



PATIENT

Aphrodite Volz

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

6 months

WEIGHT

5.9 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Amanda Lacey-Crook - SDEP
Certified

HOSPITAL NAME

Rivers Edge PMC

REFERRING VET

Dr. Bridget Hayes

INVOICE

13408

DATE

2/24/22

PRESENTING CLINICAL SIGNS

FB recheck US - see report from yesterday

Abnormal PE/Chem/CBC/UA Results: No additional radiographs performed today

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mild to moderately distended yet exhibited subjective normal tone containing anechoic urine. Mild concurrent dilation of the proximal urethra to a depth of 2.0 cm was noted. No overt evidence of urethral obstruction was present.

The area of the aortic trifurcation was free of pathology.

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 3.3 cm in length. The right kidney measured 3.5 cm in length.

Adrenal Glands

No overt pathology was noted in the area of the left or right adrenal glands.

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.

Liver/ Gallbladder

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.

Gastrointestinal

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 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 colon exhibited intact yet mild prominent wall layering in the area of the proximal colon with areas of shadowing fecal matter noted within the proximal, transverse, and descending colon. The transverse and descending colon walls were sonographically unremarkable.



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Pancreas

The left and right pancreas exhibited subjective normal size with improved yet mildly persistent hypoechoic parenchyma. No overt evidence of peripancreatic reactive mesentery was present.

Free Abdomen

The previously noted peri intestinal to generalized reactive mesentery appeared to be improved to resolved with essential normal mesenteric echogenicity. No evidence of free fluid or significant lymphadenopathy was noted.

ULTRASONOGRAPHIC FINDINGS

- Improved gastroenterocolitis pattern with improved to resolved peri intestinal reactive mesentery - no evidence of persistent or progressive duodenojejunal ileus
- Persistent mild hypoechoic yet improved pancreas appearance - potential for persistent low-grade yet improved pancreatitis suspected

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall sonogram indicated improvement in the gastrointestinal and pancreatic presentation, suggestive of resolving acute gastroenteritis and pancreatitis. No evidence of progressive ileus or obstructive pattern within the small intestine, as well as no evidence of previously noted small shadowing jejunal luminal echo. Potential passage of this echo into the colon may be possible and monitoring of feces could be considered. Continued supportive care is recommended. No indication for surgical intervention was noted.





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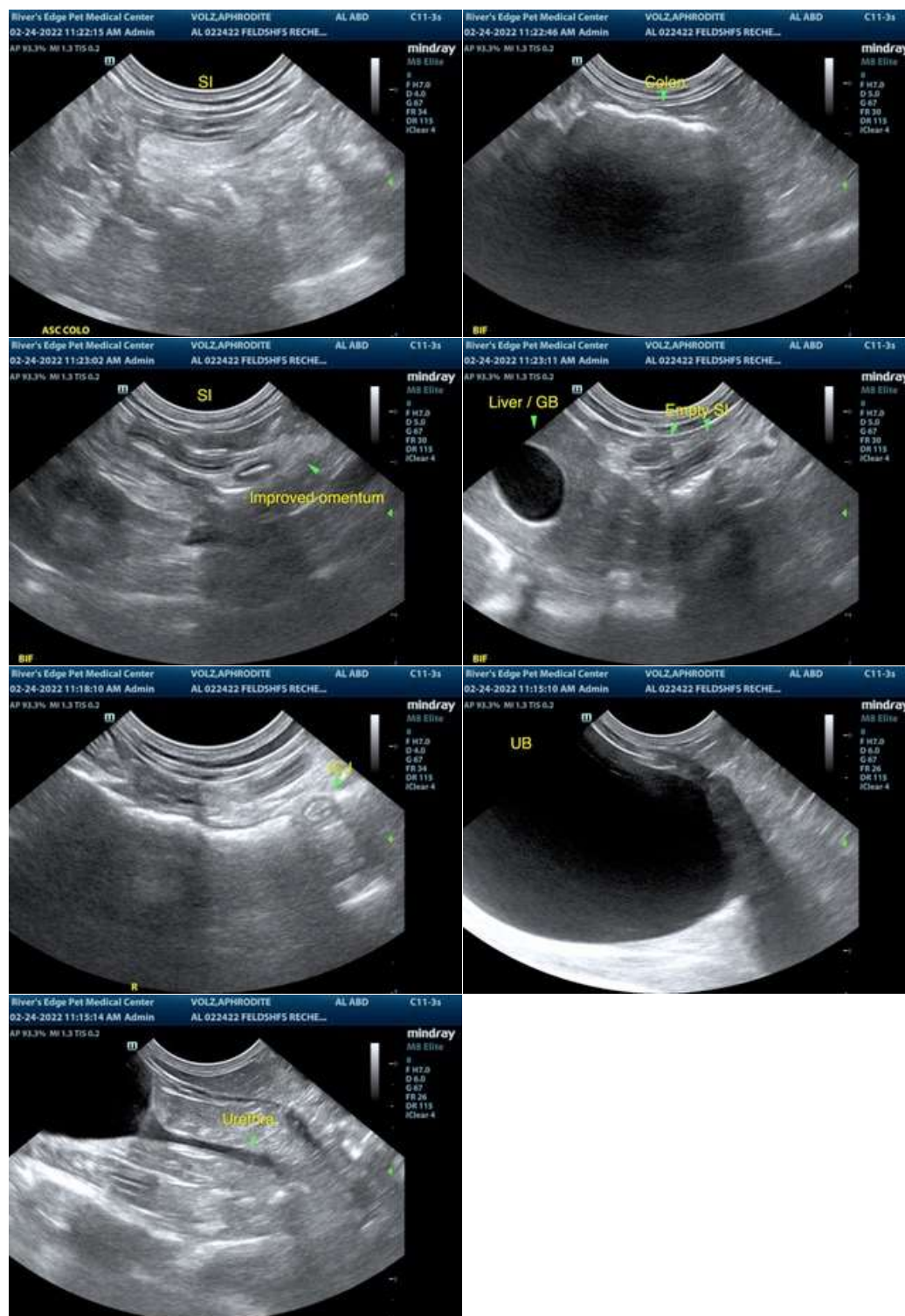
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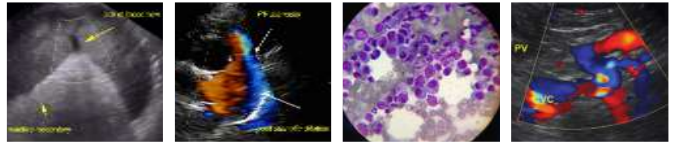
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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info@SonoPath.com

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