



PATIENT

Juan Gomez

PRESENTING CLINICAL SIGNS

Anorexia

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Blood work—within normal limits F PLI—positive

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

Tuxedo

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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

MN

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 3.4 cm in length. The right kidney measured 3.7 cm in length.

AGE

6

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

WEIGHT

9.3

The left and right adrenal glands were not definitively visualized. No obvious pathology was present in the area of the bilateral adrenal glands.

Spleen

INTERPRETED BY

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

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 0.7 cm in width at the level of the hilus.

IMAGING PERFORMED BY

Dr. Sharkaway

Liver/Gallbladder

HOSPITAL NAME

Kew Gardens Animal
Hospital

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.

REFERRING VET

Dr. Sharkaway

Gastrointestinal

INVOICE

13580ag

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild hyperechoic progressively shadowing ingesta and mild retained fluid with no signs of ileus, obstruction or foreign material. The pylorus wall measured 0.37 cm in width.

DATE

04/24/2023

The small intestine presented intact wall layering with a primarily 1:3 muscularis/mucosa ratio. Segmental to generalized mild intestinal ileus pattern was present. A segment of non-specific intestine in the caudal abdomen cranial to the liver exhibited mild mural thickening with indistinct wall layer detail containing mild non-specific hyperechoic mildly shadowing ingesta to possible echo. Wall width within the thickened caudal abdominal intestine measured 0.33 cm. By comparison, the normal intact small intestinal wall measured 0.22 cm in width.

The visualized colon appeared to exhibit unremarkable wall layering with formed fecal matter.



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Pancreas

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The pancreas base and proximal right pancreatic limb was normal in size and contour with subtle hypoechoic heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

SPECIES

Feline

Free Abdomen

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

BREED

Tuxedo

ULTRASONOGRAPHIC FINDINGS

SEX

MN

- Mild retained progressively shadowing gastric ingesta and mild fluid.
- Segmental to primarily generalized mild small intestinal ileus pattern.
- Focal to segmental mildly thickened caudal abdominal intestine containing non-specific mildly ingesta/echo.
- Mild heterogenous pancreas-not sonographically consistent with significant/active pancreatitis criteria.

AGE

6

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The overall GI tract is non-specific and may indicate functional/metabolic ileus owing to underlying inflammatory GI process. The possibility of mild mechanical GI ileus and potential for a small amount non to partially obstructive intestinal or gastric foreign material cannot be excluded.

WEIGHT

9.3

Some degree of low grade pancreatitis is possible although the appearance of the pancreas was not consistent with significant pancreatitis.

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(Canine and Feline)

Hospitalization with 24 hour IVF and GI support with assessment of clinal response and recheck sonogram to assess for persistent/progressive vs resolving GI ingesta or ileus pattern would be reasonable. If persistent/progressive GI ileus or evidence of persistent GI mildly shadowing ingesta, exploratory laparotomy with GI biopsies considered essential may be indicated.

IMAGING PERFORMED BY

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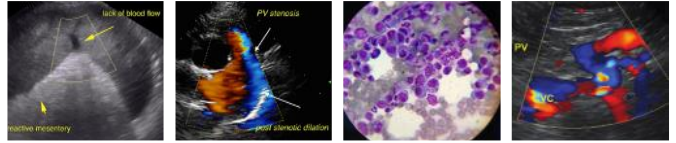
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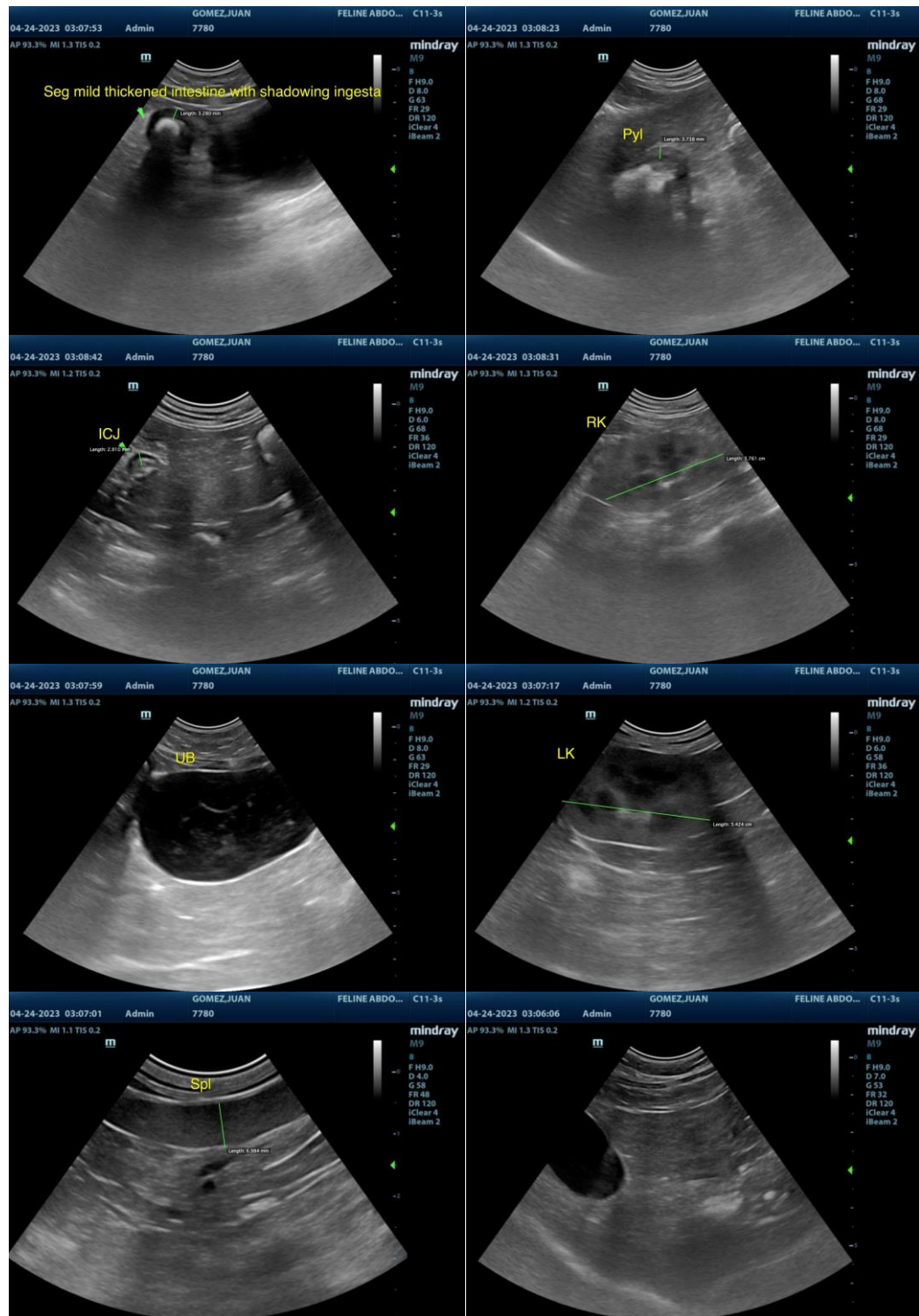
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



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can be of any further assistance, please contact me.

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