



**PATIENT**

Salem Conroy

**SPECIES**

Feline

**BREED**

DSH

**SEX**

M/N

**AGE**

12.7

**WEIGHT**

8.9

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Sharkaway

**HOSPITAL NAME**

Kew Gardens AH

**REFERRING VET**

Dr. Sharkaway

**INVOICE**

16061

**DATE**

2/7/23

**PRESENTING CLINICAL SIGNS**

Chronic vomiting Loose stool Heart murmur 3 out of 6, left systolic He was not responsive to antibiotics, got better using cerenia and cimetidine temporarily for 2 days then chronic vomiting again and loose stool. Got a good response before when the patient was on prednisone

Abnormal PE/Chem/CBC/UA Results: F PLI–negative Blood work–within normal limits

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

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 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 3.9 cm in length.

**Adrenal Glands**

The left and right adrenal glands were not definitively visualized.

**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 0.58 cm width at the level of the hilus.

**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 overtly normal wall layering. The stomach appeared to contain non-shadowing ingesta / chyme. Overt evidence of mechanical pyloric outflow obstruction was not visualized.

The small intestine presented intact wall layering and subjective maintained 1:3 muscularis/mucosa ratio without evidence of overt alterations and wall layer ratio, loss of intestinal wall layering, or intestinal



<b>PATIENT</b>	masses. No evidence of intestinal mechanical / metabolic ileus was noted. The small intestinal wall width measured 0.21 cm.
Salem Conroy	
<b>SPECIES</b>	The colon exhibited overtly normal visualized wall layering. The colon appeared to exhibit generalized moderate distention with semi-formed to non-formed fecal matter, consistent with patient history, extending to the level of the colorectum.
Feline	
<b>BREED</b>	<b><i>Pancreas</i></b>
DSH	The pancreas was normal in size and contour with mild uniform hypoechoic parenchyma compared to adjacent nonreactive omentum.
<b>SEX</b>	<b><i>Free Abdomen</i></b>
M/N	Intermittent, mildly prominent, mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic, and smoothly margined. A subjective maintained width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 1.0 cm diameter. Possible, although not definitive, very scant pockets of peri intestinal free fluid were noted. No visualized omental masses were noted.
<b>AGE</b>	
12.7	
<b>WEIGHT</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
8.9	<b><i>Primary Findings</i></b>
<b>INTERPRETED BY</b>	<ul style="list-style-type: none"> <li>• Subjective possibly retained nonshadowing gastric ingesta / chyme</li> <li>• Overtly normal intact small intestinal walls</li> <li>• Generalized distended colon with semi-formed to nonformed fecal matter</li> <li>• Intermittent nonspecific yet subjective benign / reactive mesenteric lymph nodes</li> </ul>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
<b>IMAGING PERFORMED BY</b>	<b><i>Secondary Findings</i></b>
Dr. Sharkaway	<ul style="list-style-type: none"> <li>• Mild age-related kidneys</li> </ul>
<b>HOSPITAL NAME</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
Kew Gardens AH	No overt evidence of a definitive gastrointestinal obstructive pattern or obstructive gastrointestinal mural pathology was noted. If documented NPO, some degree of nonobstructive gastric stasis could be possible. Dietary intolerance / food hypersensitivity, dysbiosis, occult parasitism if the patient is indoor/outdoor, structurally insignificant inflammatory bowel disease, or low-grade pancreatitis, despite negative fPL (both of which may present as sonographically normal), infectious disease, and less likely infiltrative neoplasia are all potentials.
<b>REFERRING VET</b>	
Dr. Sharkaway	
<b>INVOICE</b>	Gastroenterocolic biopsies would likely be required for a definitive diagnosis. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. A diarrhea PCR panel could also be considered.
16061	Empirically, gastroprotectants, canned hydrolyzed diet trial with likely long-term dietary therapy, non-flavored fiber supplementation, high colony count probiotics such as Provable, and cobalamin supplementation pending assessment of cobalamin levels, +/- continued Prednisolone therapy at lowest effective dose to control clinical signs, would be reasonable.
<b>DATE</b>	
2/7/23	



**PATIENT**

Salem Conroy

**SPECIES**

Feline

**BREED**

DSH

**SEX**

M/N

**AGE**

12.7

**WEIGHT**

8.9

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Sharkaway

**HOSPITAL NAME**

Kew Gardens AH

**REFERRING VET**

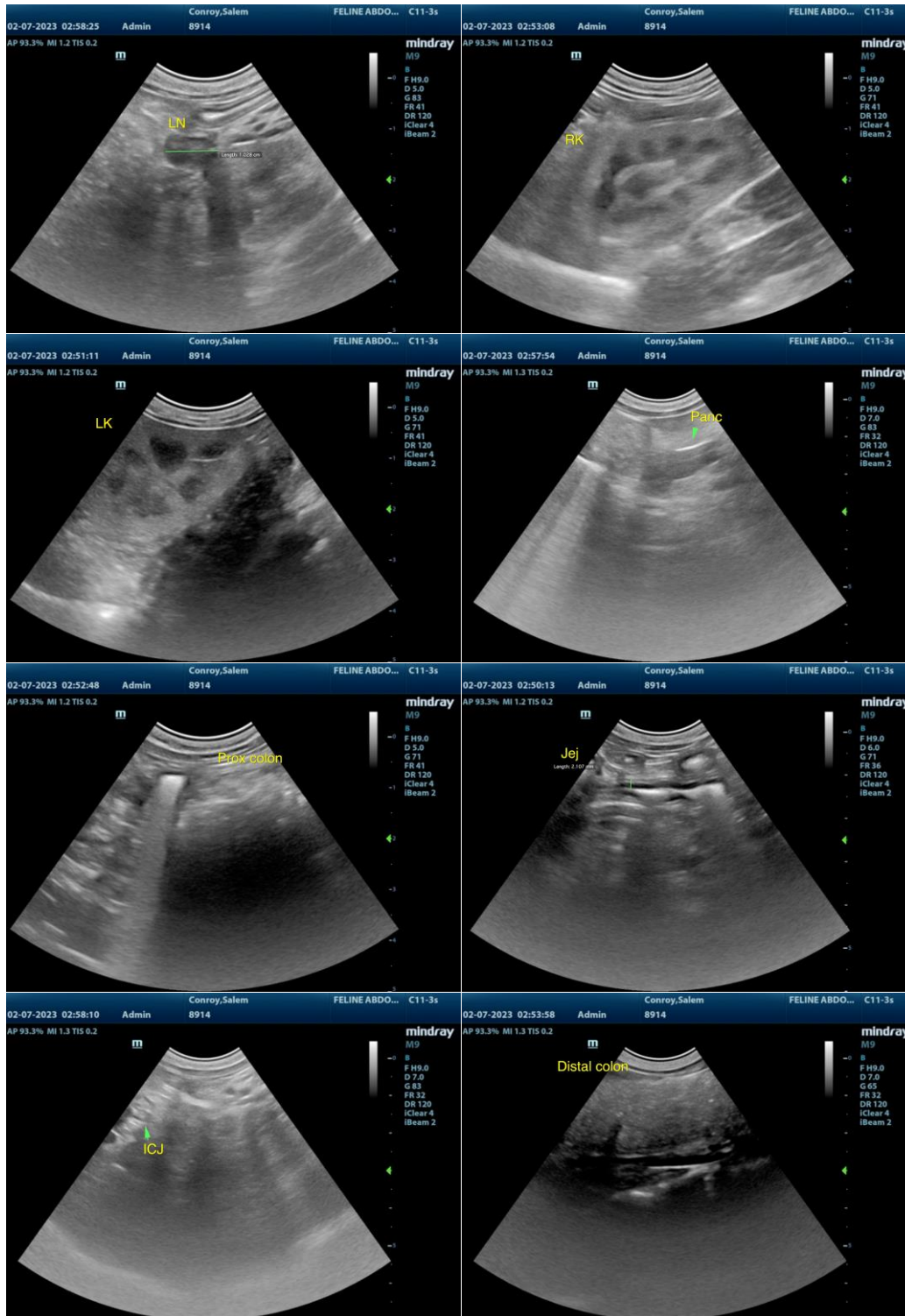
Dr. Sharkaway

**INVOICE**

16061

**DATE**

2/7/23





## PATIENT

Salem Conroy

## SPECIES

Feline

## BREED

DSH

## SEX

M/N

## AGE

12.7

## WEIGHT

8.9

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Sharkaway

## HOSPITAL NAME

Kew Gardens AH

## REFERRING VET

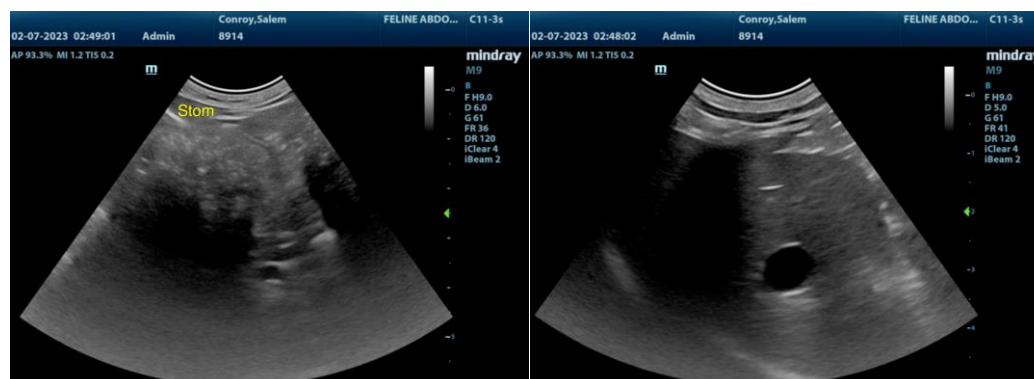
Dr. Sharkaway

## INVOICE

16061

## DATE

2/7/23



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