



PATIENT

David Frazao

PRESENTING CLINICAL SIGNS

Emesis, losing weight, not eating

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: BLD elevated, TP elevated, Sugar elevated 267. UA: PRO elevated, BLD elevated, SG 1.049

BREED

DSH

SEX

MN

AGE

7yr

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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 moderate 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.

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 4.0 cm in length. The right kidney measured 4.1 cm in length.

The area of the aortic trifurcation was free of pathology.

WEIGHT

10.1lb

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.25 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.36 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

Val Shumskaya

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.

HOSPITAL NAME

All Creatures Great
and Small Denville

REFERRING VET

Dr. Mitrovic

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild echogenic mildly shadowing ingesta/chyme and luminal gas with no signs of ileus, obstruction or foreign material. The ventral stomach wall measured 0.23 cm in width.

INVOICE

12907ag

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild non-obstructive mid to upper duodenal ileus pattern with segmental jejunal increased gas pattern was present. The lumen of the small intestine was empty with no signs of obstruction or foreign material.

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The duodenum wall measured 0.22 cm width. The jejunum wall measured 0.22 cm width. The ileocolic wall measured 0.26 cm width.

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

SPECIES

Pancreas

Feline

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.

BREED

Free Abdomen

DSH

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

SEX

ULTRASONOGRAPHIC FINDINGS

MN

- Moderate urinary bladder sediment
- Intact overtly normal GI wall layering with mild retained gastric ingesta/gas and mild upper to mid duodenal non-obstructive ileus-possible mild duodenitis/gastroduodenitis.
- Sonographically normal pancreas

AGE

7yr

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

10.1lb

A definitive cause of the patient's GI signs and weight loss was not obvious without overt sonographic evidence of intestinal mural pathology or sonographic evidence of pancreatitis. Dietary intolerance / food hypersensitivity, occult parasitism if the patient is indoor/outdoor, structurally insignificant inflammatory gastroenteropathy or low grade to chronic pancreatitis both of which may appear sonographically normal are all potentials.

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A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended. A fructosamine level may be considered if persistent hyperglycemia. Three view chest radiographs are recommended if not done to assess for occult thoracic/esophageal pathology.

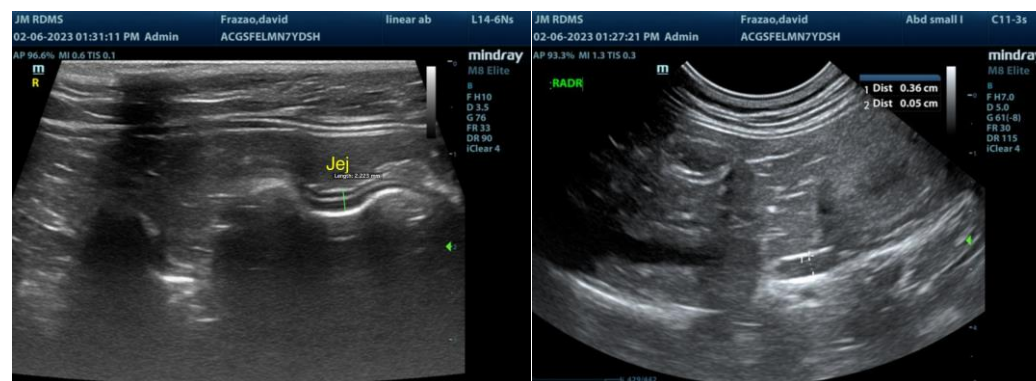
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Empirical therapy for gastroduodenitis which may include gastroprotectants, canned hydrolyzed diet, empirical deworming and assessment of clinical response would be reasonable. No evidence of intra-abdominal neoplastic criteria.

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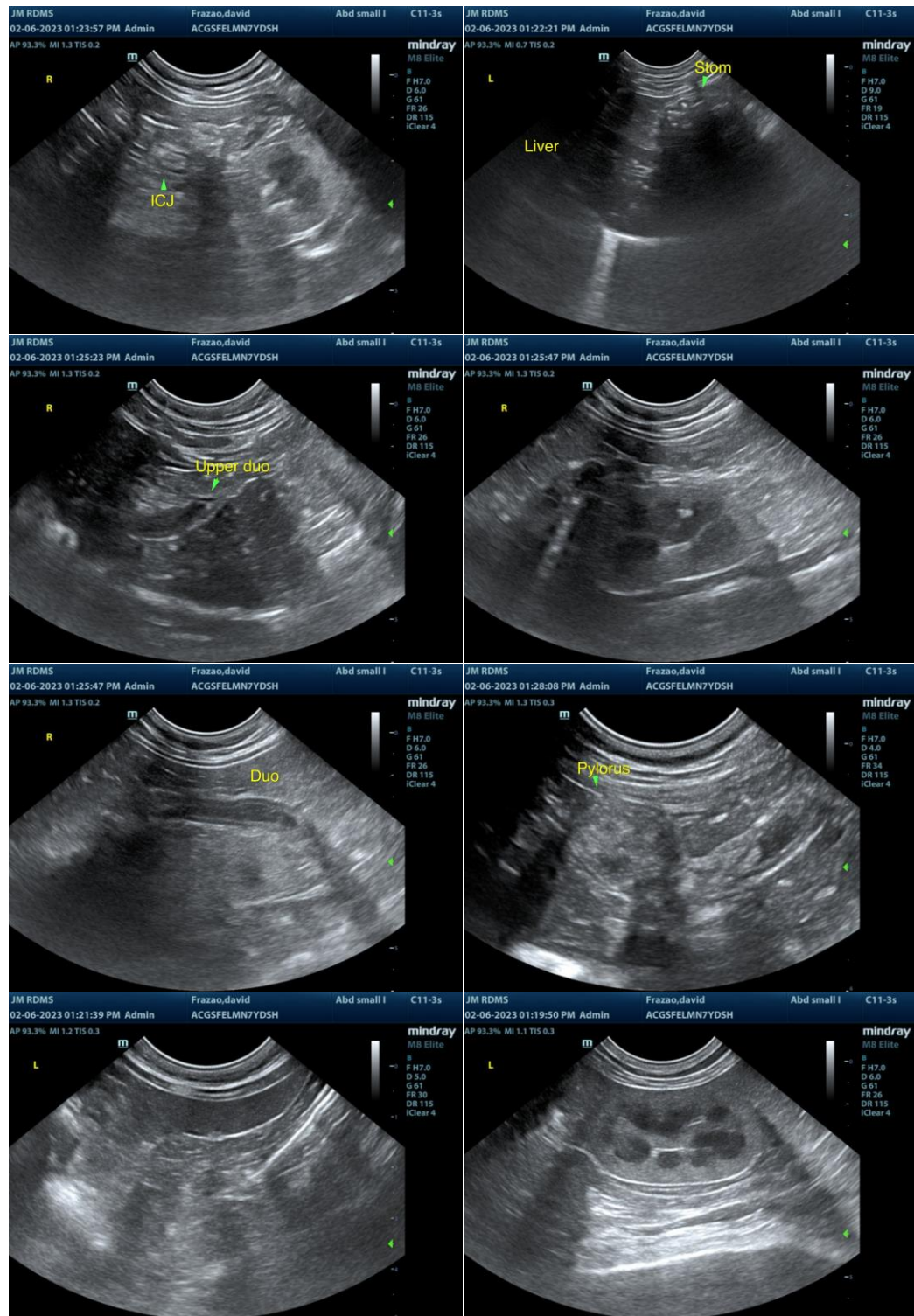
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
mac.daniel@sonopath.com