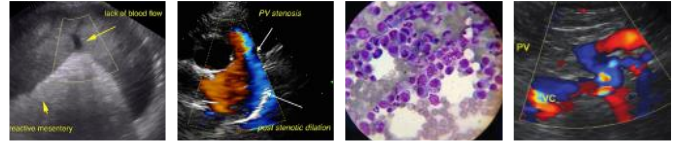
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Gastrointestinal



PATIENT	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate variably echogenic non-shadowing ingesta with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.24 cm in width.
Daisy McElhoe	
SPECIES	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 0.33 cm width. The jejunum wall measured 0.25 cm width. The ileocolic wall measured 0.3 cm width.
Feline	
BREED	Normal visible colon wall layers were present with apparent formed feces in lumen.
DSH	
SEX	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 was evident.
FS	
AGE	Free Abdomen A focal small pocket of scant free fluid noted between the stomach and caudal liver. No omental masses.
14yr	
WEIGHT	Intermittent mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 0.87 cm.
8lb	
INTERPRETED BY	ULTRASONOGRAPHIC FINDINGS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> • Mild age related renal changes • Mild hepatomegaly-subjectively benign • Gastric ingesta • Overtly normal intact small bowel • Normal pancreas-no evidence of significant or active inflammatory criteria • Intermittent subjectively benign/reactive mesenteric lymphadenopathy
IMAGING PERFORMED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
Sorbo	No evidence of intra-abdominal neoplastic criteria was present. The presence of gastric ingesta is nonspecific and likely indicates post-prandial presentation. Correlation with most recent meal ingestion is recommended. If documented NPO prior to the ultrasound, the presence of gastric ingesta may indicate some degree of gastric hypomotility or metabolic stasis. The sonographic presentation of the ingesta was most consistent with food, without evidence of foreign material. A definitive cause of the hypoalbuminemia was not obvious yet given lack of significant hepatic disease, proteinuria and assuming normal to increased appetite based on history, intestinal protein loss may be of concern. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.
HOSPITAL NAME	Broad spectrum deworming is suggested if clinically indicated.
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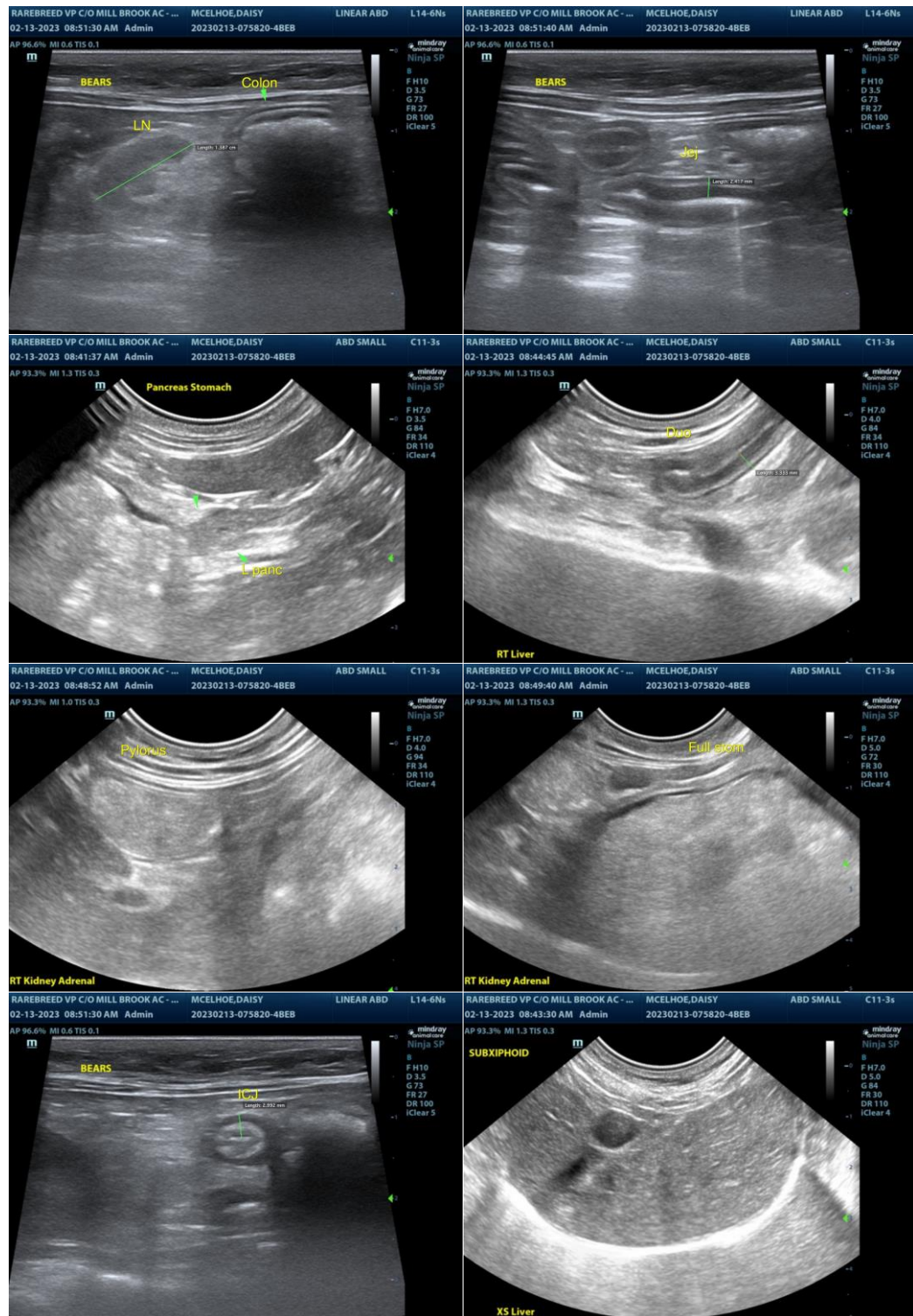
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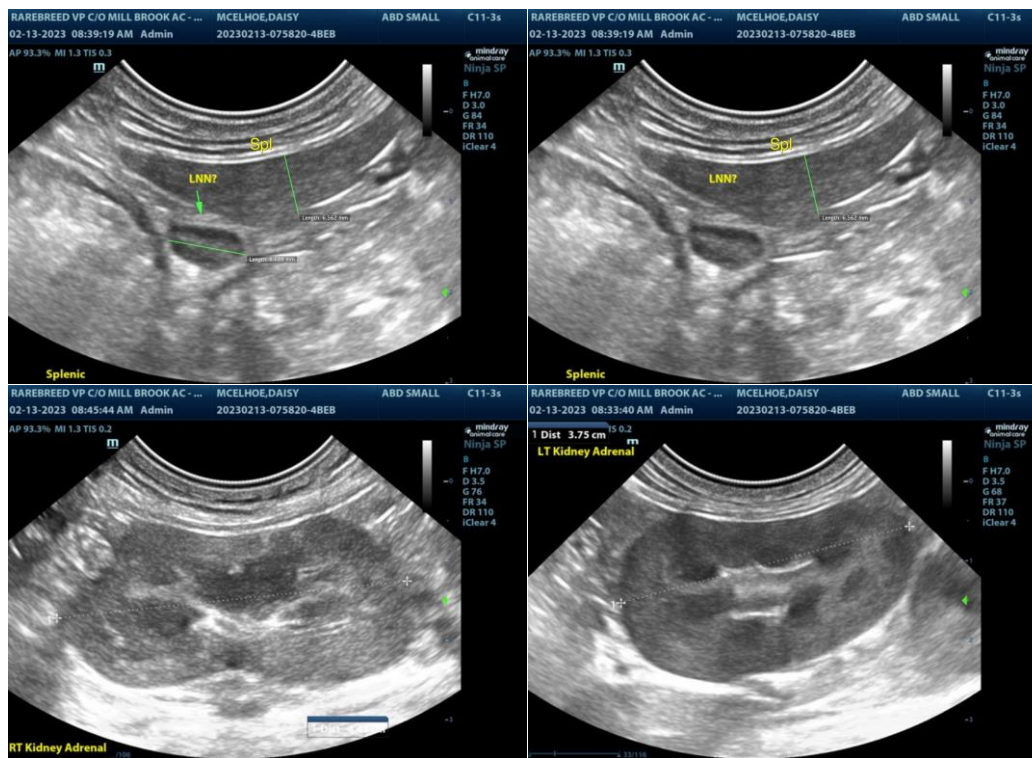
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com