



**PATIENT**

Claire Cancellara

**SPECIES**

Feline

**BREED**

Devon Rex

**SEX**

Spayed female

**AGE**

11 years

**WEIGHT**

11.3 pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Sharkaway

**HOSPITAL NAME**

Kew Gardens Animal  
Hospital

**REFERRING VET**

Dr. Sharkaway

**INVOICE**

10134ag

**DATE**

03/05/2022

**PRESENTING CLINICAL SIGNS**

History: VOMITING MULTIPLE TIMES TODAY

Abnormal PE/Chem/CBC/UA Results: BW- WNL FPLI- NEGATIVE

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Mild primarily nondependent particulate sediment 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 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 3.5 cm in length. The right kidney measured 3.9 cm in length.

The area of the aortic trifurcation is free of pathology.

**Adrenal Glands**

No overt pathology 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 with a solitary cholelith to potential accumulated small cholelith measuring approximately 1.3 cm in diameter. The cystic biliary duct was mildly dilated without evidence of concurrent common bile duct dilation. No evidence of gallbladder or peripheral inflammation.

**Gastrointestinal**

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

The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis / mucosa ratio primarily consisting of muscularis hypertrophy. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The jejunum wall measured 0.30 cm. The ileocolic wall measured 0.34 cm.



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

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## Pancreas

## SPECIES

The left limb, body and right limb of the pancreas presented subtle hypoechoic uniform parenchyma compared to the adjacent nonreactive or inflamed peri pancreatic 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.

Feline

## BREED

## Free Abdomen

Devon Rex

No overt lymphadenopathy or peritoneal effusion was present.

## SEX

- Mild urinary bladder sediment.
- IBD intestinal pattern.
- Non obstructive cholelithiasis.
- Possible low grade pancreatitis.

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## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

## WEIGHT

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

11.3 pounds

The appearance of the small intestine is consistent with infiltrative enteropathy and suggestive of inflammatory infiltrative enteropathy i.e. IBD/eosinophilic enteritis. The potential for neoplastic infiltrative enteropathy with round cells such as lymphoma which may present in a similar sonographic manner cannot be definitively excluded yet is thought less likely. Definitive diagnosis would require full thickness intestinal biopsies. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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Given that no evidence of post hepatic obstruction was present, Ursodiol would not be unwarranted at his time, however continued monitoring of hepatic enzymes for evidence of inflammation or cholestasis is recommended as cholelithiasis in cats is often secondary to hepatobiliary inflammation i.e. cholangiohepatitis.

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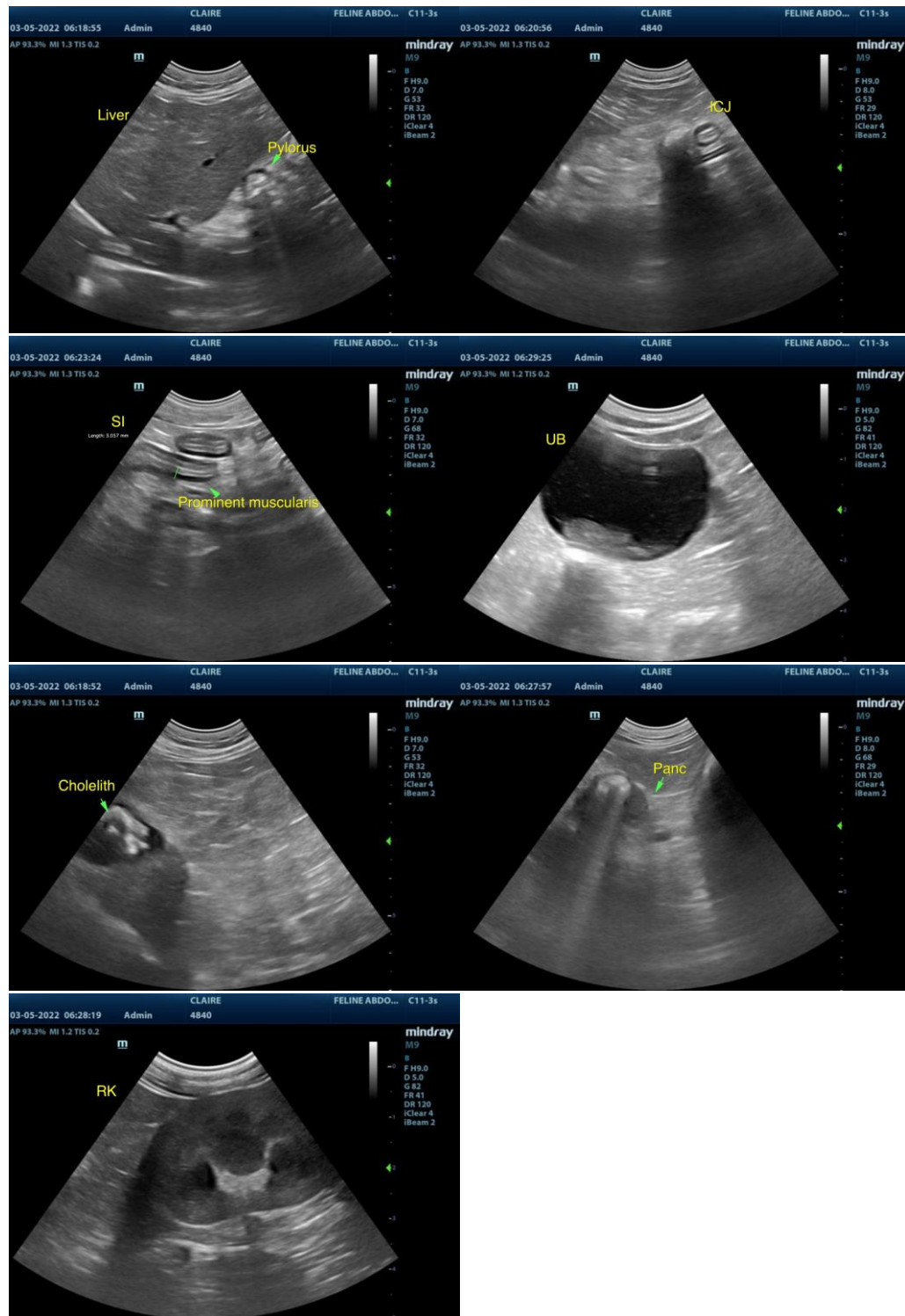
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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Devon Rex

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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info@SonoPath.com

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