



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Simone White	Ongoing urinary issues and GI issues (vomiting and diarrhea). Unsure if they are related. GI signs respond to Metronidazole. Recently started HA diet. Dx hyperthyroid, June 2022 and started on Methimazole.
<b>SPECIES</b>	
Feline	Abnormal PE/Chem/CBC/UA Results: UA via cysto (12/2022): SG 1.033, Bld 250, WBC 2/HPF, Blood >50/HPF. BW (11/2022): WBC 3.6k, Neut 2.1k, T-4 1.5. BW (6/2022): WBC 3.7k, Neut 2k, ALT 207, ALP 106, T-4 8.0. UA via cysto: SG 1.029, Prot 2+, Bld 1+, WBC 2-5/HPF, RBC 2-5/HPF
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
DSH	<b>Urinary System</b>
<b>SEX</b>	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 were noted.
FS	
<b>AGE</b>	Normal size and margination was present in the left kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortex was uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. Mild left kidney pyelectasia was present. The left kidney measured 3.3 cm in length.
14yr	
<b>WEIGHT</b>	The right kidney was subnormal in size owing to cranial and caudal pole infarcts. Pinpoint dystrophic medullary mineral was present in the right kidney. The right kidney measured 2.4 cm in length.
10.8lb	The area of the aortic trifurcation was free of pathology.
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm width. No pathology in the area of the right adrenal gland.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Karen Ebersole	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 0.96 cm in width at the level of the hilus.
<b>HOSPITAL NAME</b>	<b>Liver/Gallbladder</b>
Scanvet	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.
<b>REFERRING VET</b>	<b>Gastrointestinal</b>
Dr. McGarvey	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 0.25 cm in width.
<b>INVOICE</b>	
13576ag	
<b>DATE</b>	
04/24/2023	



## PATIENT

Simone White

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 0.25 cm width. The jejunum wall measured 0.23-0.24 cm width.

## SPECIES

Feline

Normal visible colon wall layers were present with apparent formed to possible mild soft feces in lumen.

## Pancreas

## BREED

DSH

The pancreas was subtly prominent in size with minor capsule asymmetry and non-homogenous mildly hypoechoic parenchyma compared to the adjacent omental fat.

## Free Abdomen

## SEX

FS

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

## ULTRASONOGRAPHIC FINDINGS

## AGE

14yr

- Sonographically unremarkable urinary bladder and visible proximal urethra.
- Left kidney mild chronic renal changes with minor pyelectasia.
- Right kidney subnormal size exhibiting chronic degenerative changes and cranial/caudal pole infarcts.
- Structurally unremarkable GI tract.
- Mildly prominent non-homogenous hypoechoic pancreas-possible low grade chronic/chronic active inflammation.

## WEIGHT

10.8lb

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, largely a geriatric abdomen with no overt evidence of significant abdominal visceral specifically upper or lower urinary tract/GI pathology. At times the sonographic presentation of the gastrointestinal tract may not correlate with a history of gastrointestinal signs. In patients with ongoing GI signs, considerations including dietary intolerance / food hypersensitivity, occult parasitism, dysbiosis, structurally insignificant inflammatory bowel disease, low grade to chronic pancreatitis, triad disease or other are possible.

## INTERPRETED BY

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

Correlation with recheck CBC/chemistry panel/UA +/- further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered as well as a GI panel to include PLI/TLI/Cobalamin/Folate.

## IMAGING PERFORMED BY

Karen Ebersole

## HOSPITAL NAME

Scanvet

Given no gastroenterocolic mural changes, assessment of response to recently initiated dietary therapy would be reasonable.

## REFERRING VET

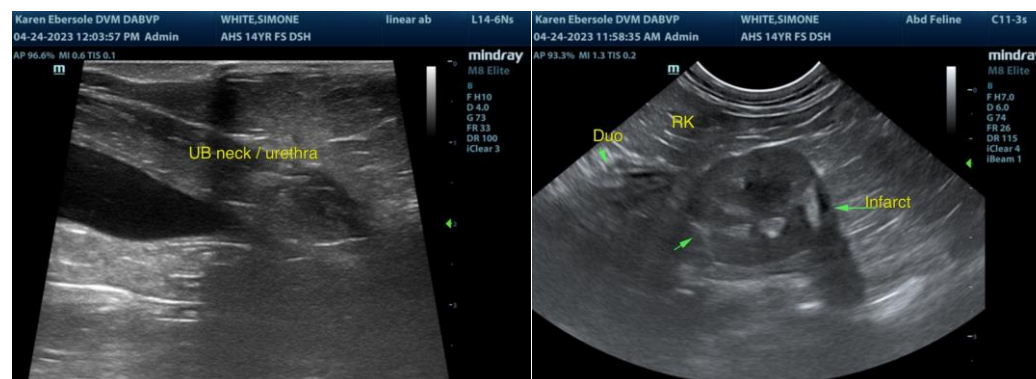
Dr. McGarvey

## INVOICE

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**PATIENT**

Simone White

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

14yr

**WEIGHT**

10.8lb

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP  
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**IMAGING PERFORMED BY**

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**HOSPITAL NAME**

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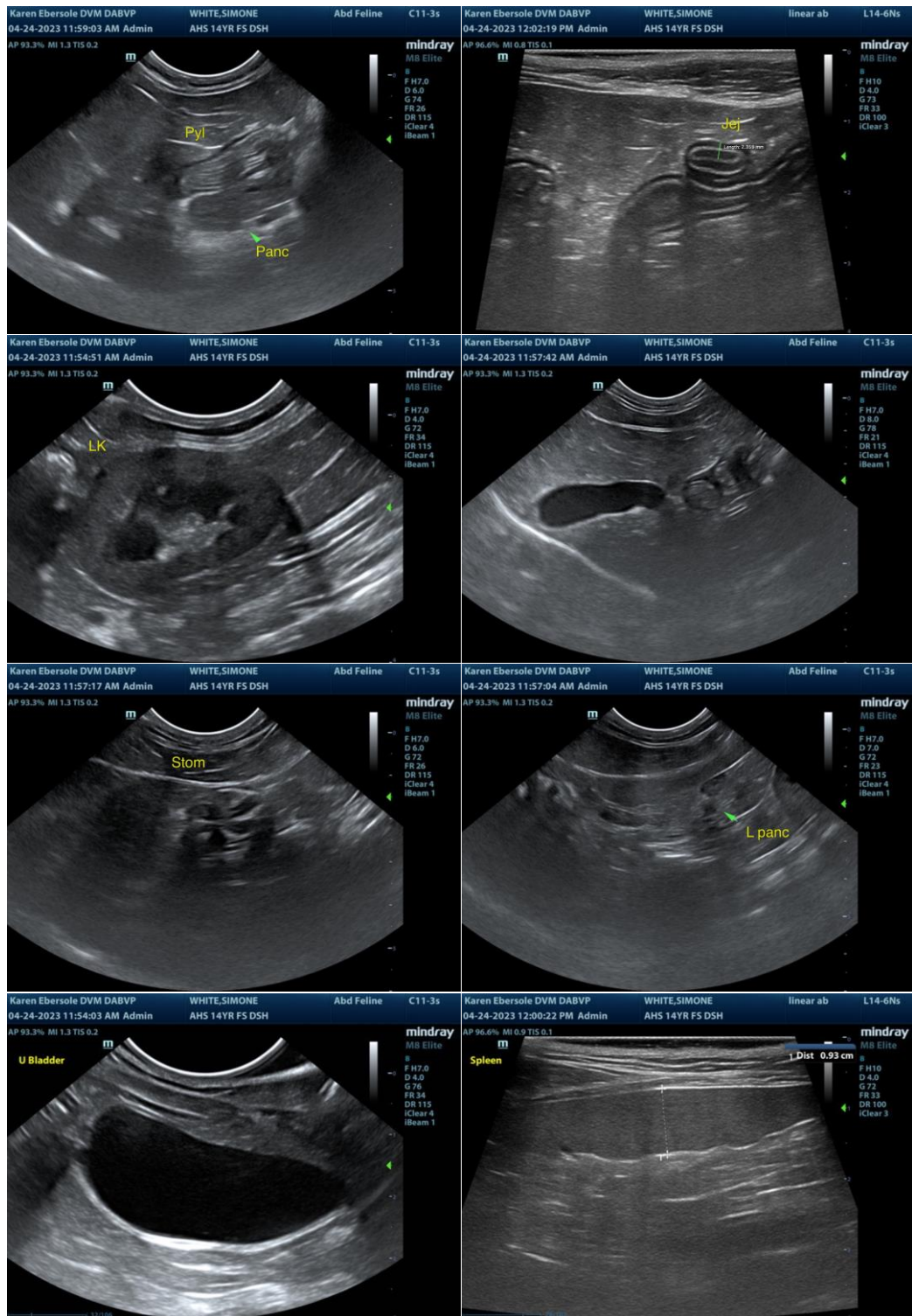
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



**PATIENT**

can be of any further assistance, please contact me.

Simone White

**SPECIES**

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Feline

**BREED**

DSH

**SEX**

FS

**AGE**

14yr

**WEIGHT**

10.8lb

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DVM, DABVP  
(Canine and Feline)

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PERFORMED BY**

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**HOSPITAL NAME**

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