



## PATIENT

Lazarus Ng

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

10

## WEIGHT

15.6 lbs.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Catherine Walsh

## HOSPITAL NAME

Greater Staten  
Island VS

## REFERRING VET

Catherine Walsh

## INVOICE

10745

## DATE

4/2/29

## PRESENTING CLINICAL SIGNS

### History:

- P was seen on 3/31 for vomiting, dec appetite and lethargy, rec bloodwork and xrays and admission to hospital, O declined and took home on SQF and cerenia plus monitoring, xrays showed some lung changes- mild bronchial pattern P also has historic asthma but hasn't had a flare in years. Historic FLUTD also hasn't had a problem with this in years

Abnormal PE/Chem/CBC/UA Results: HCT 52.9 GLU 309 BUN 39 K:2.9 (L) Chlo:108

## 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 were noted.

No evidence of pathology in the area of the aortic trifurcation.

Mild enlarged renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild indistinct corticomedullary border demarcation was also present. The left kidney measured 4.8 cm in length. The right kidney measured 5.3 cm in length.

### *Adrenal Glands*

The left and right adrenal glands were not definitively visualized.

### *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. Normal hepatic vascular volume was present. 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 an intact, mildly thickened wall. Intact wall layering was maintained and distinct. The stomach wall measured 0.35 cm width. Mild retained fluid was noted.



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The small intestine presented segmental to generalized, primarily intact, thickened wall layer with an empty intestinal lumen. Subjective segmental to generalized decreased mural echogenicity was noted.

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

## *Pancreas*

The area of the pancreas was normal.

## *Free Abdomen*

No significant or swollen mesenteric lymphadenopathy was visualized. No evidence of peritoneal effusion was present. Mild increased peri-intestinal omental echogenicity was noted.

## ULTRASONOGRAPHIC FINDINGS

- Thickened stomach and small intestine with mild nonobstructive gastric ileus
- Normal area of pancreas
- Nonspecific chronic renal changes with mild bilateral renomegaly
- Sonographically normal urinary bladder

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastrointestinal tract is nonspecific and may indicate inflammatory, infectious, or emerging neoplastic etiologies with associated mild metabolic gastric ileus. There is no evidence of mechanical gastrointestinal obstruction. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Empirical therapy for nonspecific acute gastroenteritis with clinical and as-needed sonographic monitoring if nonresponsive or persistent gastrointestinal signs would be reasonable. Gastrointestinal biopsies may be required for a definitive diagnosis. Recheck urinalysis is suggested if not recently done.

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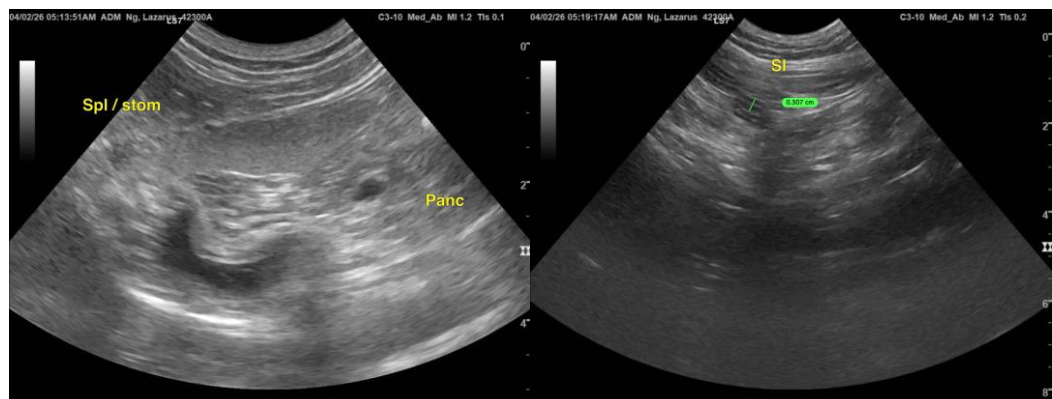
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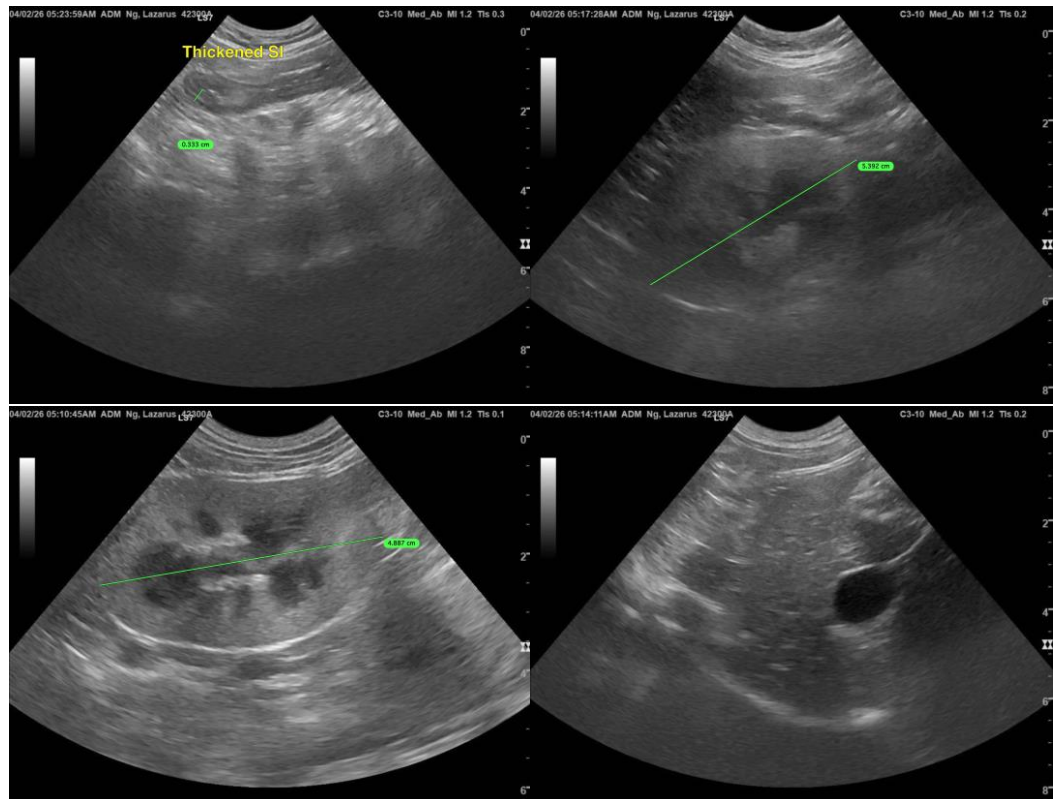
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@sonopath.com)