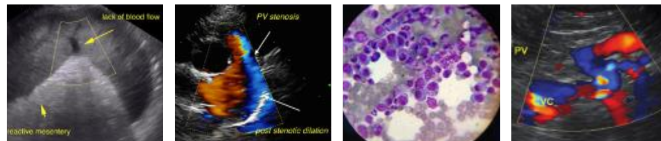


SonoPath.com™
1-800-838-4268 info@sonopath.com

PATIENT
Dandelion Fearing

SPECIES
Feline

BREED
DLH

SEX
Spayed Female

AGE
9 Years

WEIGHT
8.12 Pounds

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

IMAGING PERFORMED BY
Dr. Hannah Fearing

HOSPITAL NAME
Lanier AH

REFERRING VET
Dr. Hannah Fearing

INVOICE
14709

DATE
4/11/22

PRESENTING CLINICAL SIGNS

History: intermittent soft stool/diarrhea since February
Abnormal PE/Chem/CBC/UA Results: Blood work is pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm 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. Aortic trifurcation was normal.

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

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. The cystic and common bile ducts were normal.

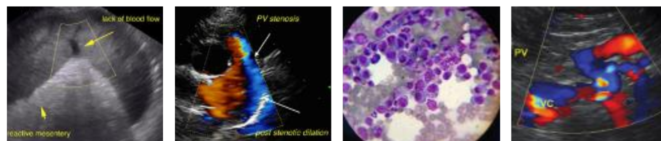
Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate non-shadowing ingesta/chyme without signs of obstruction or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained segmental non-shadowing digesta/chyme. The duodenum wall measured 0.23 cm. The jejunum wall measured 0.22 cm. The ileocolic wall measured 0.28 cm.

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

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.

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

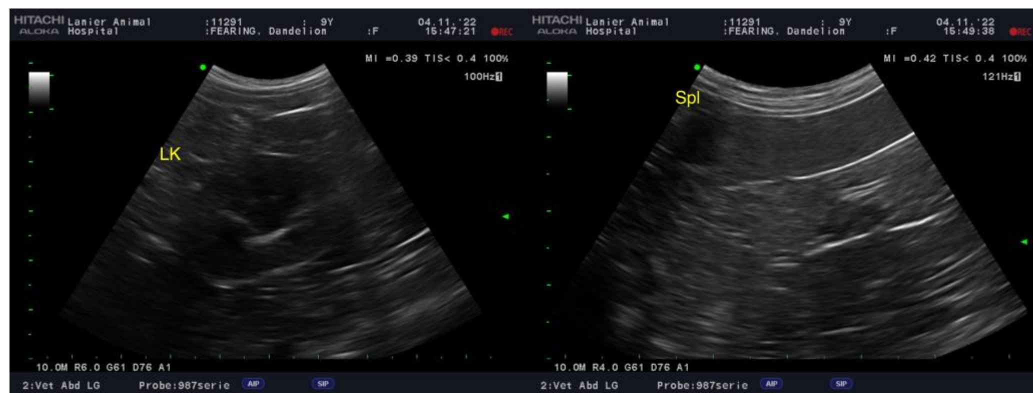
ULTRASONOGRAPHIC FINDINGS

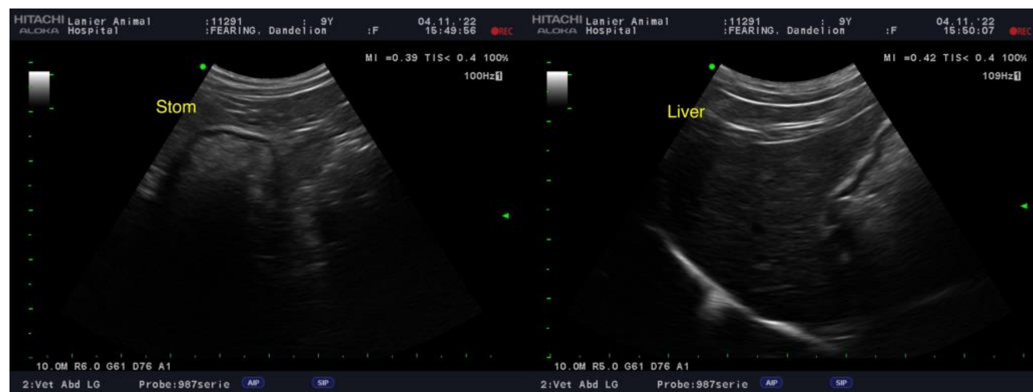
- Sonographically unremarkable abdomen
- Gastric and mild segmental small intestinal ingesta/chyme

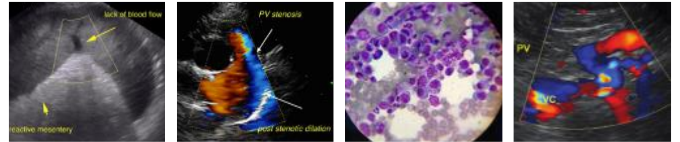
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of abdominal visceral, specifically gastrointestinal pathology. Potential considerations may include dietary intolerance/food hypersensitivity, occult parasitism (if clinically applicable, or if the patient is indoor/outdoor), structurally insignificant inflammatory bowel. Further assessment, if not done and in correlation with pending blood work may include a fresh fecal analysis to rule out parasitic ova/Giardia and/or a GI panel to include PLI/TLI/Cobalamin/Folate.

Empirically, hydrolyzed diet trial, high colony count probiotic, cobalamin +/- fiber supplementation and prophylactic deworming (if clinically indicated) with assessment of clinical response, may be considered.







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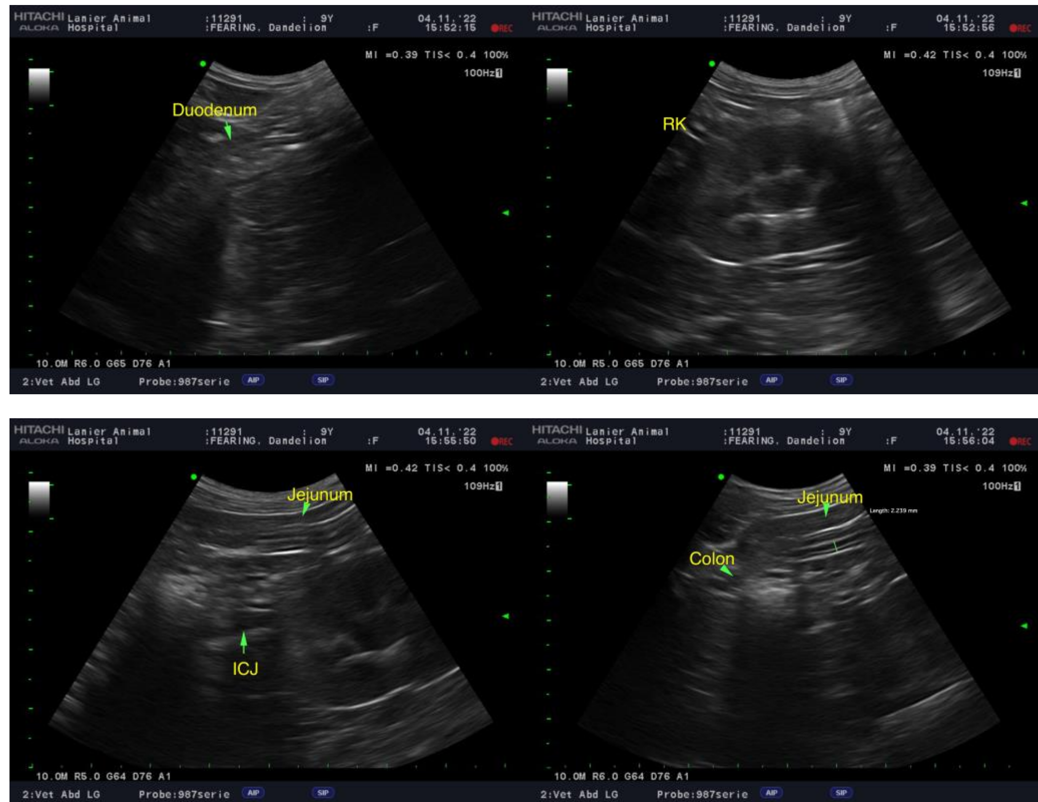

The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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