

**PATIENT**

Wanda Advocat

**SPECIES**

Feline

**BREED**

Tuxedo

**SEX**

Spayed female

**AGE**

9 years

**WEIGHT**

12 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**

10133ag

**DATE**

03/05/2022

**PRESENTING CLINICAL SIGNS**

History: ANOREXIA RESORBED TEETH

Abnormal PE/Chem/CBC/UA Results: ELEVATED ALT

**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 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 4.1 cm in length. The right kidney measured 3.9 cm in length.

The area of the aortic trifurcation is 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 0.37 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 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.

**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. 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 moderate hyperechoic ingesta exhibiting progressive to strong distal acoustic shadowing without signs of obstruction or foreign material. The gastric body wall measured 0.24 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained segmental non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.26 cm. The jejunum wall measured 0.22 cm.

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



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**Pancreas**

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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.

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**Free Abdomen**

No overt lymphadenopathy or peritoneal effusion was present.

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**ULTRASONOGRAPHIC FINDINGS**

**SEX**

Spayed female

- Mild urinary bladder sediment.
- Overtly normal gastrointestinal tract with moderate gastric and segmental small intestinal ingesta/chyme.
- Hepatopathy-subjectively benign, suspect probable inflammatory hepatopathy given the ALT elevation.

**AGE**

9 years

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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

**WEIGHT**

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The presence of gastrointestinal ingest may indicate post prandial presentation however given the patient's history of anorexia, potential for metabolic gastric or gastrointestinal stasis with the possibility for a hairball density or foreign material in the stomach. Ideally monitoring for gastric emptying with documented fast is suggested.

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Structurally insignificant inflammatory bowel or low-grade pancreatitis could be present yet appear as sonographically normal. Triad disease could be a consideration in this patient if clinically applicable or evidence of weight loss.

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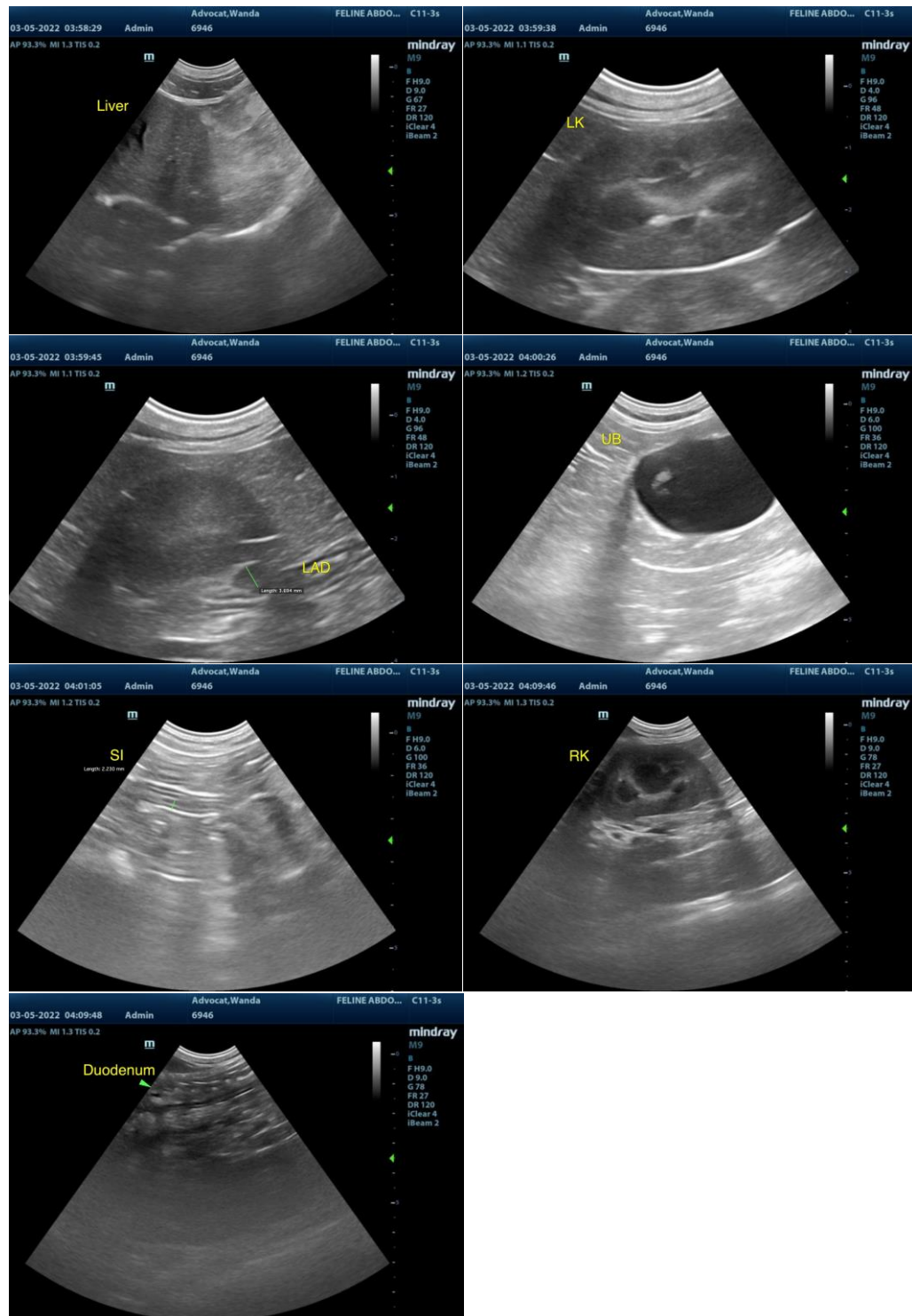
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

## BREED

Tuxedo

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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info@SonoPath.com

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