



**PATIENT PRESENTING CLINICAL SIGNS**

Brother Hanson History: Chronic vomiting x 1 month with acute mild hematemesis. P has normal appetite. Prescribed Sucralfate and Cerenia on 3/28. P has grade III/VI apical systolic heart murmur.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: See attached labs: CBC/Chem/Lytes - reticulocytes 115.3 K/uL, neutrophils 12.96 (mildly elevated), BG 196. remainder WNL.

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED** *Urinary System*

DSH The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

**SEX**

Neutered male Normal size and margination was 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 minor 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.

**AGE**

11 years

The area of the aortic trifurcation was free of pathology.

**WEIGHT**

13 pounds

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 cm length. No overt pathology in the area of the indistinctly visualized right adrenal gland.

**INTERPRETED BY**

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

**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 0.66 cm in width at the level of the hilus.

**IMAGING PERFORMED BY**  
Jasmine Palacios

**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.

**HOSPITAL NAME**

Rivers Edge Pet Medical  
Center

**REFERRING VET**

Dr. Cora Hollomon

**Gastrointestinal**

The stomach presented intact with mild thickened wall layering with a normal wall layer ratio. The gastric wall exhibited mild increased echogenicity involving the gastric submucosa. Subtle evidence of peri gastric reactive mesentery was noted. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.58 - 0.63 cm.

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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.

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



**PATIENT** *Pancreas*

Brother Hanson The left pancreas exhibited regional mild hypoechoic parenchyma with evidence of subtle peripancreatic reactive mesentery.

**SPECIES** *Free Abdomen*

Feline No overt lymphadenopathy or peritoneal effusion was present.

**BREED** **ULTRASONOGRAPHIC FINDINGS**

- DSH
- Mildly thickened yet intact gastric walls.
  - Possible regional mild left pancreatitis.

**SEX**

Neutered male **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The cause of the patient's vomiting is suspected to be associated with the gastritis pattern with potential contribution to regional mild left pancreatitis. Pancreatitis would be suspected if evidence of cranial abdominal of subxiphoid discomfort on palpation. Correlation with a Spec FPL is recommended. The gastric presentation is suggestive of gastritis such as lymphoplasmacytic gastritis or other. No overt evidence of emerging neoplastic gastric criteria which is though less likely. Supportive care for gastritis and low-grade pancreatitis with assessment of clinical response and sonographic monitoring of the stomach and pancreas would be reasonable. A canned hydrolyzed diet trial +/- broad spectrum deworming if clinically indicated would be appropriate. Upper GI endoscopic biopsies should be considered if persistent/progressive vomiting persists. Three view chest radiographs recommended to rule out occult thoracic or esophageal pathology.

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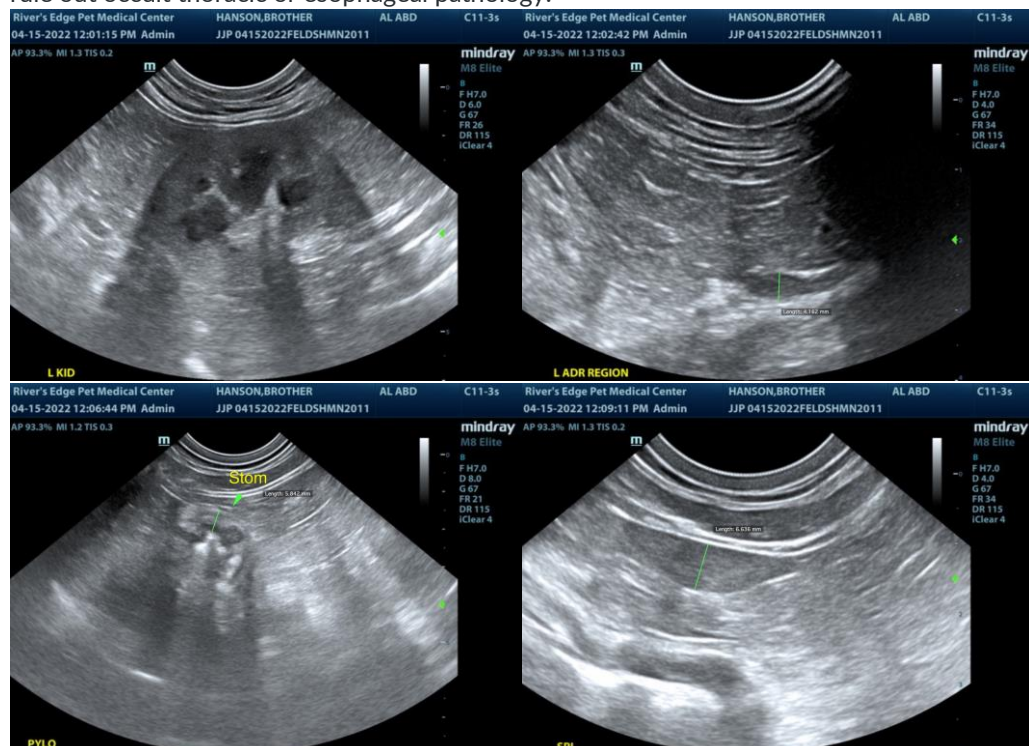
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**PATIENT**

Brother Hanson

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered male

**AGE**

11 years

**WEIGHT**

13 pounds

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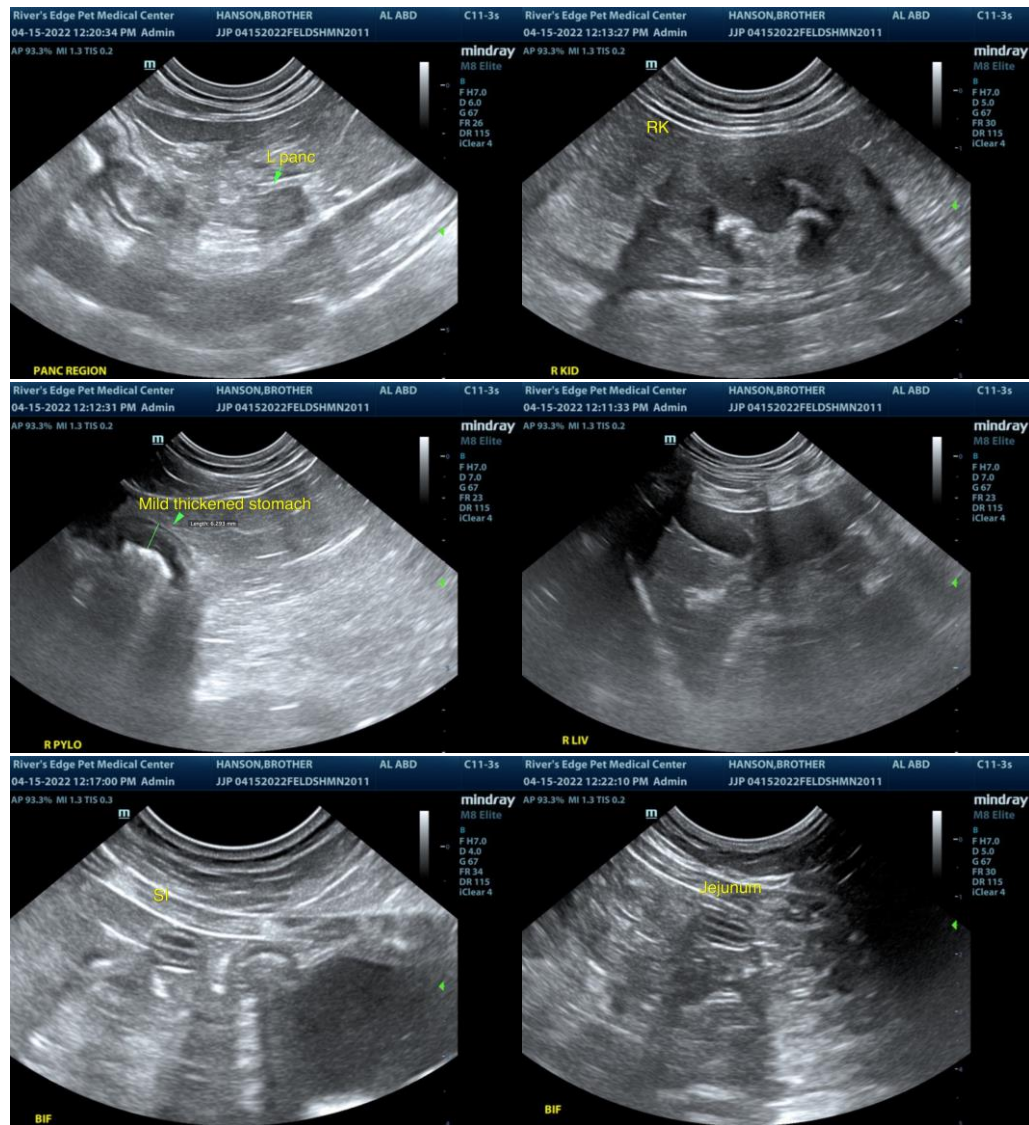
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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Brother Hanson

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered male

**AGE**

11 years

**WEIGHT**

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