



PATIENT

Raven Kaplan

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

2 years

WEIGHT

7.60

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Hannah Fearing

HOSPITAL NAME

Lanier Animal
Hospital

REFERRING VET

Dr. Macie Joncas

INVOICE

16693

DATE

4/25/23

PRESENTING CLINICAL SIGNS

Raven is here because she has not been feeling well. Mom says Saturday is when she started feeling bad. Mom says she has not eaten or drank since Saturday. She pooped a small amount Sunday. She is lethargic and not moving much. Mom says she was 7.4 pounds yesterday at home. vomited clear once on Saturday. Just changed food from blue buffalo basic skin and stomach care grain free fish and potato to blue buffalo chicken grain free. She has lost 2 pounds in the past 2 months

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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 was noted.

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

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 4.0 cm in length. The right kidney measured 4.3 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.4 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.31 cm width.

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. The spleen measured 0.9 cm width at the level of the hilus.

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. Mild retained anechoic antrum and pyloric fluid was noted. No evidence of mechanical pyloric outflow obstruction was noted. The pylorus wall width measured 0.26 cm.



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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 intestinal wall width measured 0.20 cm. The ileocolic wall measured 0.29 cm width.

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

Pancreas

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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 were evident.

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Free Abdomen

Intermittent minor benign / reactive mesenteric lymph nodes, not consistent with inflammatory or neoplastic criteria, were present. No omental masses or evidence of peritoneal effusion was noted.

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ULTRASONOGRAPHIC FINDINGS

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- Sonographically unremarkable gastrointestinal tract with minor retained gastric antrum / pyloric fluid
- Overall, sonographically unremarkable abdomen

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No sonographic evidence of significant visceral pathology as a definitive cause of the patient's mild weight loss and gastrointestinal signs. No evidence of gastrointestinal obstructive criteria, mural changes, pancreatitis, or intraabdominal neoplastic criteria. Some degree of mild gastric inflammation and functional antrum / pyloric stasis is possible. Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation, which may allude to low-grade pancreatitis which may present as sonographically normal, may be considered.

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A GI panel to include PLI/TLI/Cobalamin/Folate, as well as three view chest radiographs and neurological / musculoskeletal examination, are recommended to assess for or rule out occult disease which may cause weight loss. As-needed gastrointestinal supportive care and assessment of caloric plane, which may include appetite stimulants and gastroprotectants, as well as canned novel protein or hydrolyzed diet trial, may be considered.

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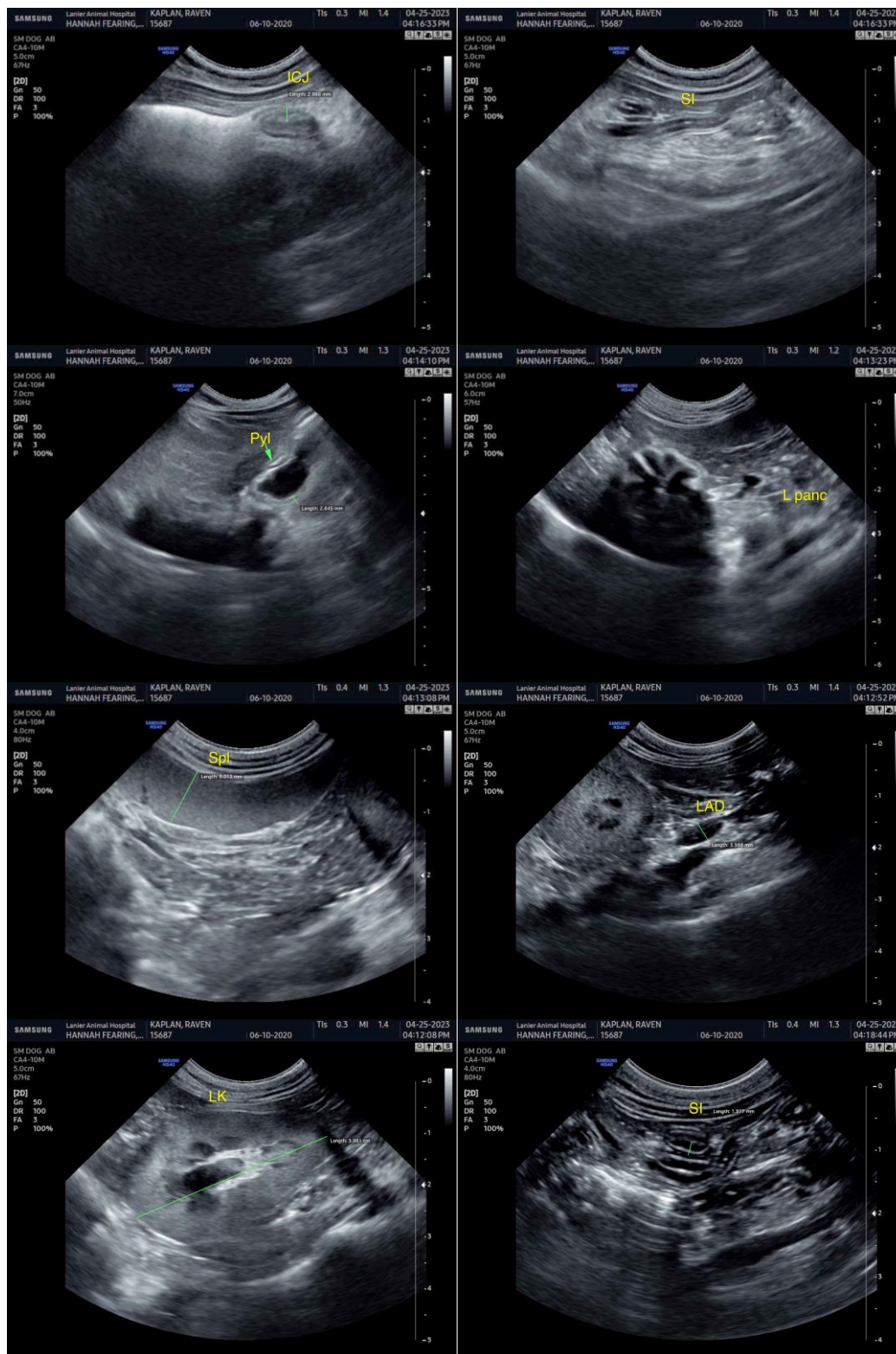
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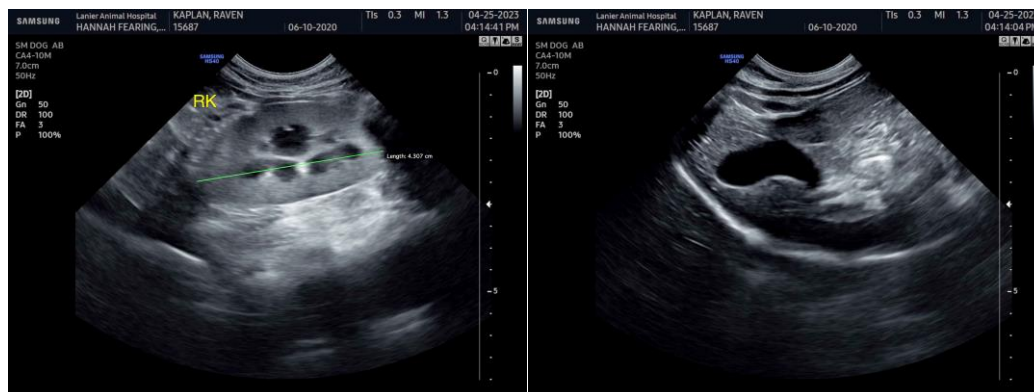
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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