



**PATIENT**

Lucky Union City  
Feral Cat

**SPECIES**

Feline

**BREED**

DSH

**SEX**

F

**AGE**

13 yrs

**WEIGHT**

8.7 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

Animal General  
Hudson

**REFERRING VET**

Dr. Dima

**INVOICE**

16577

**DATE**

4/12/23

**PRESENTING CLINICAL SIGNS**

Chronic vomiting, decreased appetite, constipated.  
Abnormal PE/Chem/CBC/UA Results: fpl normal, T4 wnl, CK 65, Glucose 205- stress

**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 was noted.

The area of the aortic trifurcation was free of pathology.

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 4.0 cm in length. The right kidney measured 4.2 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.29 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 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/ 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 was primarily empty with minor retained anechoic fluid. No evidence of mechanical pyloric outflow obstruction was noted. The pylorus wall width measured 0.22 cm.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. The duodenum wall measured 0.21 cm width. The jejunum wall measured 0.20 cm width. The ileocolic wall measured 0.3 cm width.



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Sonographically unremarkable visible colon wall layers were present with potential subjective mild colon distention containing formed to shadowing fecal matter.

**SPECIES**

**Pancreas**

Feline

The pancreas was normal in size and contour with isoechoic to mild heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

**BREED**

**Free Abdomen**

DSH

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

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

F

- Structurally normal gastrointestinal tract with possible mild gastric hypomotility
- Mild heterogeneous pancreas
- Age-related kidneys
- Shadowing fecal matter in colon

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

Sonographically, no evidence of significant visceral, specifically gastroenterocolic, pathology. No evidence of intraabdominal neoplastic criteria or evidence of classic IBD mural changes. Suspect low-grade gastritis and potential secondary minor gastric hypomotility.

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A canned hydrolyzed diet trial and as-needed gastroprotectants, +/- empirical deworming may prove beneficial. As-needed therapy for constipation is suggested. Three-view chest radiographs are suggested, if not done, to rule out occult thoracic or esophageal pathology as a contributing factor.

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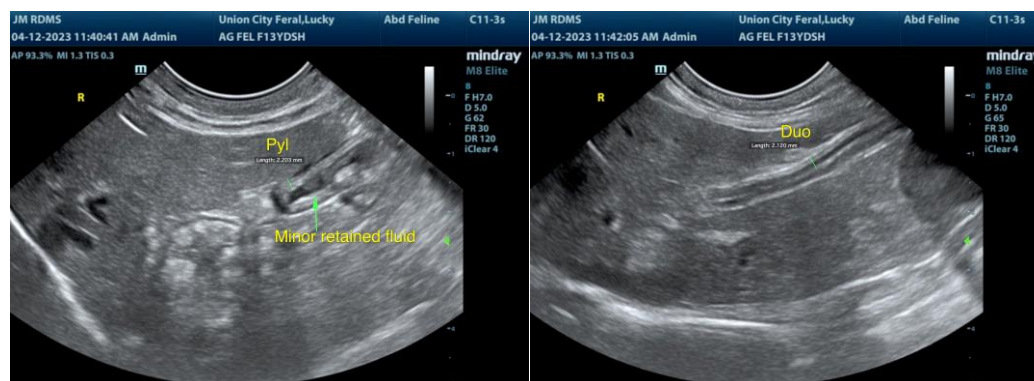
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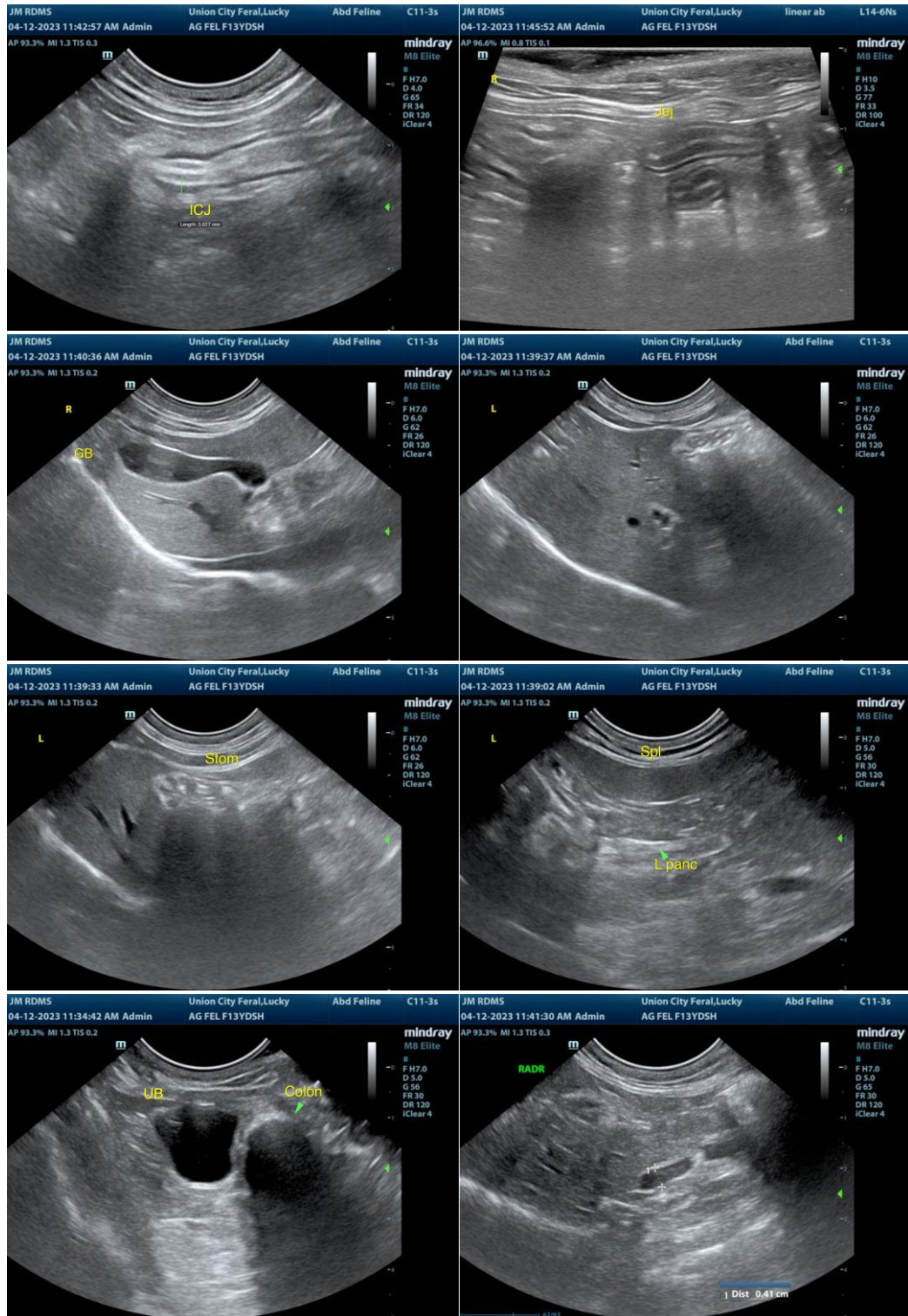
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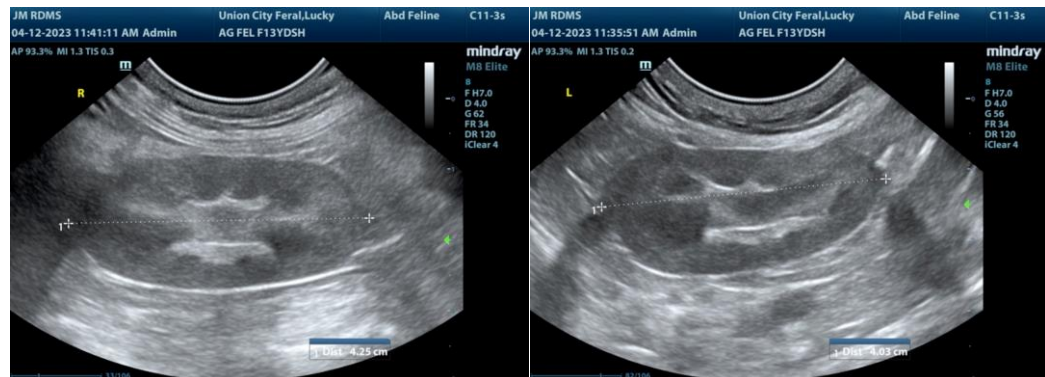
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
info@SonoPath.com