



**PATIENT PRESENTING CLINICAL SIGNS**

**Salem Henry** History: Salem has a history of chronic intermittent vomiting for several years. A trial of i/d and long-term z/d have not seemed to make much of a difference. Salem is otherwise clinically healthy. He does not have any decreased appetite or diarrhea.

**SPECIES**

**Feline** Abnormal PE/Chem/CBC/UA Results: Feb 2022: CBC/Chem - no significant findings. Fecal test was negative. Current Medications None Radiographic Findings None

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

9 Years

**WEIGHT**

9.18 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

West Eugene AH

**REFERRING VET**

Dr. Sundholm

**INVOICE**

21350

**DATE**

3/1/23

**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. Primarily anechoic urine was present in the lumen. Nondependent particulate sediment was present, which may indicate mild cellular debris/protein, crystalline debris, lipid or mucus, without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were 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 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 3.6 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 0.44 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.46 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.

**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 cystic and common bile ducts were normal.



**PATIENT** *Gastrointestinal*

Salem Henry The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of retained gastric ingesta, fluid or foreign material. The gastric body wall measured 0.24 cm.

**SPECIES**

Feline The small intestine exhibited generalized intact wall layering with segmental to generalized propensity for mildly prominent muscularis layer yet without evidence of significant small intestinal mural hypertrophy, loss of intestinal wall layering or intestinal masses.

**BREED**

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

**SEX**

*Pancreas*

Spayed Female 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.

**AGE**

9 Years *Free Abdomen*

**WEIGHT**

No omental masses, lymphadenopathy or peritoneal effusion was present.

9.18 Pounds

**ULTRASONOGRAPHIC FINDINGS**

- Sonographically unremarkable stomach/pancreas
- Subjective mild inflammatory enteropathy pattern

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Although potential for patient variant, the small intestine exhibited subtle mural changes, which is suggestive of mild inflammatory/IBD criteria. However, given the lack of reported additional gastrointestinal signs, such as diarrhea or weight loss, this is a nonspecific finding. Dietary intolerance (despite food trials), occult parasitism (even with negative fecal testing) or low grade/chronic pancreatitis (which may present sonographically normal) are all possible contributing factors. Monitoring for progressive gastrointestinal signs or weight loss going forward is suggested with possible sonographic reassessment of the small intestine for evidence of progressive mural changes is suggested. Continued empirical novel protein or hydrolyzed diet, hairball therapy (if clinically indicated) and gastroprotectants would be reasonable. A GI panel to include PLI/TLI/Cobalamin/Folate could be considered if evidence of progressive gastrointestinal signs or weight loss. Screening three view chest radiographs is suggested if not done.

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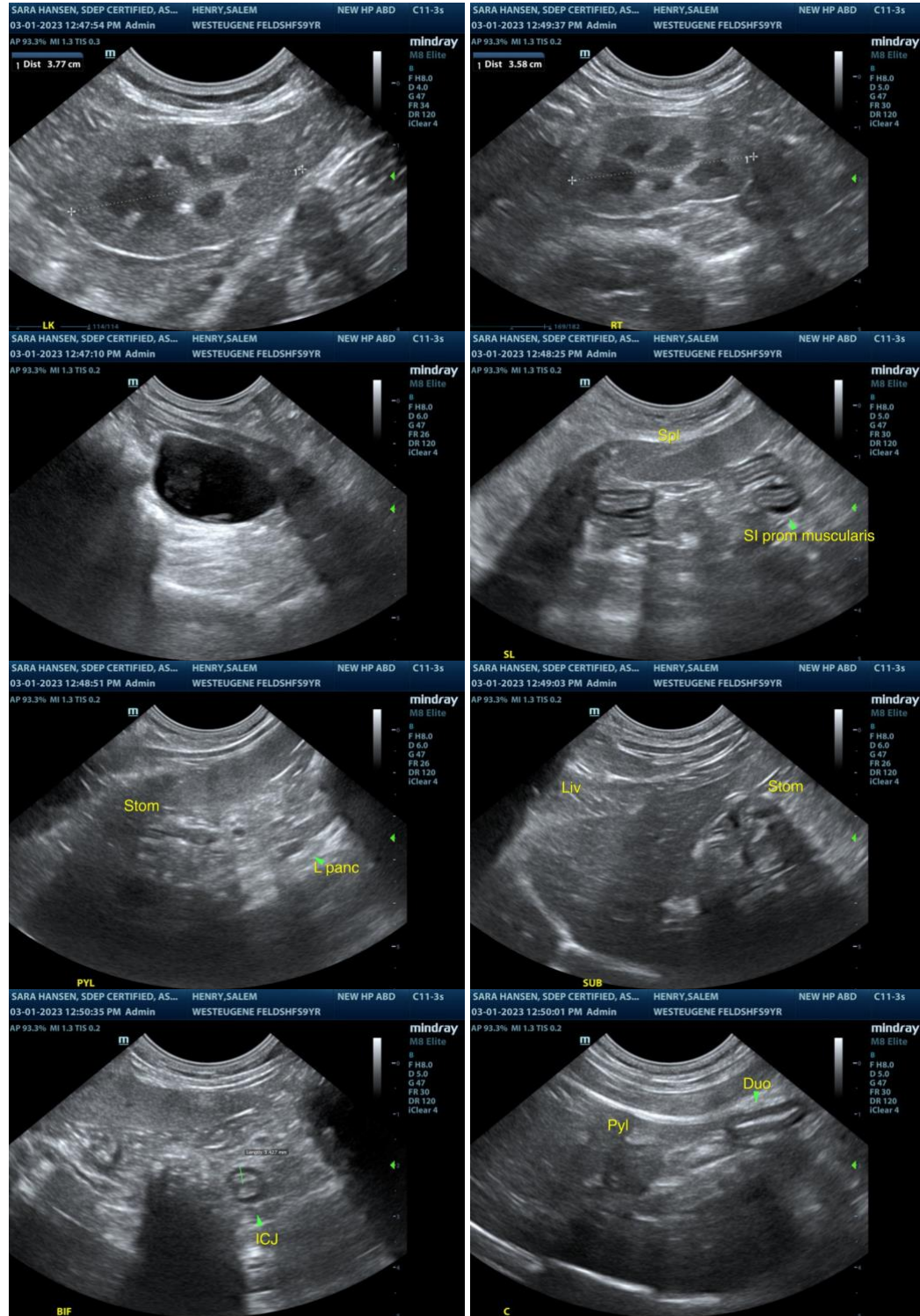
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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info@SonoPath.com