



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Miron Starovoitova	Not eating, High GGT Current meds: Mirtaz
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: GGT 10
Feline	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>BREED</b>	<b>Urinary System</b>
Oriental Short Hair	The urinary bladder was subnormal in size owing to a lack of urine dilation. No overt pathology was noted. The urethra exhibited normal structure and tone to a depth of 1.0 cm.
<b>SEX</b>	The area of the aortic trifurcation was free of pathology.
M	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 3.0 cm in length. The right kidney measured 2.0 cm in length.
<b>AGE</b>	
4M	
<b>WEIGHT</b>	<b>Adrenal Glands</b>
3.2 lbs.	The left and right adrenal glands were not definitively visualized.
<b>INTERPRETED BY</b>	<b>Spleen</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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 0.6 cm width at the level of the hilus.
<b>IMAGING PERFORMED BY</b>	<b>Liver/ Gallbladder</b>
Val Shumskaya	The liver exhibited normal vascular volume with subjective normal 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.
<b>HOSPITAL NAME</b>	<b>Gastrointestinal</b>
Ramapo Valley AH	The stomach presented overtly normal intact wall layering. The stomach appeared to contain mild luminal gas. Potential for minor retained pyloric fluid was noted with no evidence of significant gastric distention with retained fluid, ingesta, or foreign material. No evidence of mechanical pyloric outflow obstruction was noted.
<b>REFERRING VET</b>	
Dr. Katara	
<b>INVOICE</b>	
16363	
<b>DATE</b>	
3/15/23	The intestinal walls demonstrated intact wall layering, maintained wall layer detail, and adequate wall layer ratio. The mucosa exhibited mildly decreased echogenicity with occasional mucosal speckling. A



<b>PATIENT</b>	minor segmental nonobstructive jejunal ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material.
Miron Starovoitova	
<b>SPECIES</b>	Normal visible colon wall layers were present with subjective semi-formed fecal matter in lumen.
<b>Pancreas</b>	
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 were evident.
<b>BREED</b>	
Oriental Short Hair	
<b>SEX</b>	<b>Free Abdomen</b>
M	Intermittent midabdominal mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 1.5 cm x 0.6 cm. An intermittent scant pocket of peritoneal free fluid was noted.
<b>AGE</b>	
4M	
<b>WEIGHT</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
3.2 lbs.	<ul style="list-style-type: none"> <li>Structurally normal gastrointestinal tract with mild subjective gastric gas and nonobstructive segmental intestinal ileus</li> <li>Normal volume liver</li> <li>Midabdominal mild mesenteric lymphadenopathy - suspect immunologic immaturity given patient age, minor lymphoid hyperplasia, or lymphadenitis possible</li> <li>Scant peritoneal free fluid - suspect physiologic</li> </ul>
<b>INTERPRETED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Overall, no sonographic evidence of significant visceral, specifically gastrointestinal pathology, as an obvious or definitive cause of the patient's inappetence. Retroviral testing is suggested if not already or recently done.
<b>IMAGING PERFORMED BY</b>	
Val Shumskaya	
<b>HOSPITAL NAME</b>	Empirically, as-needed gastrointestinal support and empirical deworming even if fecal testing if negative, with a reassessment of GGT levels is suggested. No overt evidence of hepatobiliary pathology or evidence of portosystemic shunt was noted. Recheck sonogram is recommended pending additional diagnostics if persistent / progressive anorexia or persistent elevated GGT levels are noted.
Ramapo Valley AH	
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**PATIENT**

Miron Starovoitova

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Oriental Short Hair

**SEX**

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**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Val Shumskaya

**HOSPITAL NAME**

Ramapo Valley AH

**REFERRING VET**

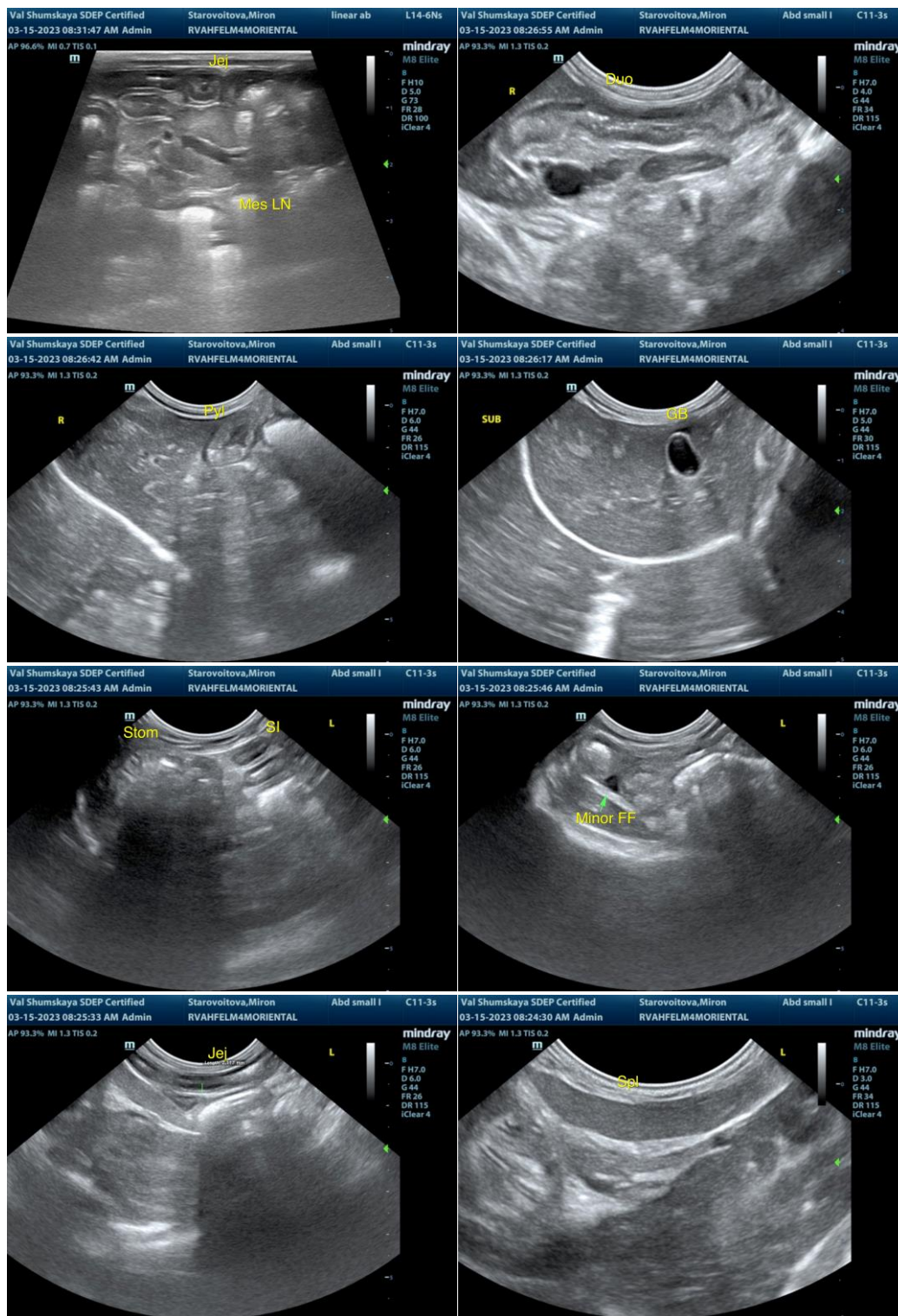
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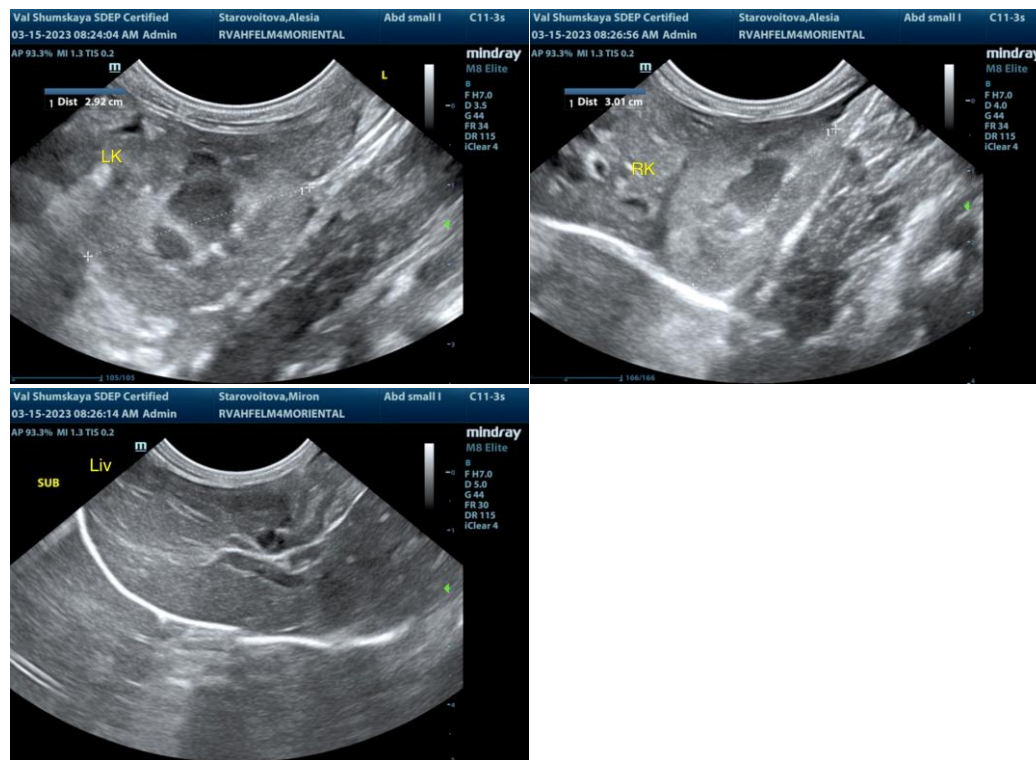
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**  
info@SonoPath.com