



PATIENT	PRESENTING CLINICAL SIGNS
Dahlia Friedlander	P has had hyporexia with 2.9 lb weight loss since oral abx Nov 2022. P was diagnosed with chlamydia URI 11/2022 via PCR, and started on month long course of clavamox to treat. Chronic URI signs have resolved, but p has struggled with appetite since then. Labs unremarkable so far.
SPECIES	
Feline	Abnormal PE/Chem/CBC/UA Results: fecal pending and TLI/cobal/folate pending
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
DLH	Urinary System
SEX	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.
FS	
AGE	The area of the aortic trifurcation was free of pathology.
10 years	
WEIGHT	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 3.6 cm in length. The right kidney measured 4.5 cm in length.
8	
INTERPRETED BY	Adrenal Glands
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 0.33 cm width. No overt pathology was noted in the area of the right adrenal gland, although not definitively visualized.
IMAGING PERFORMED BY	Spleen
Dr. Brita Kiffney	The spleen exhibited normal size and overall contour with a finely textured to subtly nonhomogeneous parenchyma. No visualized splenic masses or nodules were noted. The spleen measured 0.75 cm width at the level of the hilus.
HOSPITAL NAME	Liver/ Gallbladder
Northshore Veterinary 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. The cystic and common bile ducts were normal.
REFERRING VET	Gastrointestinal
Dr. Brita Kiffney	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 gastric body wall width measured 0.25 cm.
INVOICE	
16200	
DATE	
2/16/23	



PATIENT

Dahlia Friedlander

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DLH

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INTERPRETED BY

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DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

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HOSPITAL NAME

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The small intestine presented intact wall layering and primarily maintained a 1:3 muscularis/mucosa ratio with a mild duodenal nonobstructive ileus. Possible segmental propensity for subtly prominent intestinal muscularis layer, yet without evidence of loss of intestinal wall layering or overt intestinal mural hypertrophy. The duodenum wall measured 0.21 cm width. The jejunum wall measured 0.26 cm width.

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

Pancreas

The left pancreatic limb extending to the pancreas base exhibited mild prominent size, minor capsule asymmetry, and nonhomogeneous to mild hypoechoic parenchyma.

Free Abdomen

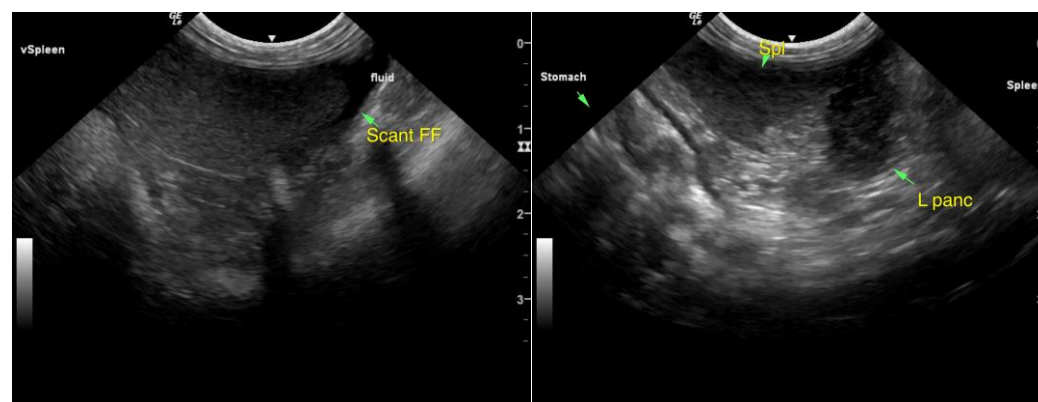
A scant amount of free fluid was noted in the left lateral abdomen adjacent to the left pancreatic limb and spleen. No omental masses, lymphadenopathy, or peritoneal effusion was noted.

ULTRASONOGRAPHIC FINDINGS

- Left pancreas / pancreatic base pancreatitis pattern
- Possible concurrent enteropathy
- Mild chronic renal changes
- Scant peripancreatic / perisplenic free fluid

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation associated with the pancreas is recommended. Correlation with the pending GI panel is recommended. If not recently done, three-view chest radiographs to assess for or rule out occult thoracic or esophageal pathology as a contributing factor to the hyporexia and weight loss may be considered. No obvious evidence of intraabdominal neoplastic criteria was noted. Pending additional diagnostics, empirical gastrointestinal support and therapy for pancreatitis would be reasonable. Sonographic reassessment is suggested if persistent / progressive hyporexia and weight loss despite supportive care and pending additional diagnostics.





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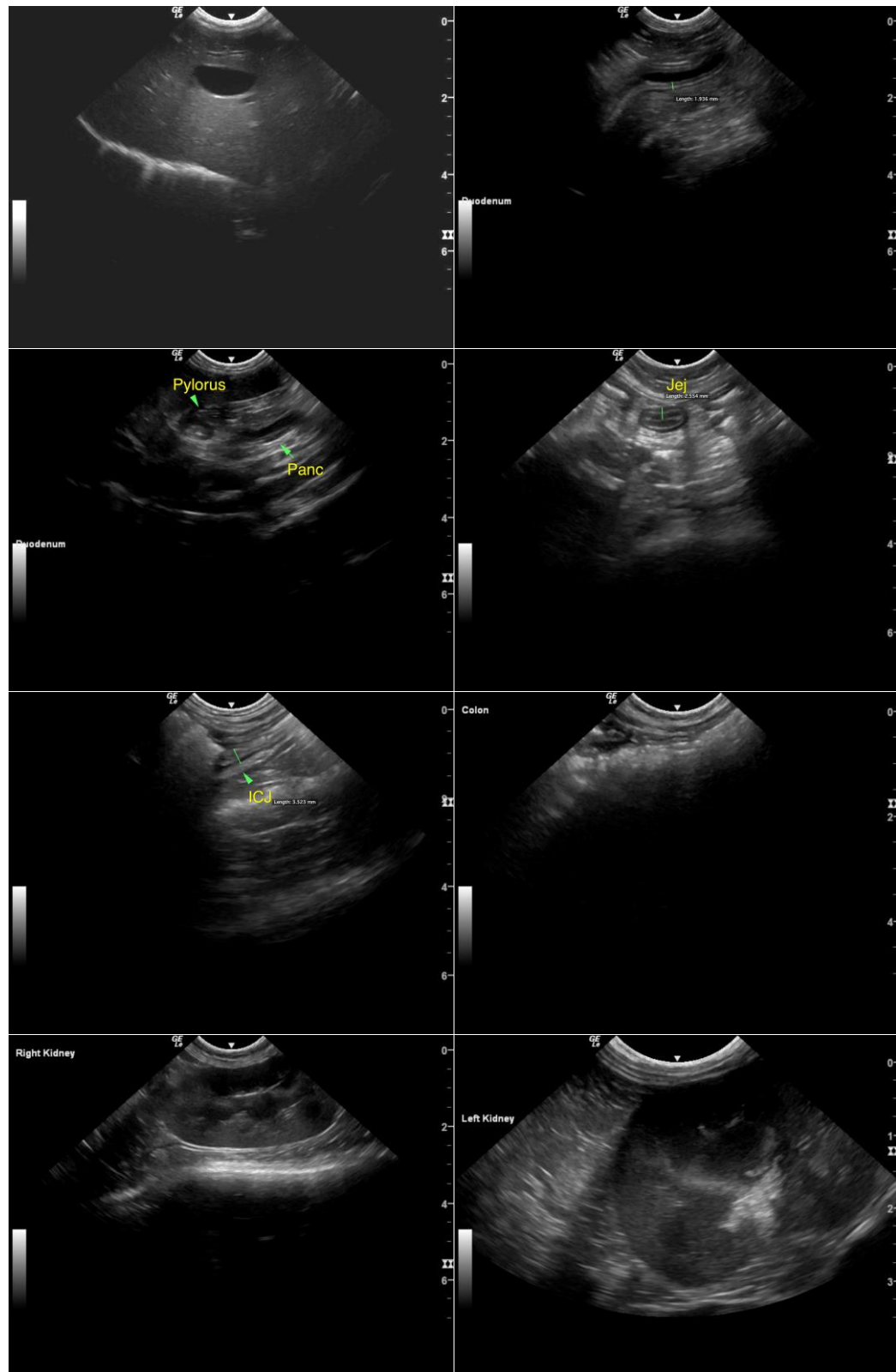
Dr. Brita Kiffney

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PATIENT

Dahlia Friedlander

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.

SPECIES

Feline

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.

BREED

DLH

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