



**PATIENT PRESENTING CLINICAL SIGNS**

**Mortimer Jackson**  
History: Cat has regular upper respiratory flare ups. Sometimes worse so treat with antibiotics sometime resolves on own. Cat in good shape on physical exam. Has been chronic vomiter for several years. Has been on hypoallergenic diets. As of August 2021, cat vomits food daily in the mornings then is OK for rest of day. Owner feeds small meals often canned food only. Started oral omeprazole which helped a lot until Jan 2022. Cat is back to vomiting daily inspite of omeprazole. No weight loss noted. Cat always hungry. Owner thinks cat drinks water excessively. meds: omeprazole 5mg BID

**SPECIES**

Feline

**BREED**

DSH

Abnormal PE/Chem/CBC/UA Results: August 2021 mild increase in cholesterol. Don't think is significant. Mild increase in proteinuria. Not being treated for this. BW is attached.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX**

**Urinary System**

Neutered Male

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 were noted. Aortic trifurcation was normal.

**AGE**

10 Years

Normal renal size with maintained symmetrical margination was present in the right kidney. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Nonobstructive areas of medullary mineral to small renoliths were present. The right kidney measured 4.1 cm in length.

**WEIGHT**

11.2 Pounds

**INTERPRETED BY**

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

The left kidney was subnormal in size with asymmetrical margination with potential cortical infarcts, measuring 2.6 cm in length. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Nonobstructive areas of medullary mineral to small renoliths were present.

**IMAGING PERFORMED BY**

Kelly Reschny

**Adrenal Glands**

**HOSPITAL NAME**

Ingersoll VS

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 cm.

**REFERRING VET**

Dr. Prystayko

**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.

**INVOICE**

14540

**Liver**

**DATE**

3/28/22

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and minor parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.



**PATIENT**

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Mortimer Jackson

***Gastrointestinal***

**SPECIES**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

Feline

**BREED**

The small intestine presented intact wall layering with primarily maintained 1:3 muscularis/mucosa ratio with subjective propensity for mildly prominent segmental muscularis layer yet without evidence of mural hypertrophy, loss of intestinal wall layering, or intestinal masses noted.

DSH

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

**SEX**

***Pancreas***

Neutered Male

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**

***Free Abdomen***

10 Years

No overt lymphadenopathy or peritoneal effusion was present.

**WEIGHT**

**ULTRASONOGRAPHIC FINDINGS**

11.2 Pounds

- Bilateral chronic renal changes with subnormal left kidney size and bilateral nonobstructive medullary mineral/minor renolithiasis
- Sonographically normal stomach
- Potential low-grade segmental inflammatory enteropathy

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**IMAGING**

Overall, no overt evidence of significant gastrointestinal or pancreatic pathology as a definitive cause of the patients vomiting. Although not definitive, the small intestine exhibited potential for very subtle mural changes, which may suggest underlying inflammatory enteropathy, however, given the lack of additional gastrointestinal signs or evidence of weight loss, this finding is nonspecific. Although thought less likely, low-grade pancreatitis could be present, yet sonographically normal.

**PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

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Further assessment including a GI panel to include PLI/TLI/Cobalamin/Folate could be considered, especially if the development of additional gastrointestinal signs or evidence of weight loss are noted.

**REFERRING VET**

Dr. Prystayko

Three-view chest radiographs (if not done) are suggested to rule out occult thoracic or esophageal pathology.

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Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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Empirically, continued novel protein or hydrolyzed canned diet with potential for smaller more frequent feedings and/or diet rotation, as needed gastroprotectants +/- broad spectrum deworming (if patient is indoor/outdoor) would be reasonable.

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Mortimer Jackson

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**REFERRING VET**

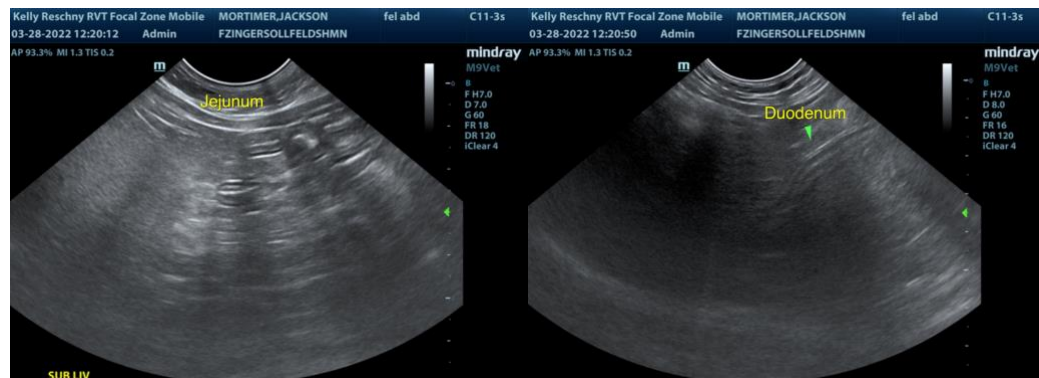
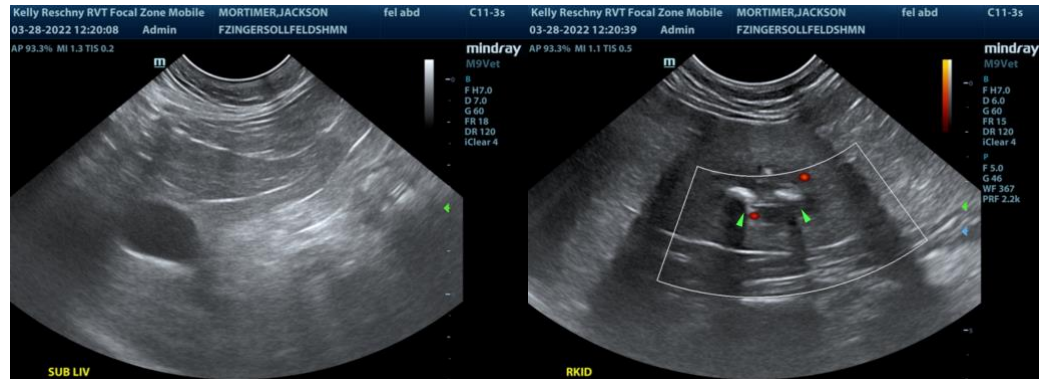
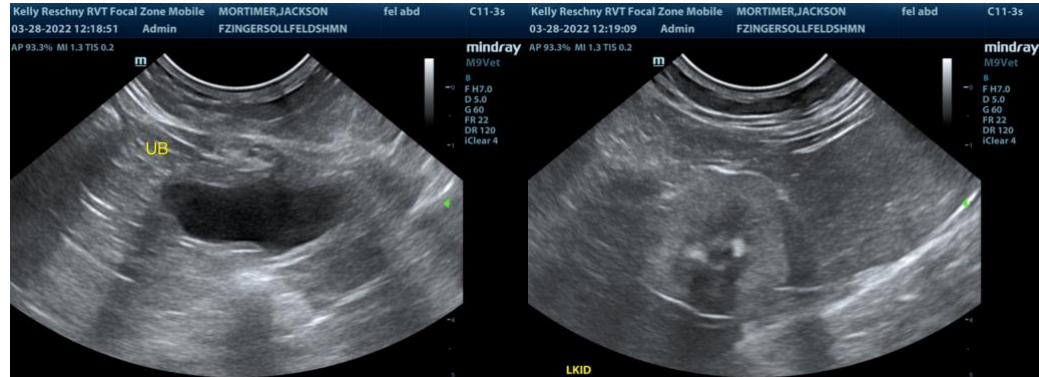
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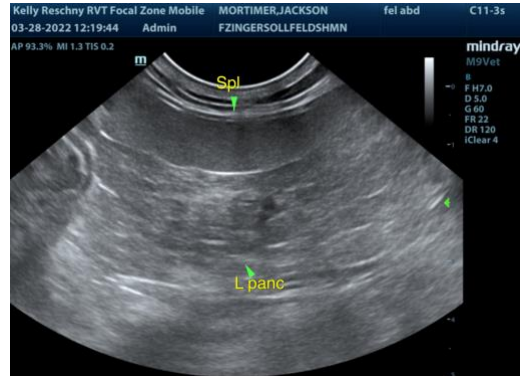
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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