



**PATIENT**

Oreo Melendez

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male/ Neutered

**AGE**

5

**WEIGHT**

11.2

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Sharkaway

**HOSPITAL NAME**

Kew Gardens AH

**REFERRING VET**

Dr. Sharkaway

**INVOICE**

14926

**DATE**

4/28/22

**PRESENTING CLINICAL SIGNS**

ANOREXIA VOMITING DENTAL CALCULUS, MILD TO MODERATE STOMATITIS  
Abnormal PE/Chem/CBC/UA Results: BW- MILD ELEVATED GLOBULIN 5.5 OTHERWISE NORMAL BLOOD

**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. Primarily anechoic urine was present in the lumen. Mild to moderate nondependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

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 4.2 cm in length. The right kidney measured 4.1 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. The spleen measured 0.81 cm in width.

**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 content and very mild nondependent debris. The cystic and common bile ducts were normal.

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The stomach contained echogenic, non-shadowing ingesta, primarily in the fundus and gastric body. The ingesta exhibited mild progressive distal acoustic shadowing. The visualized ventral gastric body wall was sonographically normal, measuring 0.3 cm wall width. No overt evidence of mechanical obstruction to pyloric outflow.



<b>PATIENT</b>	The small intestine presented intact wall layering and maintained 1:3 muscularis/mucosa ratio and without evidence of intestinal mural thickening or loss of intestinal wall layering. Segmental mild jejunal ileus was present. No overt foreign material noted.
Oreo Melendez	
<b>SPECIES</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
Feline	<b>Pancreas</b>
<b>BREED</b>	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.
DSH	
<b>SEX</b>	<b>Free Abdomen</b>
Male/ Neutered	No omental masses, lymphadenopathy or peritoneal effusion was present.
<b>AGE</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
5	<b>Primary Findings</b>
<b>WEIGHT</b>	<ul style="list-style-type: none"> <li>Mild to moderate urinary bladder sediment- cellular or crystalline debris or mucus possible. Cystocentesis for urinalysis +/- culture and sensitivity, if evidence of inflammatory cells, is suggested.</li> </ul>
11.2	
<b>INTERPRETED BY</b>	<ul style="list-style-type: none"> <li>Nonspecific gastric ingesta</li> <li>Overtly normal small bowel, exhibiting mild segmental jejunal ileus</li> </ul>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<b>Secondary Findings</b>
<b>IMAGING PERFORMED BY</b>	<ul style="list-style-type: none"> <li>Minor gallbladder debris</li> </ul>
Dr. Sharkaway	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
<b>HOSPITAL NAME</b>	The presence of gastric ingesta may indicate post prandial presentation. Correlation with most recent meal ingestion suggested. However, given the reported anorexia and vomiting in this patient, some degree of gastric, along with mild jejunal hypomotility, is of concern. While the possibility of gastric foreign material cannot be excluded. Dietary indiscretion/food intolerance, low-grade pancreatitis or structurally insignificant inflammatory bowel disease could also be present. If evidence of weight loss or for further assessment, GI panel to include PLI/TLI/Cobalamin/Folate suggested. Empirically, hospitalization with IV fluid and gastrointestinal support with documented fast and monitoring for evidence of gastric emptying would be reasonable.
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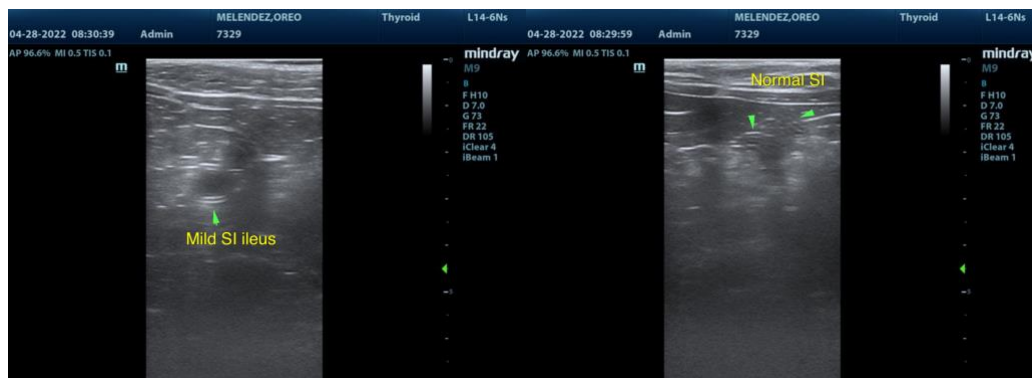
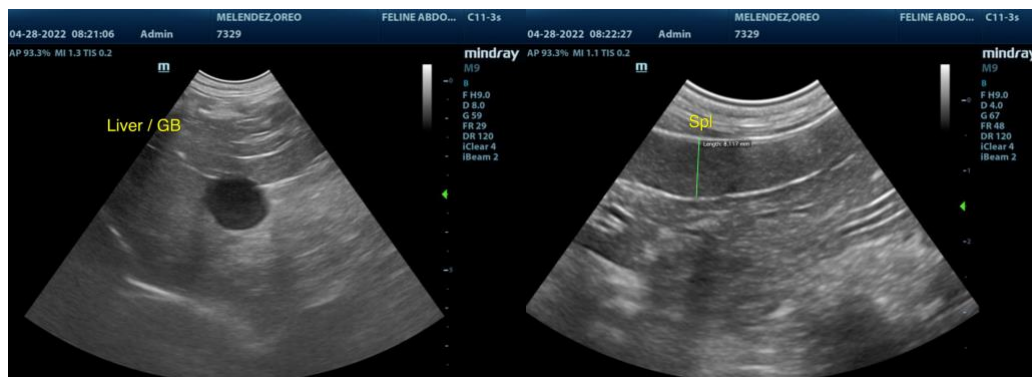
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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