



PATIENT PRESENTING CLINICAL SIGNS

Ralph Davis History: Chronic intermittent vomiting and diarrhea Fortiflora, HA, Metronidazole, Cerenia PRN
Abnormal PE/Chem/CBC/UA Results: Precision PSL 37

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

Urinary System

DSH

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 minor nondependent particulate 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

AGE

13 years

Normal size and areas of irregular capsule contour were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.6 cm in length. The right kidney measured 4.8 cm in length.

The area of the aortic trifurcation was free of pathology.

WEIGHT

18.7 pounds

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 cm width.

INTERPRETED BY

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

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 1.0 cm in width at the level of the hilus.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

Liver

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.

HOSPITAL NAME

Littlestown Veterinary
Hospital

REFERRING VET

Dr. Jennings

Gastrointestinal

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 0.24 cm in width.

INVOICE

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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 duodenum wall measured 0.23 cm in width. The jejunum wall measured 0.21 cm in width. The ileocolic wall measured 0.28 cm in width.

DATE

04/29/2022



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

Ralph Davis **Pancreas**

SPECIES The left pancreatic limb exhibited subtle prominent size and maintained symmetrical capsule contour with mild hypoechoic parenchyma compared to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal.

Feline

Free Abdomen

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

DSH

ULTRASONOGRAPHIC FINDINGS

SEX

- Suspect low grade to mild chronic active pancreatitis
- Overtly normal GI tract
- Mild chronic renal changes

MN

AGE

13 years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

WEIGHT

18.7 pounds

Sonographically the pancreas is suggestive of mild chronic active inflammation in conjunction with the mildly elevated PSL. The possibility of concurrent structurally insignificant inflammatory bowel, dietary intolerance/food hypersensitivity or occult parasitism if the patient is indoor outdoor could also be considered. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended for further assessment as well as three view chest radiographs to rule out occult thoracic or esophageal pathology. Empirically continued novel protein or hydrolyzed diet, probiotic and as needed GI support with potential addition of cobalamin supplementation pending GI panel results may prove beneficial. Recheck sonogram suggested if persistent/progressive GI signs or evidence of weight loss for reassessment of the pancreas and GI tract.

INTERPRETED BY

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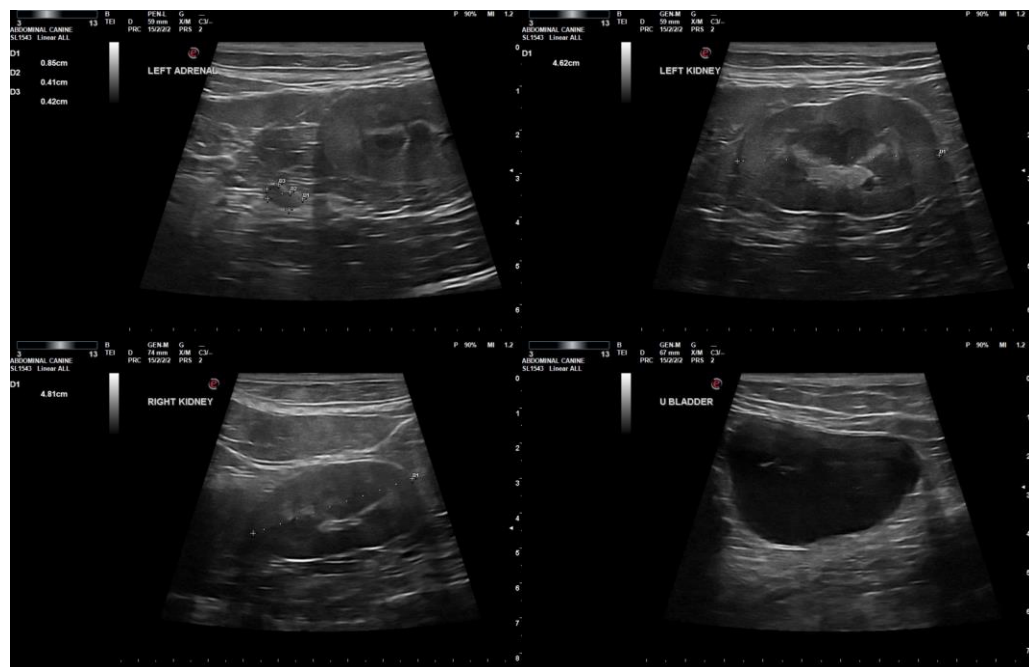
Dr. Jennings

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PATIENT

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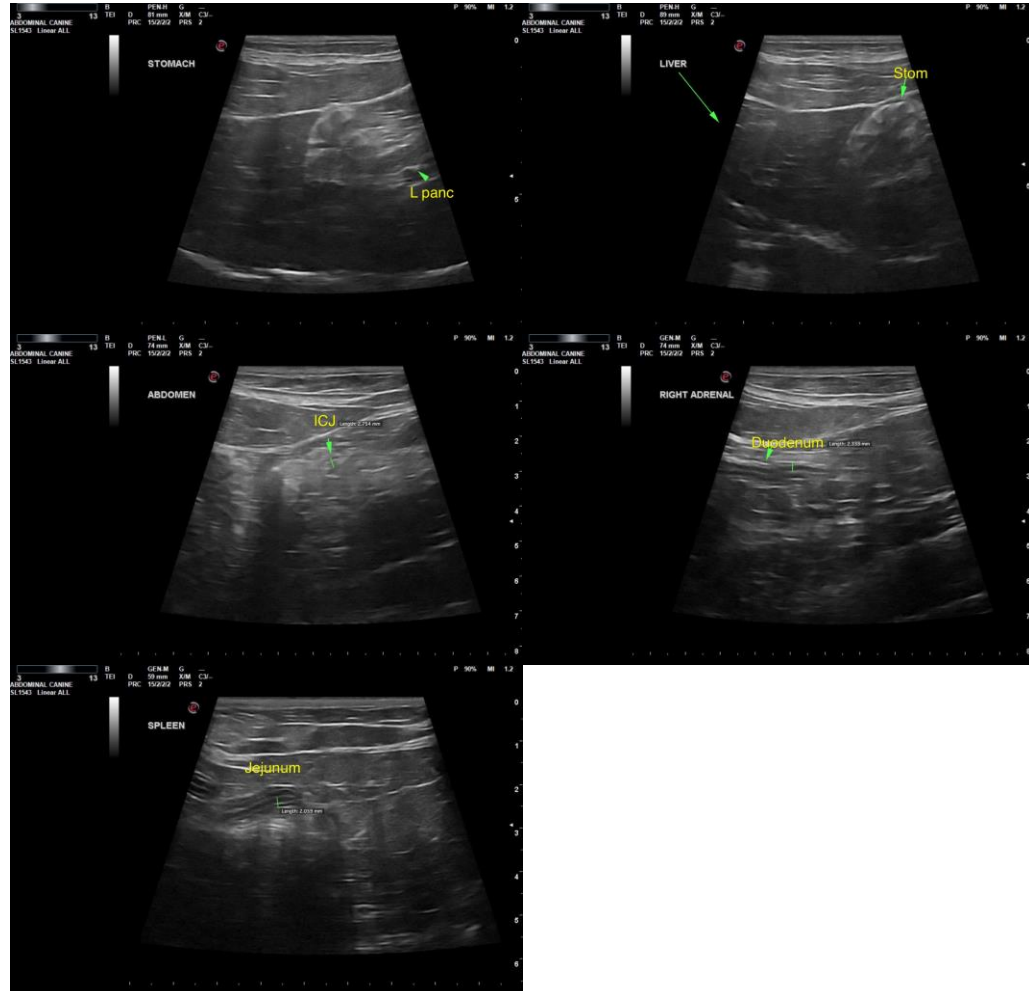
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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