

**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Yuki Collines History: Vomiting and decreased appetite. Thickened feeling to intestines, unusual shape to colon.

**SPECIES** Abnormal PE/Chem/CBC/UA Results: Early renal disease, WBC elevation compatible with stress or mild infection. Current Medications Cerenia, Fluticasone Inhaler 110 mcg Radiographic Findings View: Right lateral and VD thorax and abdomen RESULTS: Gas and fecal material in colon- may be looped around?. Generalized thickened small intestine. Minimal material in stomach. Heart and lungs appear within normal limits. Bronchiole pattern consistent with feline asthma. CBC: WBC 21.2 with neutrophilia, mild monocytosis and lymphopenia, hematocrit 43, unremarkable CBC panel.

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

10 Years

**WEIGHT**

9.75 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

West Eugene AH

**REFERRING VET**

Dr. Supan

**INVOICE**

14591

**DATE**

4/4/22

**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. 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. Aortic trifurcation was normal.

Normal size and margination 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 minor loss of corticomodullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.8 cm in length. The right kidney measured 4.4 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 0.25 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.25 cm.

**Spleen**

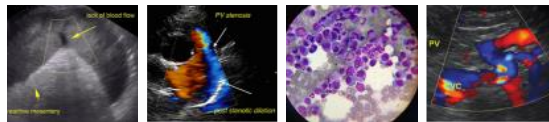
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

**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.

**Gastrointestinal**



<b>PATIENT</b>	The visualized gastric walls were sonographically normal. The lumen of the stomach contained moderate ingesta, exhibiting progressive distal acoustic shadowing. The ventral gastric body wall measured 0.20 cm.
Yuki Collines	
<b>SPECIES</b>	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio without overt evidence of mural thickening, loss of intestinal wall layering or intestinal masses. The lumen of the small intestine contained echogenic, non-shadowing ingesta consistent with normal food. The duodenum wall measured 0.28 cm. The jejunum wall measured 0.20 cm.
Feline	
<b>BREED</b>	The colon was sonographically unremarkable, containing strongly shadowing fecal matter and segmental gas.
DSH	
<b>SEX</b>	<b>Pancreas</b>
Spayed Female	The pancreas was ill-visualized owing to the presence of gastric ingesta. The left pancreatic limb exhibited normal size and contour with potential subtle hypoechoic parenchyma compared to adjacent nonreactive peripancreatic omentum.
<b>AGE</b>	<b>Free Abdomen</b>
10 Years	No overt lymphadenopathy or peritoneal effusion was present.
<b>WEIGHT</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
9.75 Pounds	<ul style="list-style-type: none"> <li>• Mild chronic renal changes</li> <li>• Overtly normal gastrointestinal tract with generalized gastrointestinal ingesta- likely consistent with postprandial presentation</li> <li>• Subtle hypoechoic left pancreas- nonspecific, patient variant, potential for low-grade inflammation possible</li> </ul>
<b>INTERPRETED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Overall, no overt or significant visceral, specifically gastrointestinal, renal or pancreatic pathology. Dietary indiscretion/food intolerance, occult parasitism, structurally insignificant inflammatory gastroenteropathy or low-grade to chronic pancreatitis, both of which may present sonographically unremarkable could be possible. Ideally, recheck fasted sonogram for further assessment of the gastrointestinal walls is recommended (if possible). If documented NPO, some degree of metabolic gastric stasis or nonobstructive delayed gastric emptying could be considered. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. Hydrolyzed diet trial, as needed gastric protectants and gastrointestinal support with assessment of clinical response could be considered.
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Feline

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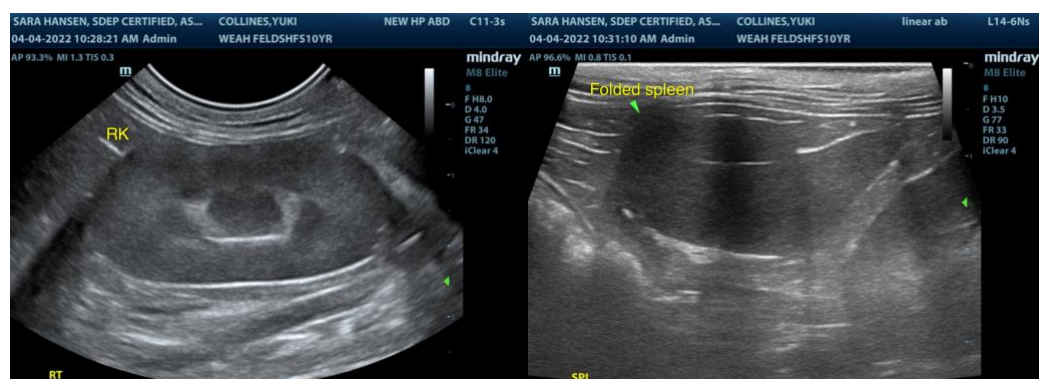
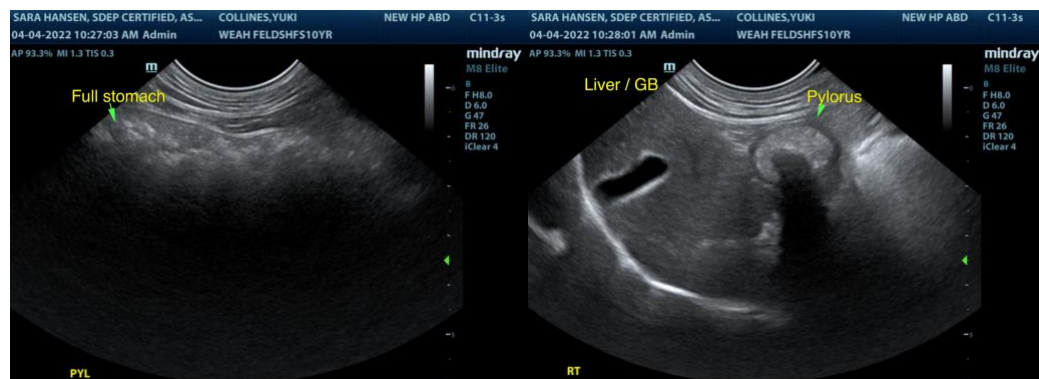
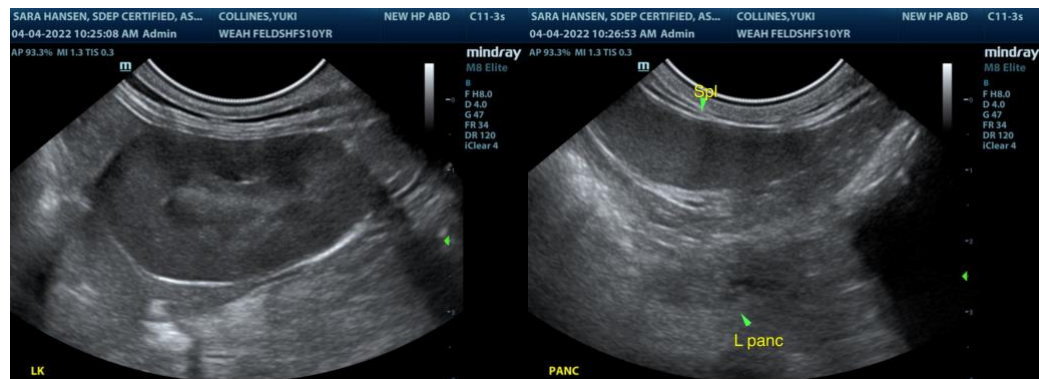
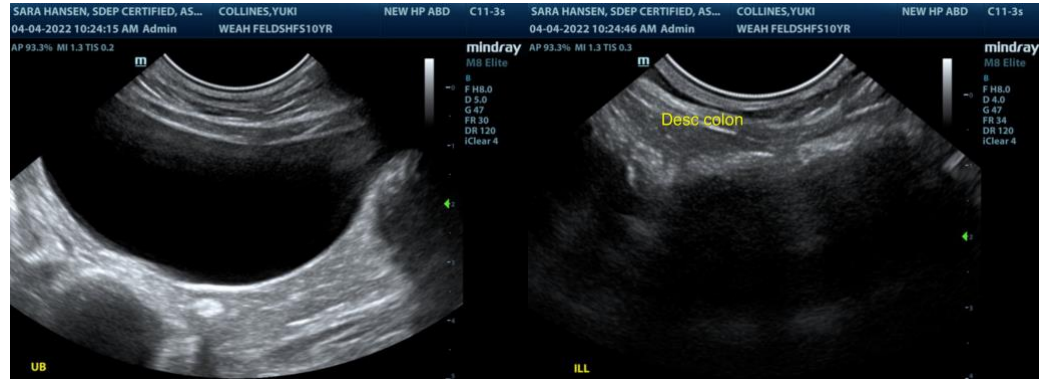
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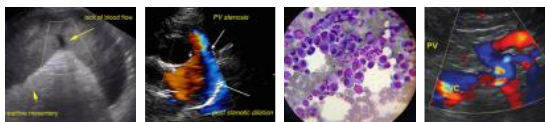
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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