



PATIENT PRESENTING CLINICAL SIGNS

Mooch Skillen History: Frequent vomiting, lethargy. Medication: Cerenia

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline Urinary System

Feline

BREED

DLH

SEX

Spayed Female

AGE

2007

WEIGHT

10.7

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 4.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Minor nondependent particulate sediment was present without evidence of calculus formation. The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

Aortic trifurcation was normal.

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 3.4 cm in length. The right kidney measured 3.7 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.31 cm.

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. The spleen measured 0.8 cm in diameter.

Liver

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 proximal common bile duct was mildly dilated and tortuous without overt post hepatic obstruction.

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.

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

Easton AH

REFERRING VET

Dr. Craig

INVOICE

21333

DATE

2/28/23



PATIENT

Mooch Skillen

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 0.27 cm. The jejunum wall measured 0.25 cm- 0.26 cm. The ileocolic wall measured 0.30 cm.

SPECIES

Feline

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

Pancreas

The pancreas was normal in size and contour with subtle uniform hypoechoic pancreatic parenchyma compared to adjacent nonreactive omentum.

BREED

DLH

Free Abdomen

No omental masses, lymphadenopathy or evidence of peritoneal effusion was present.

SEX

Spayed Female

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable gastrointestinal tract
- Subtle hypoechoic pancreas
- Mild nonobstructive proximal common bile duct dilation
- Age-related kidneys
- Mild urinary bladder sediment

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of significant visceral pathology. Dietary intolerance/food hypersensitivity, occult parasitism, low grade inflammatory bowel, or pancreatitis, both of which may present as sonographically normal despite normal fPL, are all potentials. Empirically, a hydrolyzed diet trial, gastroprotectant protocol +/- empirical deworming (if clinically applicable) is suggested. No evidence of intraabdominal neoplastic criteria. Assessment of serum cobalamin and folate levels for evidence of nonstructural intestinal disease as a contributing factor may be considered.

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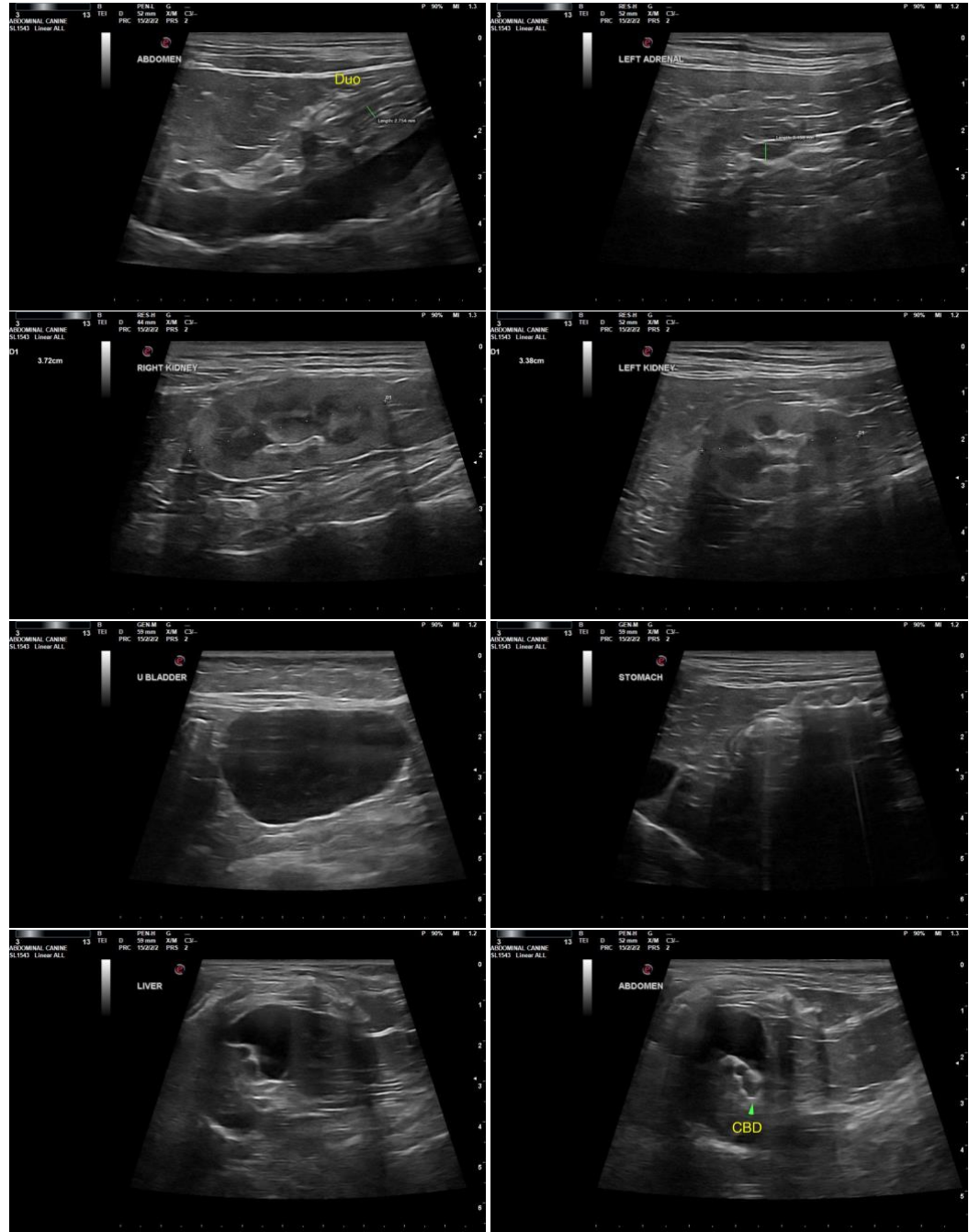
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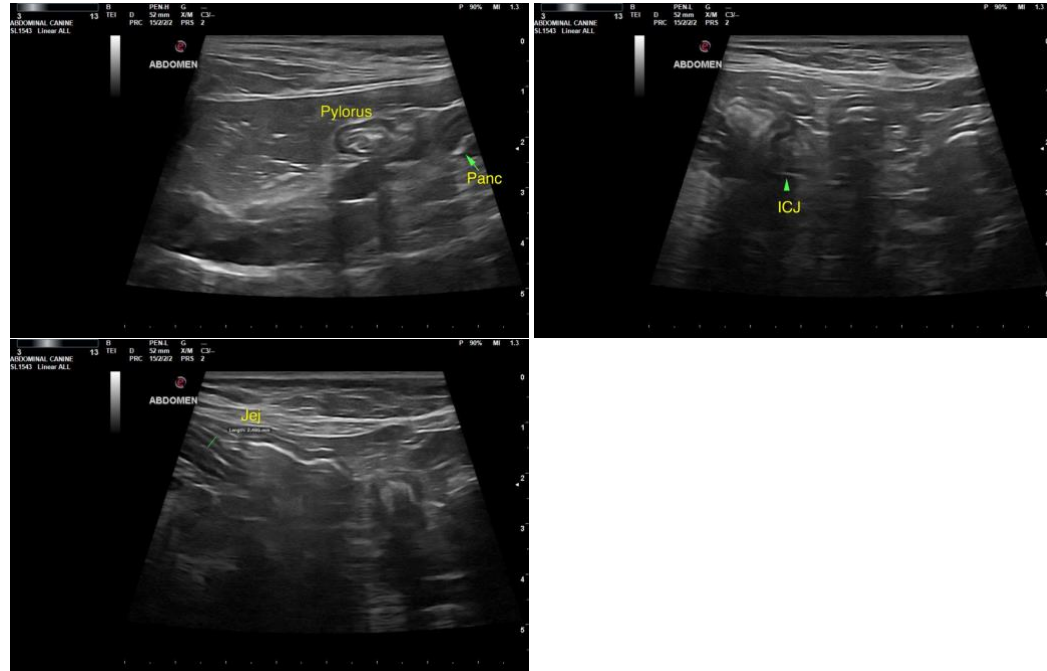
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

INTERPRETED BY

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

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com

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