



PATIENT

Mama Valentine
Murray

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

14

WEIGHT

8.5

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Sorbo

HOSPITAL NAME

Mill Brook Animal
Clinic

REFERRING VET

Jeffers

INVOICE

13327ag

DATE

03/30/2023

PRESENTING CLINICAL SIGNS

Acute onset vomiting; vomiting in the face of cerenia tx - vomiting is projectile, appetite good, weight gain.

Abnormal PE/Chem/CBC/UA Results: Previously, thickened muscularis +/- IBD vs lymphoma. Radiographs show thickened walls of stomach, SI and colon; large amount of gas in all intestines

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 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 3.4 cm in length. The right kidney measured 3.3 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.31 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.33 cm width.

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. The spleen measured 0.73 cm in width at the level of the hilus.

Liver/Gallbladder

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. The lumen of the stomach contained mild non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained minor segmental non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material. The small intestinal wall measured 0.21 cm in width. The ileocolic junction wall measured 0.34 cm in width.

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



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Pancreas

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The left pancreatic limb exhibited normal size, minor capsule asymmetry and mild hypoechoic non-homogenous parenchyma compared with the adjacent omentum.

SPECIES

Free Abdomen

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

BREED

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ULTRASONOGRAPHIC FINDINGS

- Normal stomach with mild potentially retained non-shadowing ingesta-ingesta sonographically consistent with food.
- Mild hypoechoic left pancreas.
- Overtly normal small bowel.
- Mild chronic renal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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Overall, there is no overt evidence of significant abdominal visceral pathology as a definitive cause of the patient's clinical signs. The potential for low grade left limb pancreatitis may be considered if there is evidence of cranial abdominal or subxiphoid discomfort on palpation. Given the previous history of this patient, chronic inflammatory enteropathy is suspected with potential for acute inflammatory bowel episode. No evidence of intra-abdominal neoplastic criteria.

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A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. As needed GI support and potential empirical therapy for low-grade pancreatitis with assessment of clinical response is recommended.

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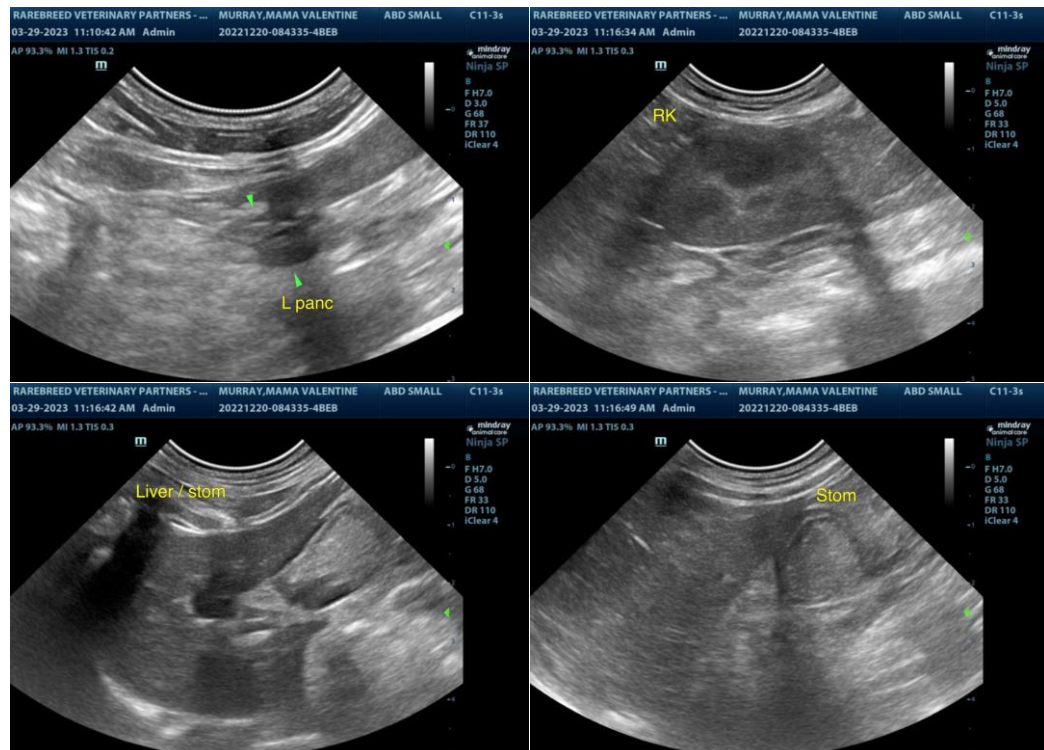
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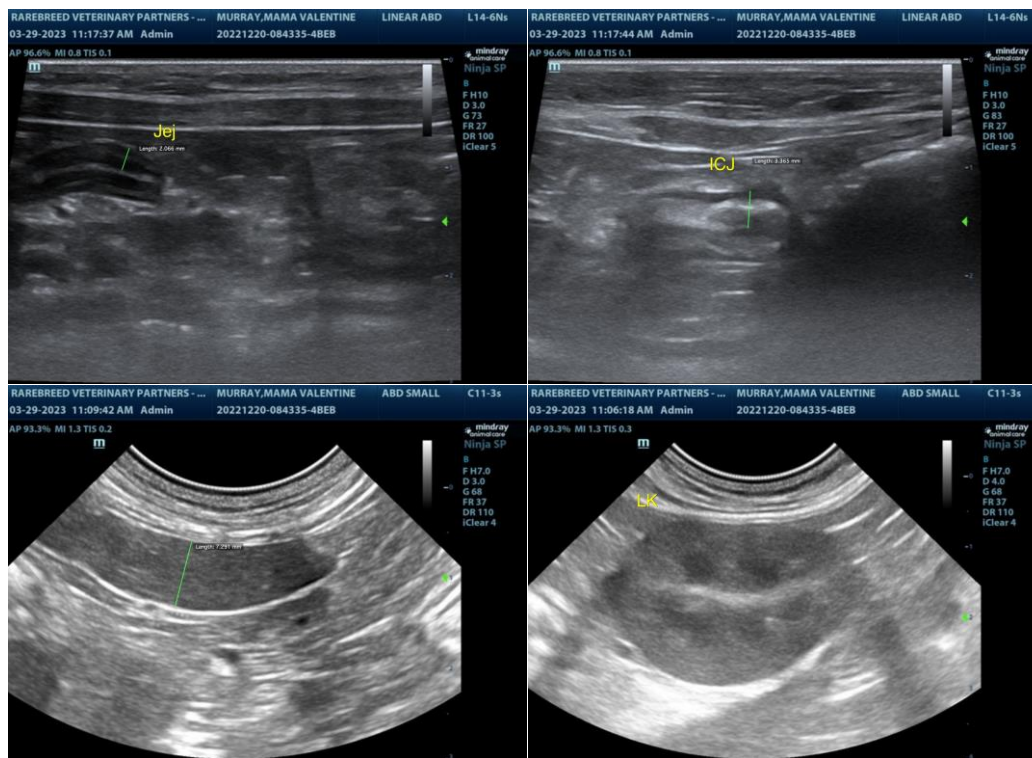
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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