

**PATIENT**

Natasha Albert

**SPECIES**

Feline

**BREED**

Siberian

**SEX**

Spayed female

**AGE**

6 years

**WEIGHT**

9.9 pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway Animal  
Hospital

**REFERRING VET**

Dr. Maniar

**INVOICE**

10177ag

**DATE**

03/16/2022

**PRESENTING CLINICAL SIGNS**

History: re check liver hepatopathy gastritis, prev US revealed reactive nonspecific inflammatory hepatopathy pattern.

Abnormal PE/Chem/CBC/UA Results:

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 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 3.2 cm in length. The right kidney measured 3.4 cm in length.

**Adrenal Glands**

No overt pathology observed in the area of the left or right adrenal glands

**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.

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. Mild to moderate retained primarily anechoic fluid and luminal gas was present in the area of the antrum and pylorus. No evidence of retained ingesta, foreign material or mechanical pyloric outflow obstruction. The pyloric wall measured 0.25 cm.

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.

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



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**Pancreas**

Natasha Albert

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.

**SPECIES**

**Free Abdomen**

Feline

No overt lymphadenopathy or peritoneal effusion was present.

**BREED**

Siberian

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

- Sonographically unremarkable liver and gallbladder.
- Retained pyloric fluid and luminal gas, suspect mild gastric hypomotility.

Spayed female

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

No overt evidence of hepatic or progressive hepatic pathology was noted. No evidence of post hepatic stasis or obstruction. Correlation with recheck liver enzymes if not recently done could be considered.

6 years

Potential for low grade gastritis is suspected given the concurrent gastric hypomotility without evidence of mechanical obstruction. If clinical signs are present, as needed gastrointestinal supportive care would be reasonable. Low grade pancreatitis could be present yet sonographically normal.

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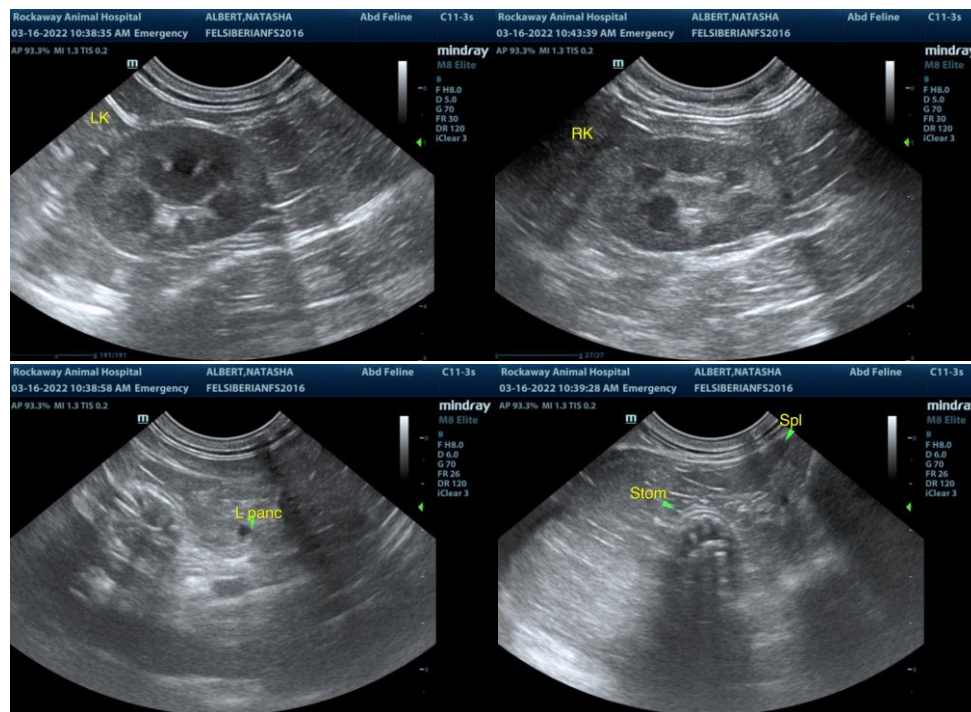
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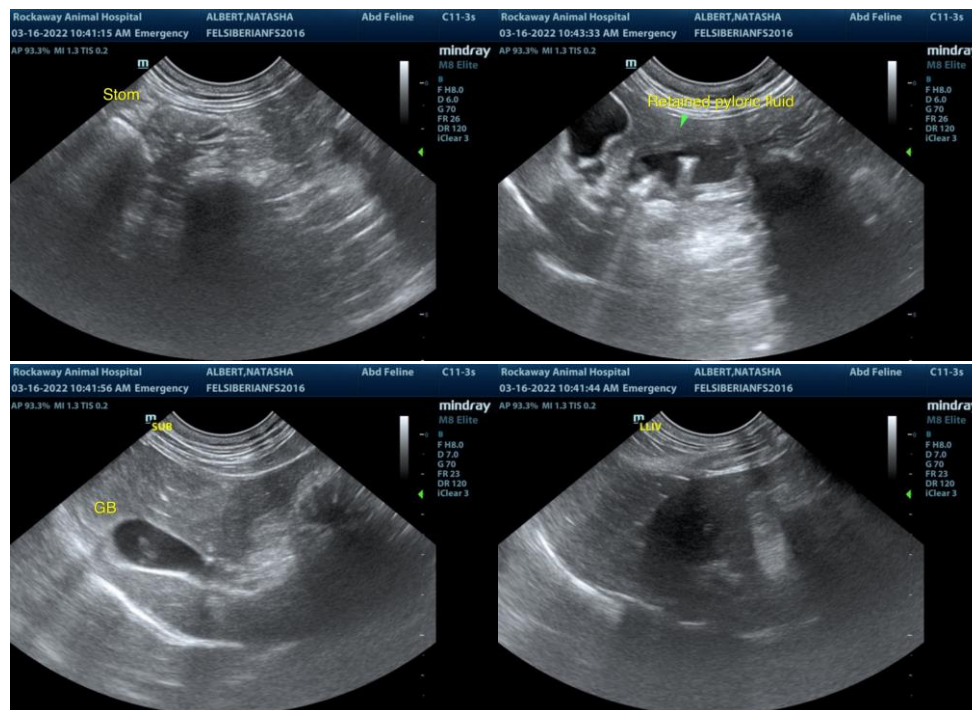
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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