



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
D'Susan Piekarewicz	Hx of no eating for the past 4 days, vomited (FOAM) 2x 2 days ago, active in pain when owner touched. act in pain. for the past 2 days, Owner seen it more actives. some day dry stool.
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: Abdominal palpation mild tense on cranial, 4/19/22 BW:
Feline	CBC: WNL CHEM: WNL T4: WNL
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
DSH	<b>Urinary System</b>
<b>SEX</b>	The urinary bladder, trigone, and cystourethral junction 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.
FS	
<b>AGE</b>	The area of the aortic trifurcation was free of pathology.
8 years	
<b>WEIGHT</b>	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 3.3 cm in length. The right kidney measured 3.5 cm in length.
6.5 lbs.	
<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 0.38 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.38 cm width.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Jose	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.
<b>HOSPITAL NAME</b>	<b>Liver/ Gallbladder</b>
Animal Clinic of Queens	
<b>REFERRING VET</b>	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 content with very minor luminal sediment primarily in the area of the gallbladder neck. No evidence of peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.
Dr. Kwasnik	
<b>INVOICE</b>	<b>Gastrointestinal</b>
13730	
<b>DATE</b>	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 width measured 0.26 cm.
4/26/22	



**PATIENT**

D'Susan Piekarewicz

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.

**SPECIES**

Feline

Normal visible colon wall layers were present with apparent formed feces in lumen. No evidence of colonic distention with retained feces was noted.

**BREED**

DSH

***Pancreas***

The area of the pancreas base exhibited normal size and contour with subtle subjective hypoechoic parenchyma and potential for minor evidence of peripancreatic reactive mesentery.

**SEX**

FS

***Free Abdomen***

No omental masses, lymphadenopathy or peritoneal effusion were present.

**AGE**

8 years

**ULTRASONOGRAPHIC FINDINGS**

- Sonographically unremarkable gastrointestinal tract
- Potential low-grade to mild pancreatitis

**WEIGHT**

6.5 lbs.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

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

Overall, no overt evidence of significant visceral, specifically gastrointestinal or pancreatic, pathology as an obvious cause of the patient's gastrointestinal signs and Inappetence. Potential for low-grade pancreatitis, which may present as sonographically normal, may be present and would be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a Spec fPL or full GI panel to include PLI/TLI/Cobalamin/Folate could be considered.

**IMAGING PERFORMED BY**

Jose

Continued gastrointestinal support, conservative therapy for potential low-grade pancreatitis, and supportive care for constipation if clinically indicated is suggested.

**HOSPITAL NAME**

Animal Clinic of  
Queens

**REFERRING VET**

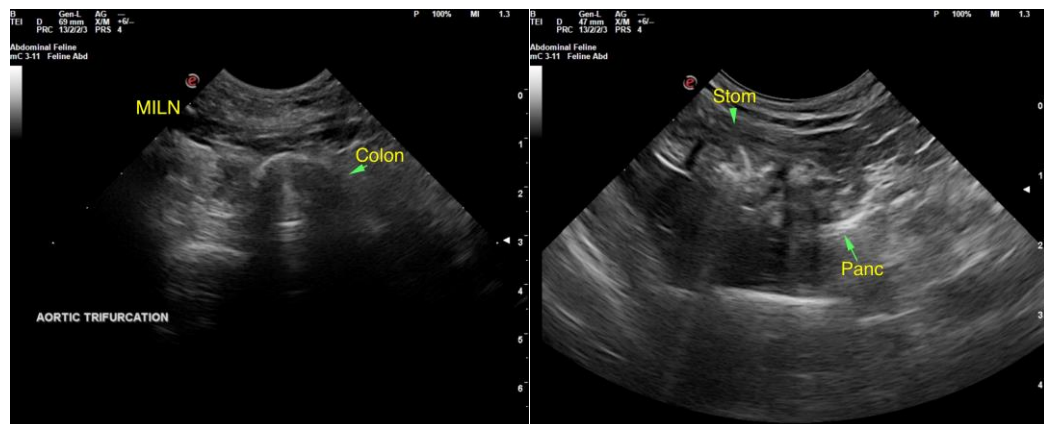
Dr. Kwasnik

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**PATIENT**

D'Susan Piekarewicz

**SPECIES**

Feline

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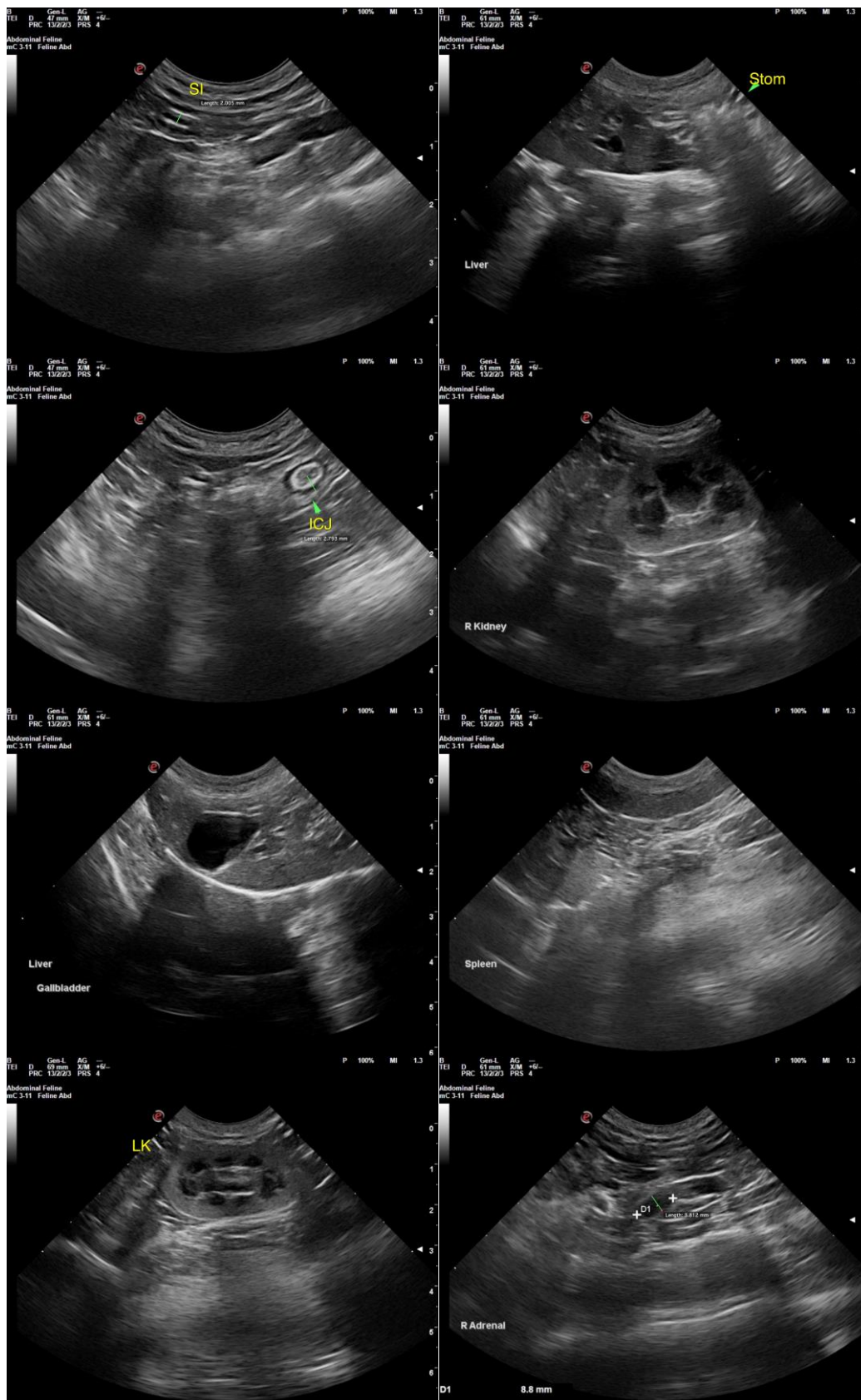
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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