



PATIENT PRESENTING CLINICAL SIGNS

Habbi Yan Chronic vomiting.

Abnormal PE/Chem/CBC/UA Results: Amylase 1378, U/A protein 1+, blood 3+, RBC 21-50.

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline

Urinary System

BREED

Devon Rex

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 particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

SEX

MN

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The left kidney measured 3.5 cm in length. The right kidney measured 3.6 cm in length.

AGE

2yr

The area of the aortic trifurcation was free of pathology.

WEIGHT

6.9lb

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.24 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.34 cm width.

INTERPRETED BY

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

Spleen

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.

IMAGING PERFORMED BY

Pamela Harrigan, RDMS

Liver/Gallbladder

HOSPITAL NAME

East Boston 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. The gallbladder appeared to be divided into two separate compartments consistent with bilobed gallbladder which is a normal variant in a cat. No evidence of gallbladder or peripheral gallbladder inflammation was present. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Chopra

Gastrointestinal

INVOICE

13017ag

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 measured 0.25 cm in width.

DATE

02/19/2023

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



PATIENT measured 0.23 cm width. The jejunum wall measured 0.17 cm width. The ileocolic wall measured 0.23 cm width.

Habbi Yan

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

SPECIES *Pancreas*

Feline

The pancreas was normal in size with minor capsule asymmetry and subtle hypoechoic parenchyma compared to the adjacent omental fat.

BREED *Free Abdomen*

Devon Rex

No omental masses or peritoneal effusion was present.

SEX

MN

Focal, mildly prominent to enlarged colic 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 1.4 cm x 0.4 cm.

ULTRASONOGRAPHIC FINDINGS

AGE

2yr

- Minor urinary bladder sediment
- Sonographically unremarkable GI tract
- Subtly hypoechoic pancreas
- Minor likely incidental benign/reactive colic lymphadenopathy

WEIGHT

6.9lb

Secondary

- Partial bilobed gallbladder-normal variant in a cat

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

Overall, there is no overt evidence of significant abdominal visceral pathology as a definitive cause of the patient's clinical signs. Low-grade chronic pancreatitis may be a consideration if evidence of cranial abdominal/subxiphoid discomfort on palpation. Correlation with a spec fPL may be considered.

IMAGING PERFORMED BY

Pamela Harrigan, RDMS

Dietary intolerance / food hypersensitivity, occult parasitism, structurally insignificant inflammatory gastroenteropathy or low grade to chronic pancreatitis both of which may appear sonographically normal are all potentials.

HOSPITAL NAME

East Boston Animal Hospital

Empirically, a canned limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming if clinically indicated (Panacur 50 mg/kg SID x 5 consecutive days with repeat protocol in 3 weeks even if fecal testing is negative) and as needed gastrointestinal support with assessment of clinical response may prove beneficial.

REFERRING VET

Dr. Chopra

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

INVOICE

13017ag

DATE

02/19/2023



PATIENT

Habbi Yan

SPECIES

Feline

BREED

Devon Rex

SEX

MN

AGE

2yr

WEIGHT

6.9lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

East Boston Animal
 Hospital

REFERRING VET

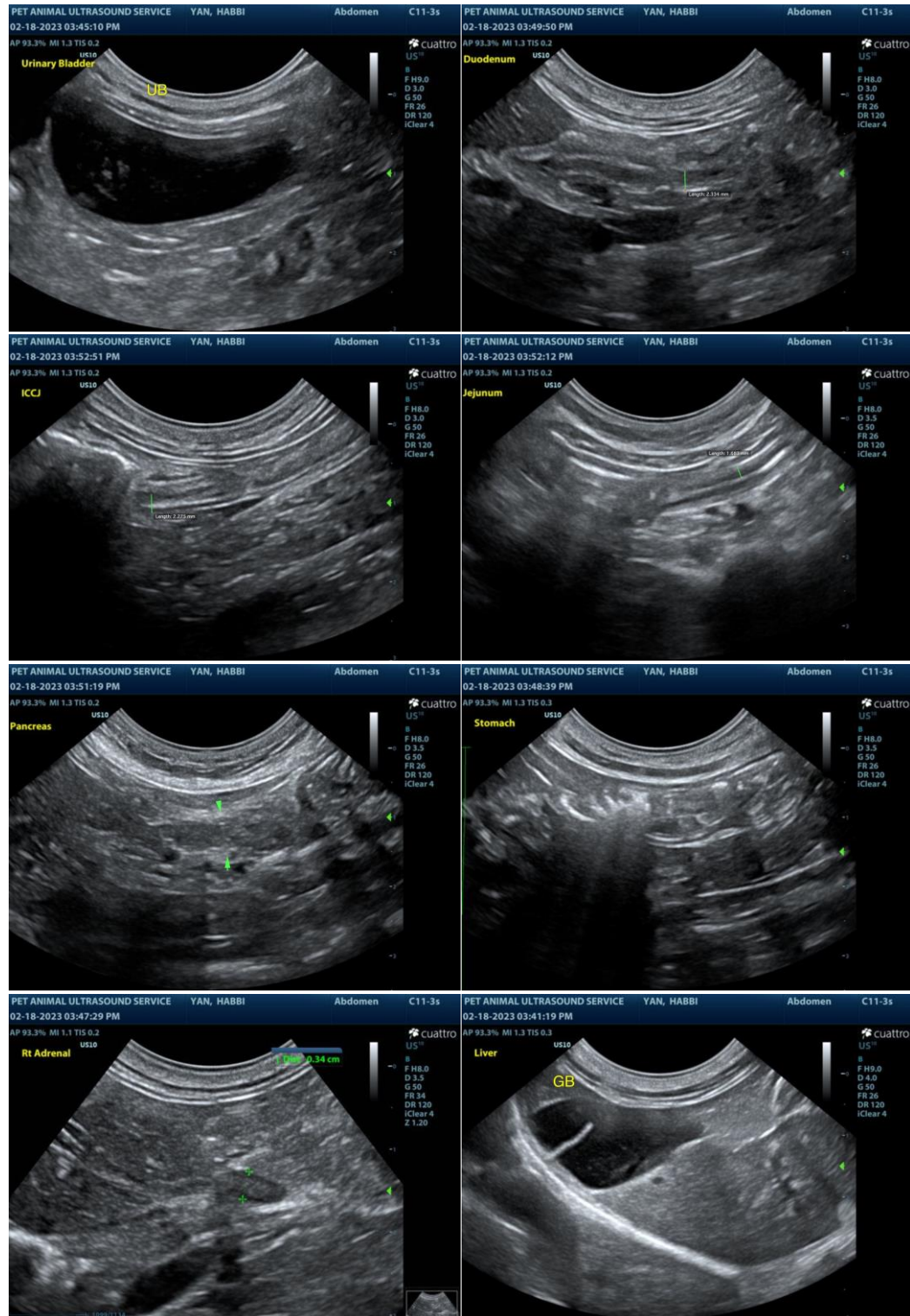
Dr. Chopra

INVOICE

13017ag

DATE

02/19/2023





PATIENT

Habbi Yan

SPECIES

Feline

BREED

Devon Rex

SEX

MN

AGE

2yr

WEIGHT

6.9lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

East Boston Animal
 Hospital

REFERRING VET

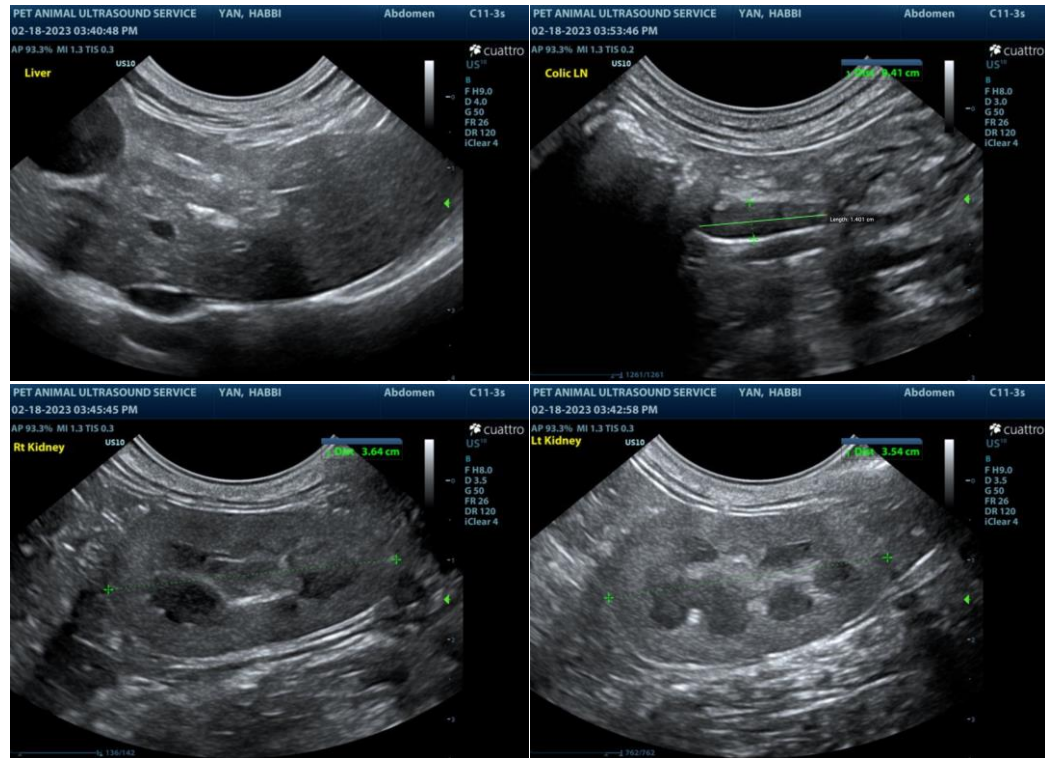
Dr. Chopra

INVOICE

13017ag

DATE

02/19/2023



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)

info@SonoPath.com