



PATIENT	PRESENTING CLINICAL SIGNS
Pufferton Ash	Presented for intermittent vomiting over the past 2 weeks. Occasionally sees a small amount of pink in the fluid. No recent diet change. Indoor only. Normal appetite but seems to be eating smaller amounts more frequently. No diarrhea, but stools are darker than normal.
SPECIES	Abnormal PE/Chem/CBC/UA Results: Exam: BAR, H/L auscultation: no murmur or arrhythmia. Non-painful abdomen. Vitals WNL. CBC, chem17, lytes: All WNL. HCT 42% UA: USG >1.050, quiet sediment.
Feline	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Wilvet South	Urinary System
SEX	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 sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.
FS	
AGE	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 3.5 cm in length. The right kidney measured 3.5 cm in length.
11yr	
WEIGHT	The area of the aortic trifurcation was free of pathology.
2.9kg	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.
IMAGING PERFORMED BY	Spleen
Bennett	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.
HOSPITAL NAME	Liver/Gallbladder
Wilvet South	The liver was subjectively normal in size, structure, and contour. Normal to subtle increased parenchyma echogenicity with moderate coarse echotexture was present. Multiple intraparenchymal cystic nodules to cysts were present, an example measured 2.3 cm in diameter. The hepatic and portal vasculature were normal in appearance without signs of congestion.
REFERRING VET	The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with mild non-organized echogenic debris. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.2 cm diameter.
Bennett	
INVOICE	Gastrointestinal
13527ag	
DATE	
04/18/2023	



PATIENT

Pufferton Ash

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.26 cm in width. The pylorus wall measured 0.29 cm in width.

SPECIES

Feline

The small intestine presented intact wall layering with primarily 1:3 muscularis/mucosa ratio. Segmental mildly prominent muscularis layer and subtle jejunal corrugation was present. No evidence of intestinal mural hypertrophy, loss of intestinal wall layering or intestinal masses. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.32 cm width. The jejunum wall measured 0.27 cm width. The ileocolic wall measured 0.35 cm width.

BREED

Wilvet South

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

SEX

FS

Pancreas

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.

AGE

11yr

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

WEIGHT

2.9kg

- Urinary bladder sediment.
- Mild chronic renal changes.
- Hepatic parenchymal cysts/cystic nodules-benign, consistent with cyst or benign biliary cystadenomas.
- Mild gallbladder debris with mild non-obstructive proximal common bile duct dilation-the finding of proximal common bile duct dilation may suggest age related changes or be secondary to underlying cholangitis / cholangiohepatitis especially if previous or current liver enzymes elevations have been noted. No overt signs of post hepatic obstruction. The gallbladder debris is likely incidental given no evidence of cholestasis or hepatic inflammatory criteria.
- Sonographically unremarkable stomach.
- Intact borderline prominent small intestinal walls.

INTERPRETED BY

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

IMAGING PERFORMED BY

Bennett

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

HOSPITAL NAME

Wilvet South

No sonographic evidence of overt GI mural pathology i.e., neoplastic criteria or ulceration. The small intestine exhibited subtle mural changes which may suggest mild inflammatory criteria however given the lack of additional GI signs, the small intestinal presentation is non-specific with potential for patient variant. Monitoring for progressive GI signs is suggested.

REFERRING VET

Bennett

Empirically canned hydrolyzed diet and gastroprotectant protocol such as omeprazole 1 mg/kg PO SID over the next 3 weeks with clinical monitoring may be considered.

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Feline

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11yr

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HOSPITAL NAME

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REFERRING VET

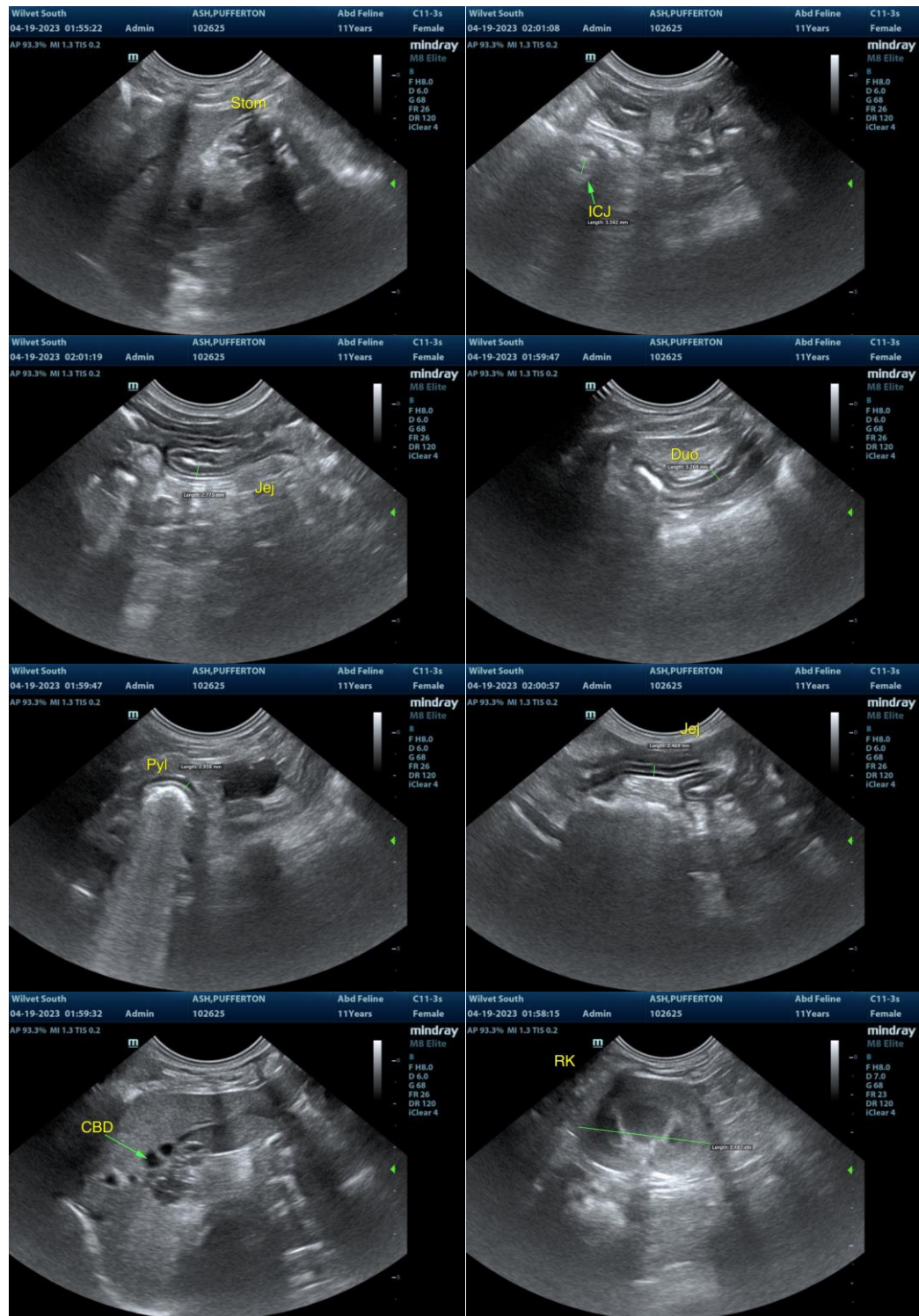
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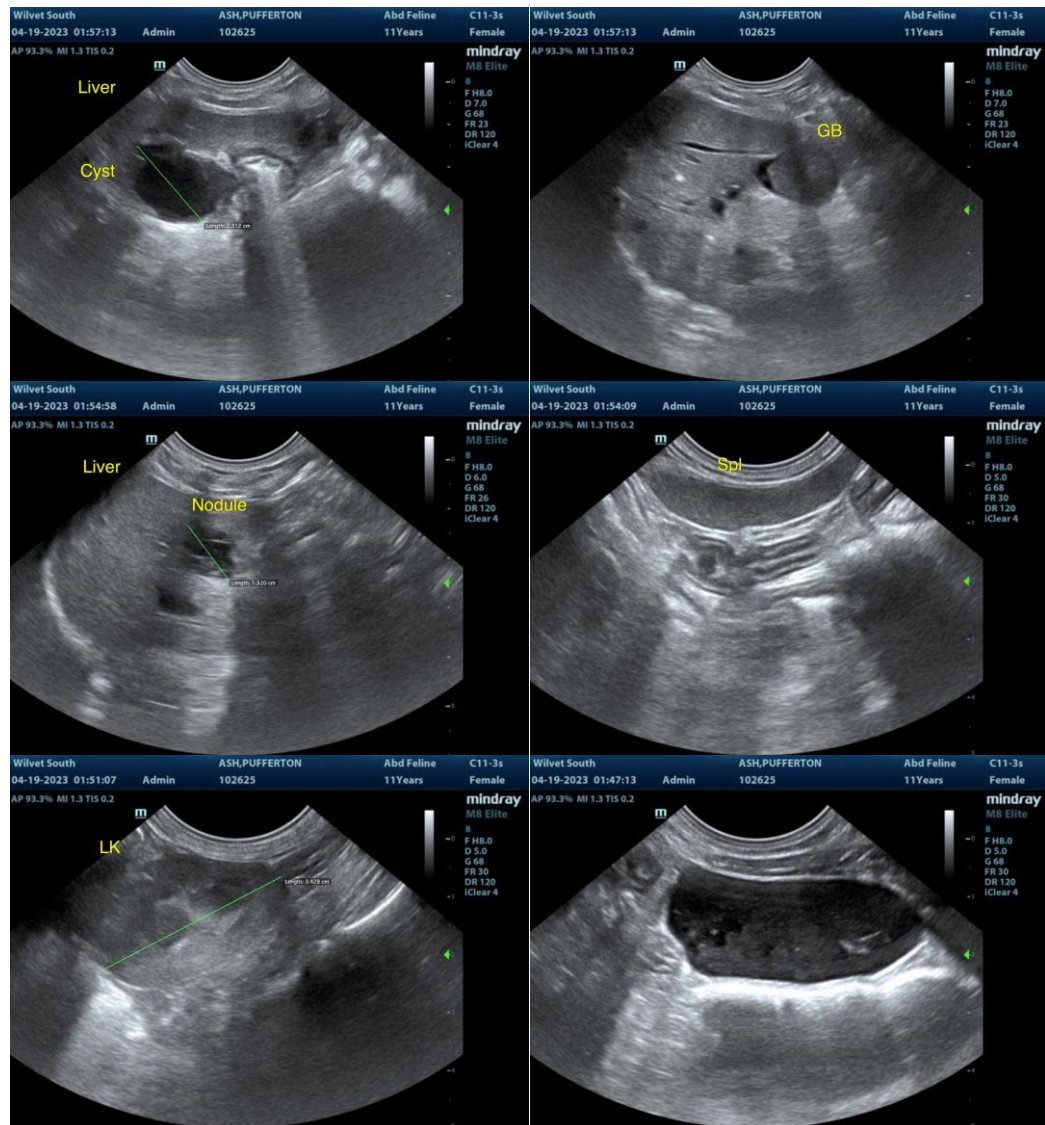
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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