



PATIENT	PRESENTING CLINICAL SIGNS
Hunter Bove	Recheck (AUS 2/14) - still painful abdomen. AXR- stomach distended w/ heterogeneous material. Current meds: laxative, lactulose, cerenia
SPECIES	RECHECK ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Feline	Urinary System
BREED	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor 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.
DSH	
SEX	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 3.8 cm in length. The right kidney measured 4.3 cm in length.
FS	
AGE	The area of the aortic trifurcation was free of pathology.
8yr	
WEIGHT	Adrenal Glands
11.6lb	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 cm width. No overt pathology in the area of the right adrenal gland.
INTERPRETED BY	Spleen
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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	Liver/Gallbladder
Val Shumskaya	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.
HOSPITAL NAME	Gastrointestinal
Basking Ridge AH	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with minor luminal gas and no signs of ileus, obstruction or foreign material. No evidence of previous retained ingesta. This indicates gastric emptying over the last 24 hours following submitted radiographs.
REFERRING VET	INVOICE
Dr. Rotella	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.
	Normal visible colon wall layers were present with apparent formed to shadowing feces in lumen.
DATE	Pancreas
02/21/2023	



PATIENT

Hunter Bove

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.

SPECIES

Feline

Free Abdomen

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

BREED

DSH

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable abdomen

SEX

FS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The GI tract was empty at the time of the scan without evidence of retained GI ingesta, obstructive pattern or GI foreign material. Overall, there is no overt evidence of significant abdominal visceral pathology as a definitive cause of the patient's clinical signs.

AGE

8yr

Assessment for possible constipation or low-grade pancreatitis which be considered if evidence of cranial abdominal discomfort on palpation may be indicated. Correlation with a spec fPL may be considered. Assessment for possible referred abdominal pain may be indicated.

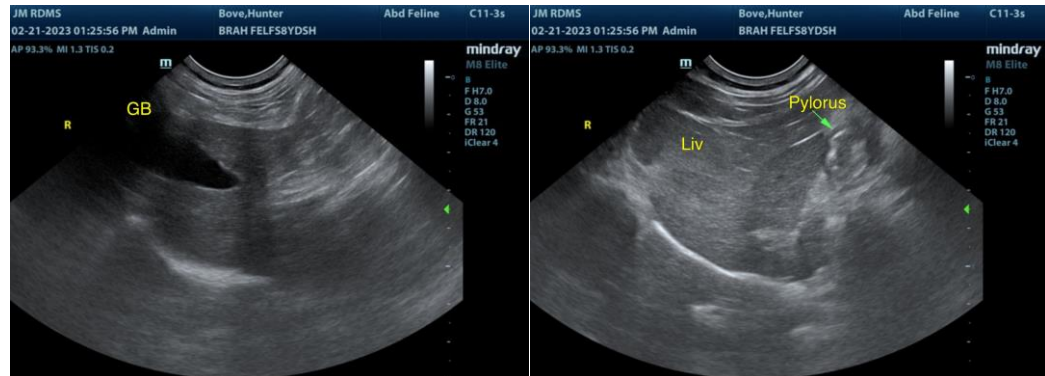
WEIGHT

11.6lb

As needed GI supportive care recommended yet no evidence of structural gastroenterocolic pathology present.

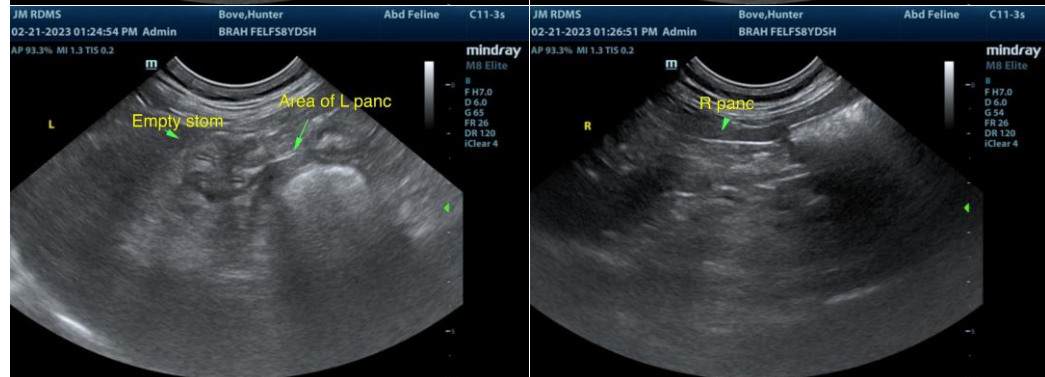
INTERPRETED BY

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



IMAGING PERFORMED BY

Val Shumskaya



HOSPITAL NAME

Basking Ridge AH

REFERRING VET

Dr. Rotella

INVOICE

13043ag

DATE

02/21/2023



PATIENT

Hunter Bove

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

8yr

WEIGHT

11.6lb

INTERPRETED BY

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IMAGING PERFORMED BY

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HOSPITAL NAME

Basking Ridge AH

REFERRING VET

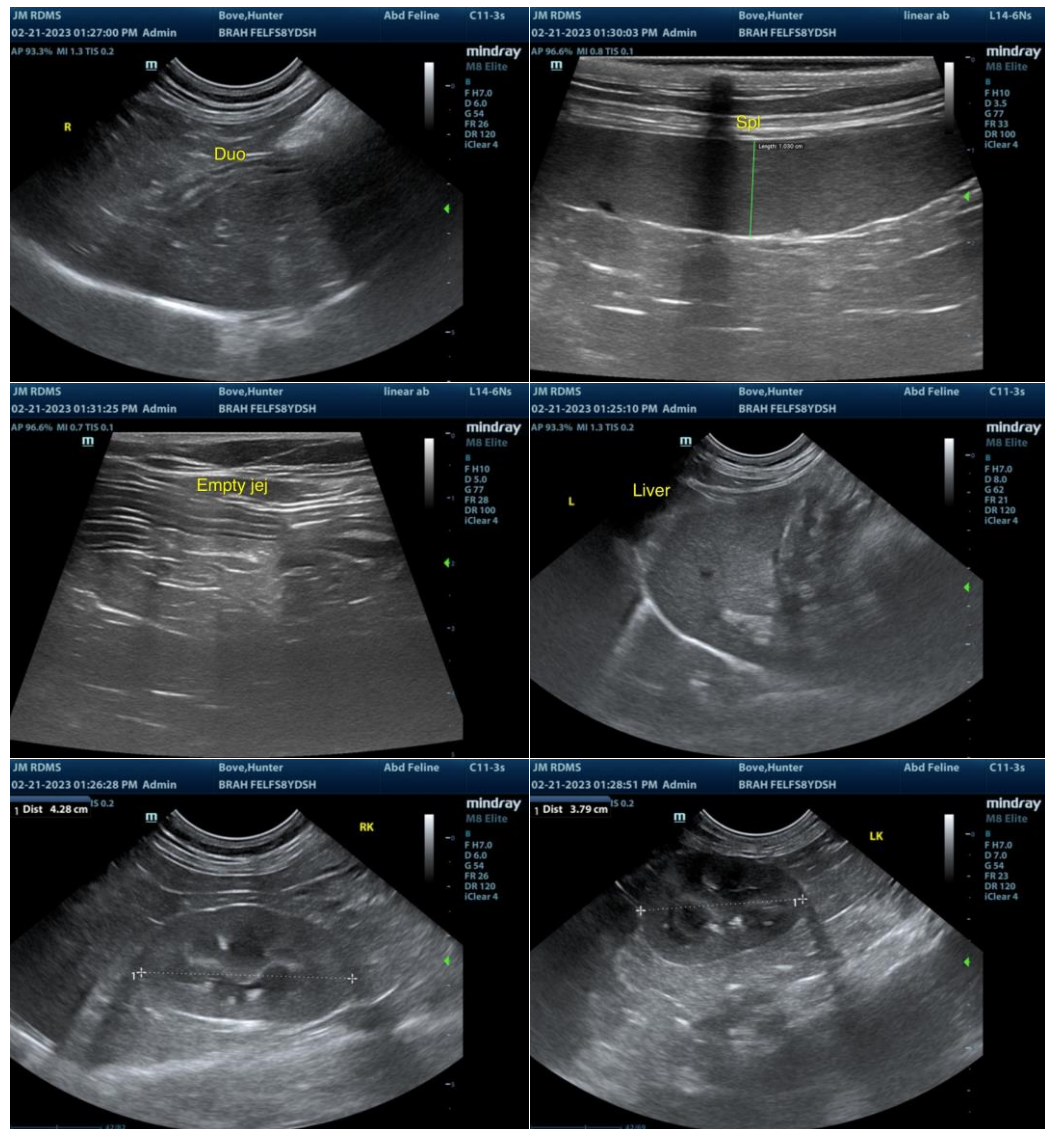
Dr. Rotella

INVOICE

13043ag

DATE

02/21/2023



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.

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