



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Valentino Wresching	Persistent anorexia/drooling since 3/23/23, abd rads done on 3/23 (GIT, gas filled vs FB), BW WNL, no major improvement w/ symptomatic care - possible small ulcer R side of tongue.
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: Elevated mild TP (8.6), decreased mild ALT (17) - rest wnl UA: Proteinuria +2, SG 1.056
Feline	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
DLH	<b>Urinary System</b>
<b>SEX</b>	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. Minor, non-dependent, particulate sediment, which may indicate cellular debris / protein, crystalline debris, lipid, or mucus, was present 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.
MN	
<b>AGE</b>	
8y 7m	
<b>WEIGHT</b>	The area of the aortic trifurcation was free of pathology.
11.78 lbs.	Normal renal size with asymmetrical margination were present in both kidneys. 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. The left kidney measured 4.4 cm in length. The right kidney measured 4.2 cm in length.
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The area of the left and right adrenal glands was free of overt pathology.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Val Shumskaya	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.
<b>HOSPITAL NAME</b>	<b>Liver/ Gallbladder</b>
Andover AH	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.
<b>REFERRING VET</b>	<b>Gastrointestinal</b>
Dr. Urbanaite	The stomach presented intact sonographically unremarkable wall layering. The stomach was non-distended in size with contained a mild amount of hyperechoic progressively shadowing ingesta. No overt evidence of mechanical pyloric outflow obstruction was noted. The ventral gastric body wall width measured 0.27 cm. The pylorus wall width measured 0.23 cm.
<b>INVOICE</b>	
16463	
<b>DATE</b>	
3/29/23	



**PATIENT**

Valentino Wresching

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild segmental hyperechoic non-shadowing ingesta / chyme was present.

**SPECIES**

Feline

Normal visible colon wall layers were present with formed to semi-formed fecal matter in lumen.

**BREED**

DLH

**Pancreas**

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.

**SEX**

MN

**Free Abdomen**

No omental masses, lymphadenopathy, or peritoneal effusion were noted.

**AGE**

8y 7m

**ULTRASONOGRAPHIC FINDINGS**

- Nondistended stomach containing mild progressively shadowing ingesta, suspect potential hairball density or similar
- Sonographically unremarkable small intestinal tract with mild segmental ingesta - no small intestinal obstructive pattern
- Sonographically normal pancreas
- Nonspecific chronic renal changes

**WEIGHT**

11.78 lbs.

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Sonographically, no evidence of gastrointestinal obstructive pattern was noted although suspicion for potential non-obstructive gastric hairball density or similar is warranted assuming the patient is documented NPO.

**IMAGING PERFORMED BY**

Val Shumskaya

If not done, three-view chest radiographs are suggested to rule out occult thoracic or esophageal pathology as a potential contributing factor. Given the lack of an obstructive pattern, hospitalization with 24-hour IV fluids, GI support, and hairball therapy with an assessment of clinical response and sonographic reassessment of the shadowing gastric ingesta, potential hairball density, or similar for evidence of persistence or resolution would be reasonable. Urine C/S, as well as baseline UPC level is suggested for further renal staging.

**HOSPITAL NAME**

Andover AH

**REFERRING VET**

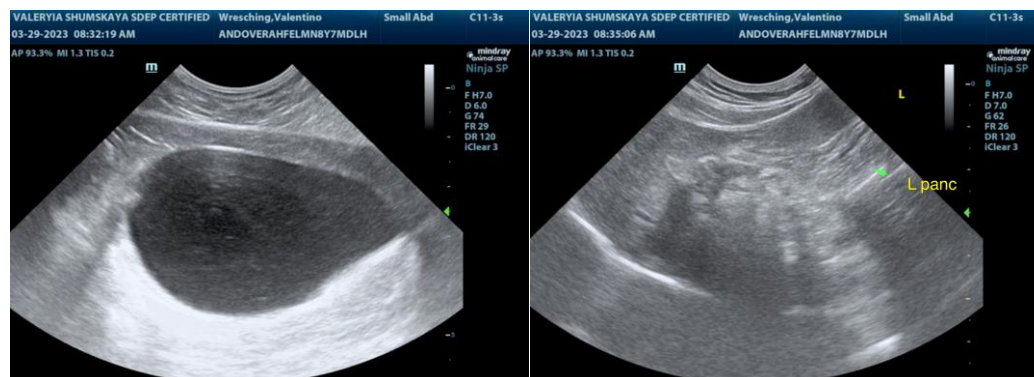
Dr. Urbanaite

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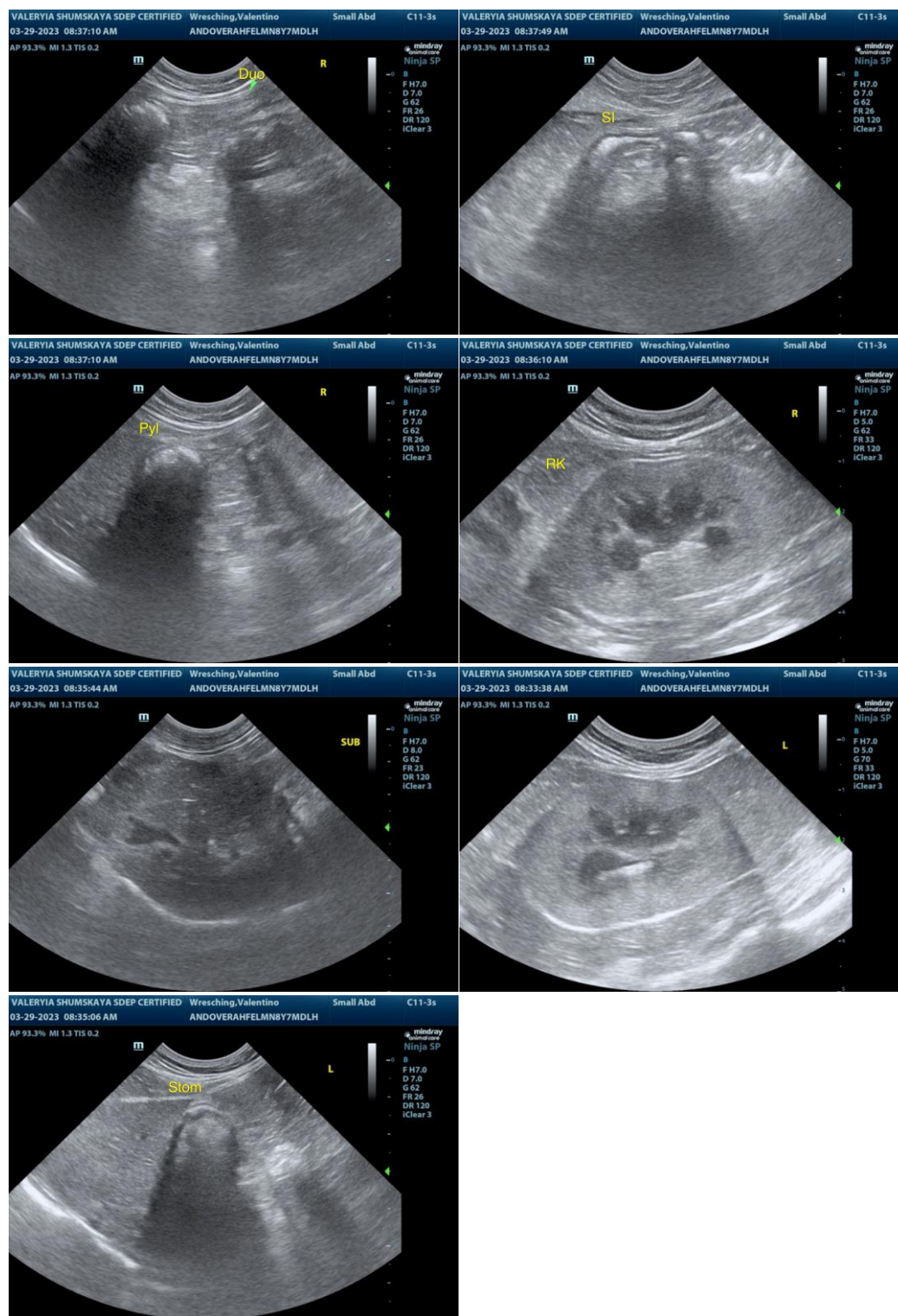
Dr. Urbanaite

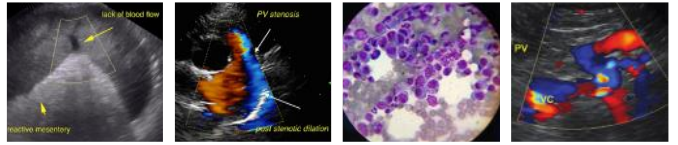
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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**