



PATIENT

Dorothy Beckner

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

11yr

WEIGHT

9.56lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Puthoff

HOSPITAL NAME

Kings Veterinary
Hospital

REFERRING VET

Dr. Puthoff

INVOICE

13483ag

DATE

14/15/2023

PRESENTING CLINICAL SIGNS

Dorothy has been suffering from chronic vomiting for several years. Initially responded well to Hill's i/d but vomiting frequency has since increased in addition to new onset of cough that was non-responsive to fluticasone inhaler. Started on hydrolyzed protein diet + omeprazole with no change in vomiting or cough frequency. Chest radiographs should diffuse bronchial pattern but otherwise unremarkable.

Abnormal PE/Chem/CBC/UA Results: CBC/Chemistry unremarkable, PLI normal, cobalamin mildly elevated.

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. Anechoic urine was present in the lumen with moderate non-dependent particulate sediment. 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 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. Caudal left kidney cortical cyst was present measuring 0.64 cm in width. The left kidney measured 3.6 cm in length. The right kidney measured 3.6 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral 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/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 contained mild progressively shadowing hyperechoic ingesta in the area of the antrum and pylorus with no signs of ileus, obstruction or foreign material. The pylorus wall measured 0.28 cm in width.



PATIENT

Dorothy Beckner

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 small intestine wall measured 0.21 cm in width. The ileocolic junction wall measured 0.28 cm in width.

SPECIES

Feline

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

Pancreas

The left pancreatic limb was mildly prominent in size with non-homogenous mildly hypoechoic parenchyma. Subtle surrounding hyperechoic omentum was present adjacent to the left pancreas.

BREED

DSH

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

SEX

FS

ULTRASONOGRAPHIC FINDINGS

- Structurally unremarkable GI tract with mild pyloric ingesta.
- Mildly prominent to hypoechoic left pancreas with mild surrounding hyperechoic omentum.
- Bilateral chronic renal changes with left kidney cortical cyst.
- Urinary bladder sediment.

AGE

11yr

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

9.56lb

Although the PLI was normal some concern for low grade to mild left pancreatitis may be indicated. This potential may be considered if there is evidence of cranial abdominal or subxiphoid discomfort on palpation. The potential for low grade inflammatory gastropathy or gastroenteropathy which may present sonographically normal cannot be definitively excluded.

INTERPRETED BY

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

The mildly elevated cobalamin level is likely clinically insignificant and not consistent with distal small intestinal disease.

IMAGING PERFORMED BY

Dr. Puthoff

Empirically continued as needed GI support including canned hydrolyzed diet, gastroprotectants +/- hairball therapy if clinically indicated would be reasonable.

HOSPITAL NAME

Kings Veterinary
Hospital



REFERRING VET

Dr. Puthoff

INVOICE

13483ag

DATE

14/15/2023



PATIENT

Dorothy Beckner

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

11yr

WEIGHT

9.56lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Puthoff

HOSPITAL NAME

Kings Veterinary
Hospital

REFERRING VET

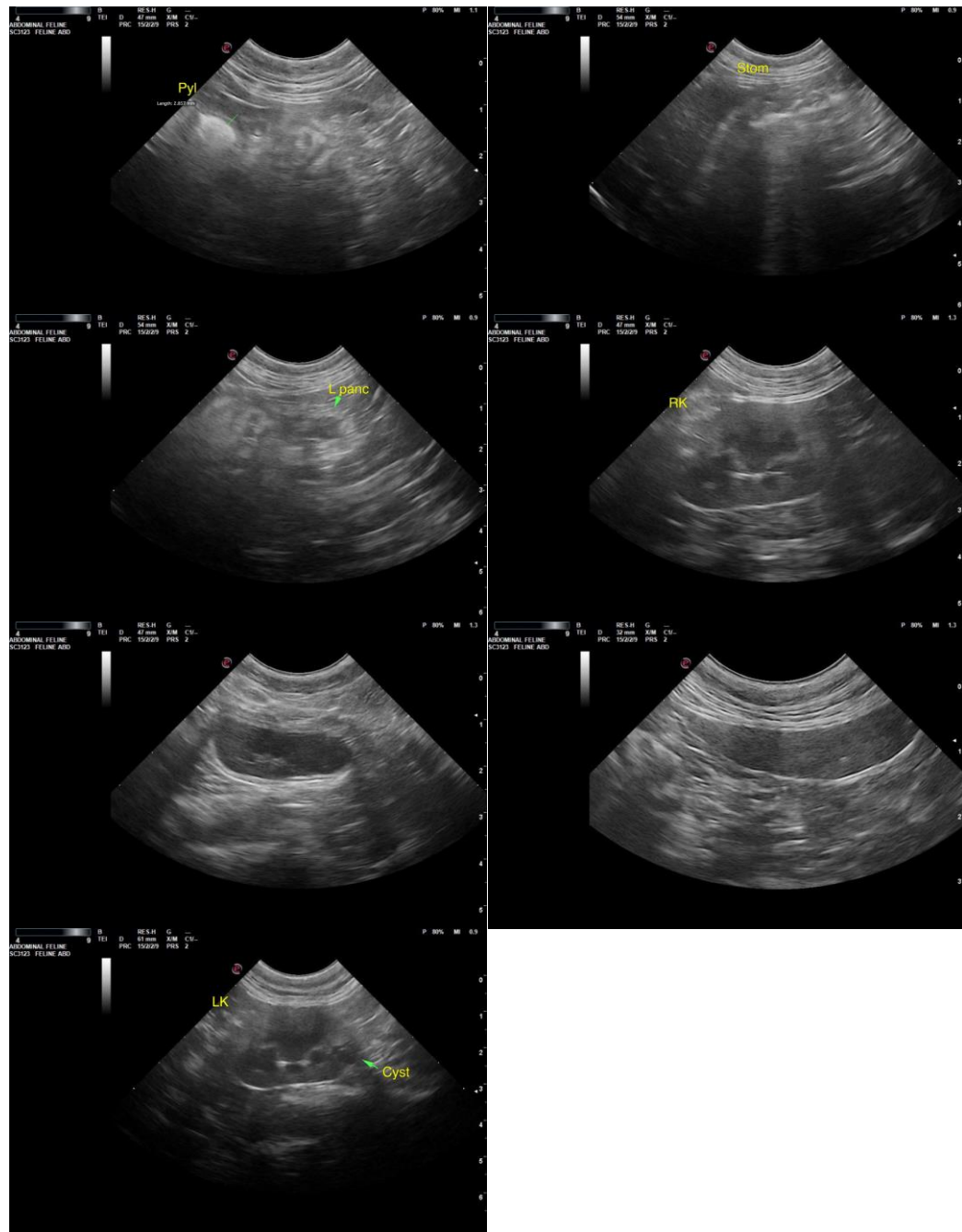
Dr. Puthoff

INVOICE

13483ag

DATE

14/15/2023



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)



PATIENT

mac.daniel@sonopath.com

Dorothy Beckner

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

11yr

WEIGHT

9.56lb

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Puthoff

HOSPITAL NAME

Kings Veterinary
Hospital

REFERRING VET

Dr. Puthoff

INVOICE

13483ag

DATE

14/15/2023