

PATIENT	PRESENTING CLINICAL SIGNS
Leo Drummond	2 week history of decreased appetite and mild lethargy. History of HOCM, IBD, FIC, previous small bladder rupture that healed without surgery at specialty clinic. On Atenolol for Obstructive HCM. On Purina EN diet for IBD.
SPECIES	Abnormal PE/Chem/CBC/UA Results: Minor weight loss and muscle wasting. RADS: Potential soft tissue mass effect caudal to bladder.
Feline	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Himalayan	Urinary System
SEX	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor non-dependent particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.
MN	
AGE	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 3.9 cm in length. The right kidney measured 3.6 cm in length.
10yr	
WEIGHT	The area of the aortic trifurcation was free of pathology.
9lb	Adrenal Glands
INTERPRETED BY	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.32 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.49 cm width.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Spleen
IMAGING PERFORMED BY	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 0.82 cm in width at the level of the hilus.
Karen Ebersole	Liver/Gallbladder
HOSPITAL NAME	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.
Scanvet	Gastrointestinal
REFERRING VET	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. The gastric wall measured 0.25 cm in width.
Dr. Drummond	The small intestine presented intact wall layering with primarily a 1:3 muscularis/mucosa ratio. Segmental subtle to mildly prominent muscularis layer was present. The lumen of the small intestine
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PATIENT

Leo Drummond

was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.31 cm width. The jejunum wall measured 0.29 cm width. The ileocolic wall measured 0.41 cm width.

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

SPECIES

Feline

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

BREED

Himalayan

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

SEX

MN

- Subjective mild chronic enteropathy pattern.
- Subtle heterogenous pancreas.
- Minor urinary bladder sediment.
- Mild chronic renal changes.

AGE

10yr

ULTRASONOGRAPHIC FINDINGS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

9lb

Overall, there is no overt evidence of significant abdominal visceral pathology. Although potential for patient variant the intestinal appearance is consistent with chronic enteropathy in conjunction with history of IBD and current minor weight loss and muscle wasting. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended for further clarification and to assess for possible low-grade pancreatitis as a contributing factor. No evidence of intra-abdominal neoplastic criteria.

INTERPRETED BY

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

Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. As needed GI support is suggested.

IMAGING PERFORMED BY

Karen Ebersole

HOSPITAL NAME

Scanvet

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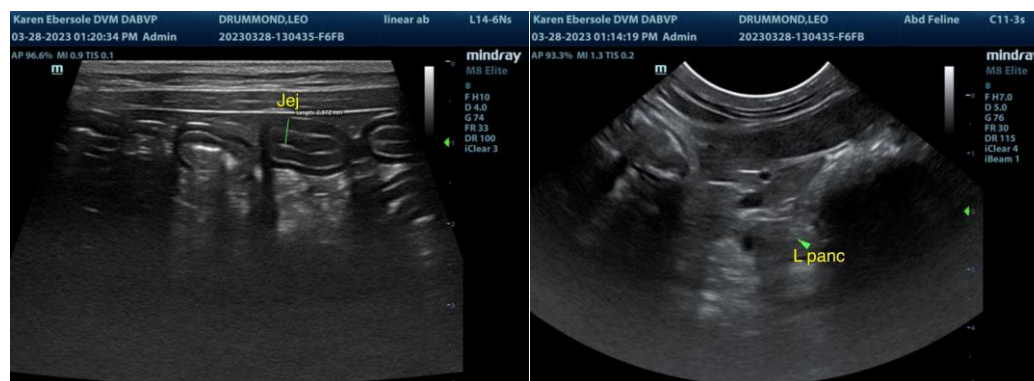
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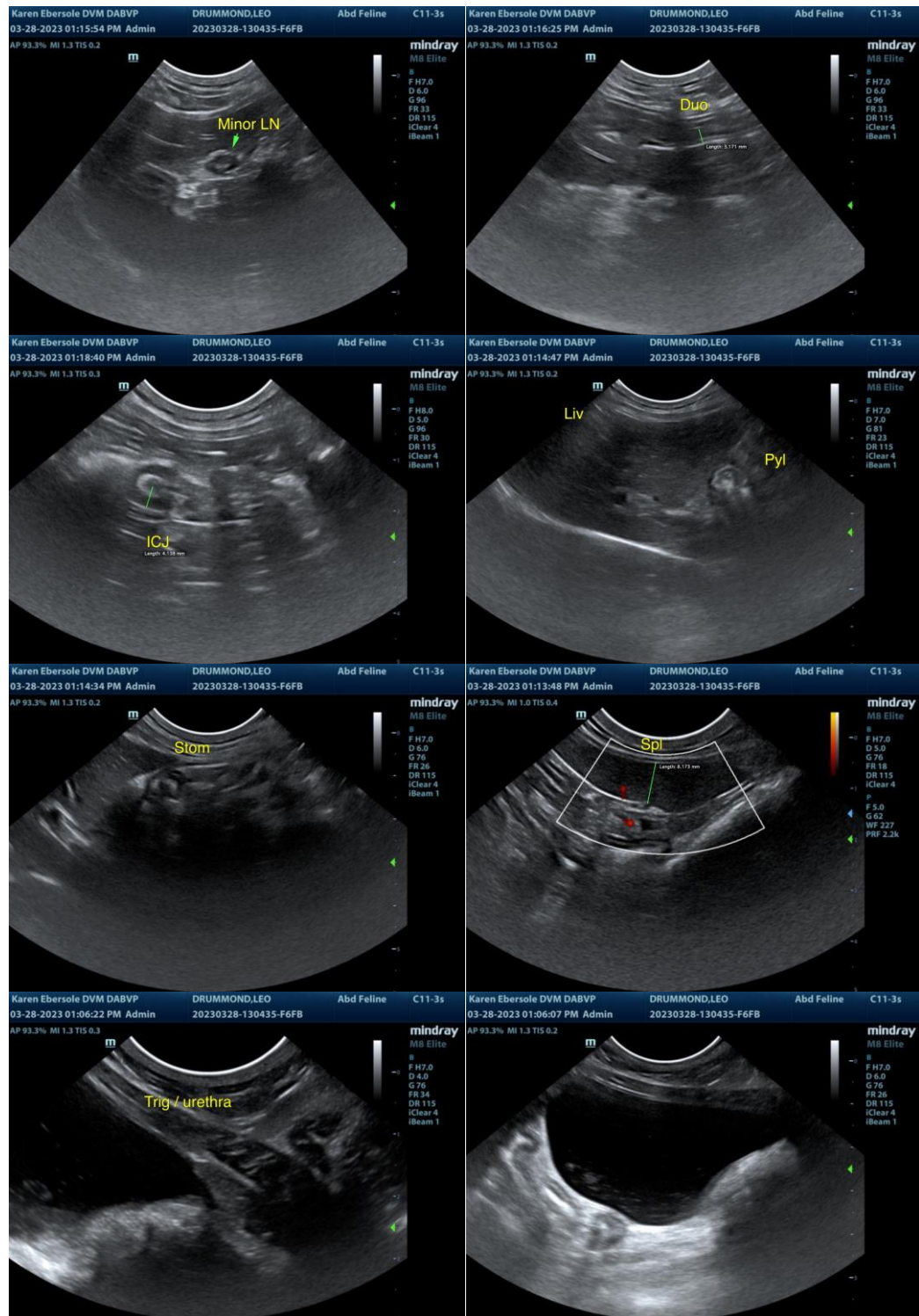
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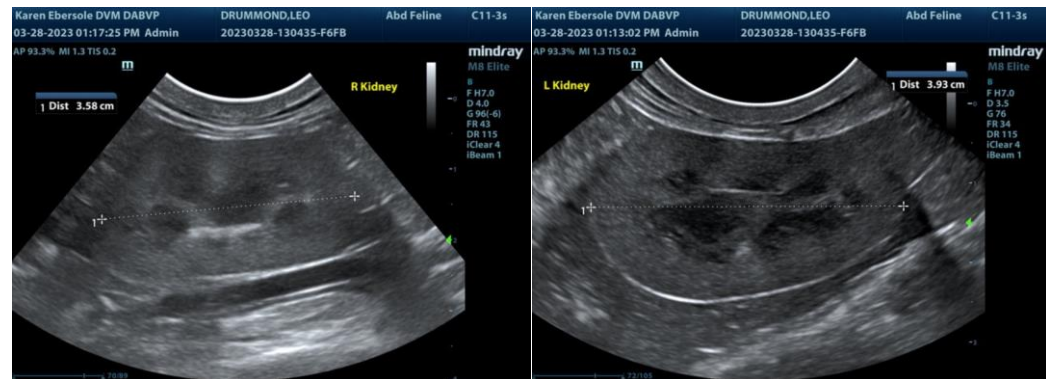
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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