



PATIENT PRESENTING CLINICAL SIGNS

PJ Doumeng History: Ravenous appetite for 2 months, mild weight loss, normal stools, no vomiting Movoflex
Abnormal PE/Chem/CBC/UA Results: TP 5.0 GLOB 1.9 T4 2.3

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline Urinary System

BREED 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 was noted.

DSH

SEX The area of the aortic trifurcation was free of pathology.

Neutered male 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 3.9 cm in length. The right kidney measured 3.8 cm in length.

AGE

9 years

Adrenal Glands

WEIGHT The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.25 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.30 cm width.

6.9 pounds

INTERPRETED BY

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

Spleen

The spleen exhibited generalized enlargement with medial folding of the cranial spleen and 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.

IMAGING PERFORMED BY
Rebekah Jakum, CVT
ARDMS/RVT

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.

HOSPITAL NAME

White Haven VH

Gastrointestinal

REFERRING VET

Dr. Dengler

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained a minor amount of mildly shadowing ingesta and luminal gas with no signs of ileus, obstruction, or foreign material. The gastric body wall measured 0.24 cm in width.

INVOICE

10396ag

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 0.27 cm in width. The jejunum wall measured 0.24 cm in width. The ileocolic wall measured 0.30 cm in width.

DATE
04/15/2022

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



PATIENT *Pancreas*

PJ Doumeng The pancreas exhibited subtle prominent size and maintained symmetrical capsule contour. Uniform hypoechoic parenchyma compared to the adjacent omental fat was observed. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

SPECIES

Feline *Free Abdomen*

BREED

DSH

Focal, mildly prominent to enlarged mesenteric nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 1.1 cm x 0.48 cm.

No omental masses or peritoneal effusion was present.

SEX

ULTRASONOGRAPHIC FINDINGS

Neutered male

- Splenomegaly with folding-nonspecific, secondary to anesthesia with potential for incidental hyperplasia, hematopoiesis or splenitis possible.

AGE

9 years

- Sonographically unremarkable GI tract with minor mildly shadowing gastric ingesta.
- Intermittent benign/reactive mesenteric lymphadenopathy.
- Mild pancreatitis pattern.

WEIGHT

6.9 pounds

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the lack of vomiting the minor to mildly shadowing gastric ingesta may correlate with retained ingesta without overt suggestion of foreign material. Potential for small hairball density is possible if clinical history of hairballs. Potential for structurally insignificant GI disease with pancreatitis contribution to the patient's weight loss is possible. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. If persistent splenomegaly, an ultrasound guided FNA of the spleen could be considered primarily to ensure only benign changes are present and rule out potential for occult neoplasia.

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Neutered male

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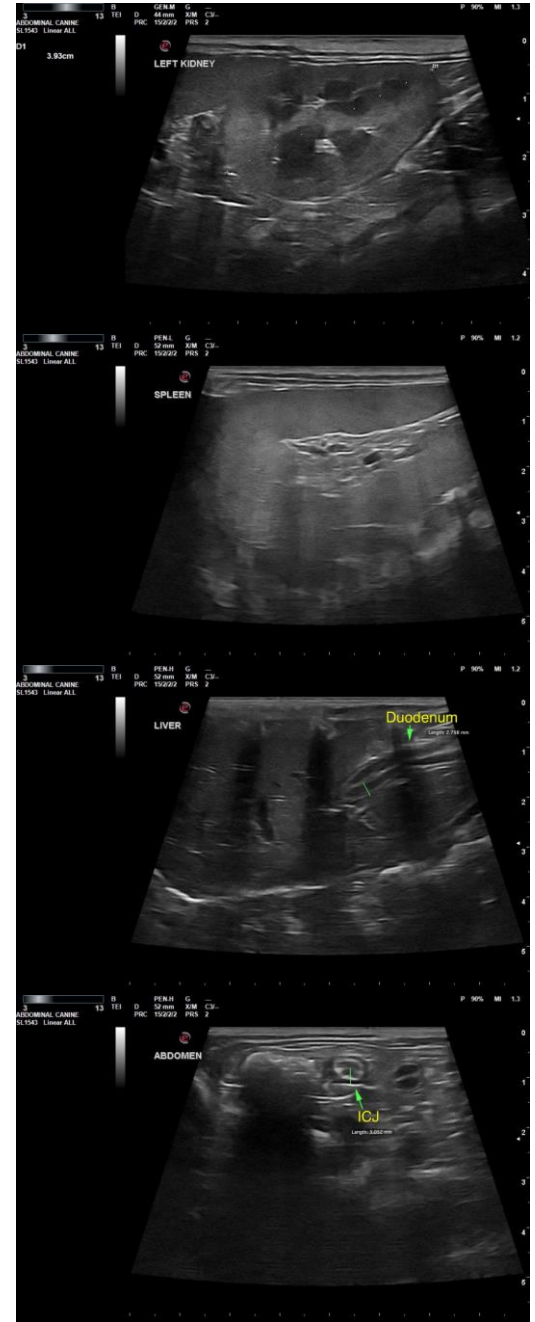
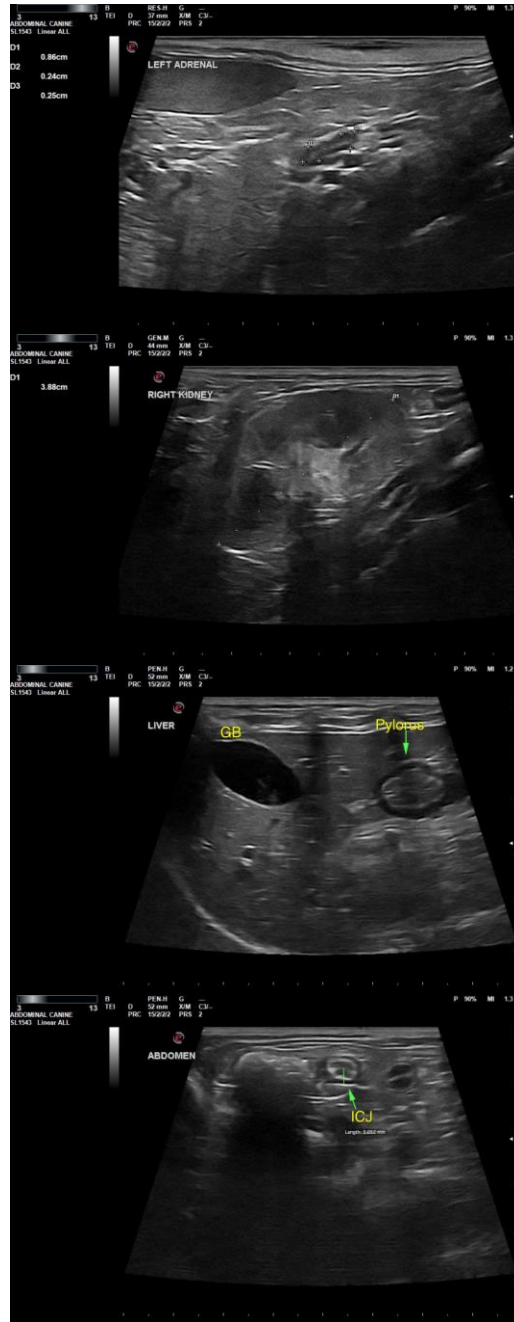
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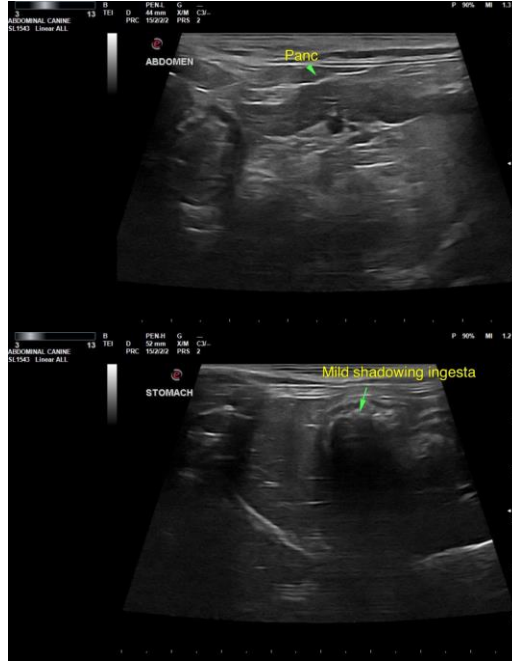
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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