



PATIENT

Ivy D'Allessandro

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

4 years

WEIGHT

6.5 lbs.

PRESENTING CLINICAL SIGNS

vomiting, wt loss. On famotidine.

Abnormal PE/Chem/CBC/UA Results: platelets 196, lymphs 58 ; chem : Ca incr 11.5; UA: protein 1+, occult blood 3+, WBC 2-3, RBC 21-50, amorphoius phosphates 2-3, Ca ox dihydrate 11-20

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. No evidence of mineral or calculi was noted. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the aortic trifurcation was free of pathology.

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 or pyelectasia. The left kidney measured 3.0 cm in length. The right kidney measured 3.6 cm in length. Pinpoint to discrete left and right medullary mineral was noted.

INTERPRETED BY

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

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.21 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.26 cm width.

IMAGING PERFORMED BY

Diane McFadden

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.

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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.

REFERRING VET

Dr. Hickenbottom

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Gastrointestinal

The stomach presented intact mildly prominent wall layering most notable in the area of the pylorus. Minor retained pyloric fluid was noted. The pylorus wall width measured 0.35 cm. Mild luminal gas was present in the stomach. No evidence of gastric distention with overt retained ingesta or gastric hairball density was noted.



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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 0.20 cm width. The jejunum wall measured 0.28 cm width.

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Pancreas

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The left and right pancreatic limbs exhibited minor prominent size with minor capsule asymmetry. Subtle hypoechoic parenchyma was noted. Subjective minor evidence of peripancreatic hyperechoic omentum in the area of the pancreas base and right pancreatic limb was present.

SEX

FS

Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

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ULTRASONOGRAPHIC FINDINGS

WEIGHT

6.5 lbs.

- Mild pyloric gastritis pattern with minor retained pyloric fluid
- Sonographically unremarkable small bowel
- Minor prominent pancreas
- Pinpoint to discrete renal medullary mineralization

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of significant visceral pathology was noted, including no evidence of intraabdominal neoplastic criteria.

IMAGING PERFORMED BY

Diane McFadden

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation, which may allude to low-grade pancreatitis, is suggested. Three-view chest radiographs, as well as a GI panel to include PLI/TLI/Cobalamin/Folate to assess for occult disease as a contributing factor to the weight loss, is suggested. A canned, hydrolyzed diet trial, gastroprotectants, +/- hairball therapy (if clinically applicable,) may prove beneficial.

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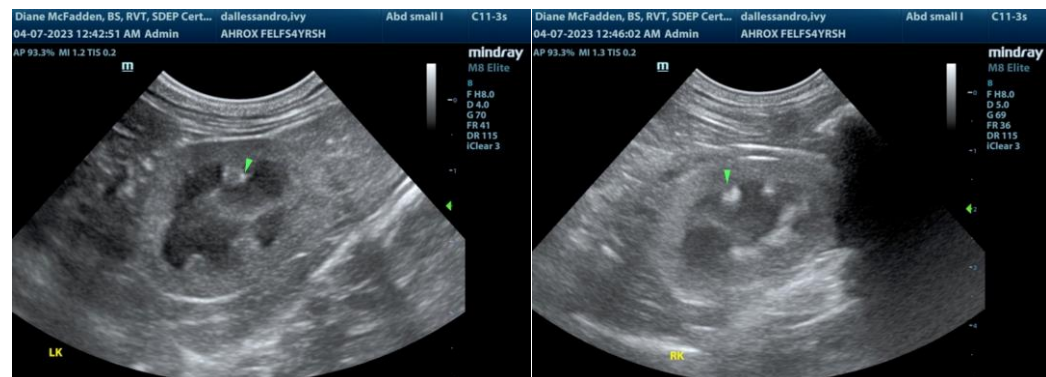
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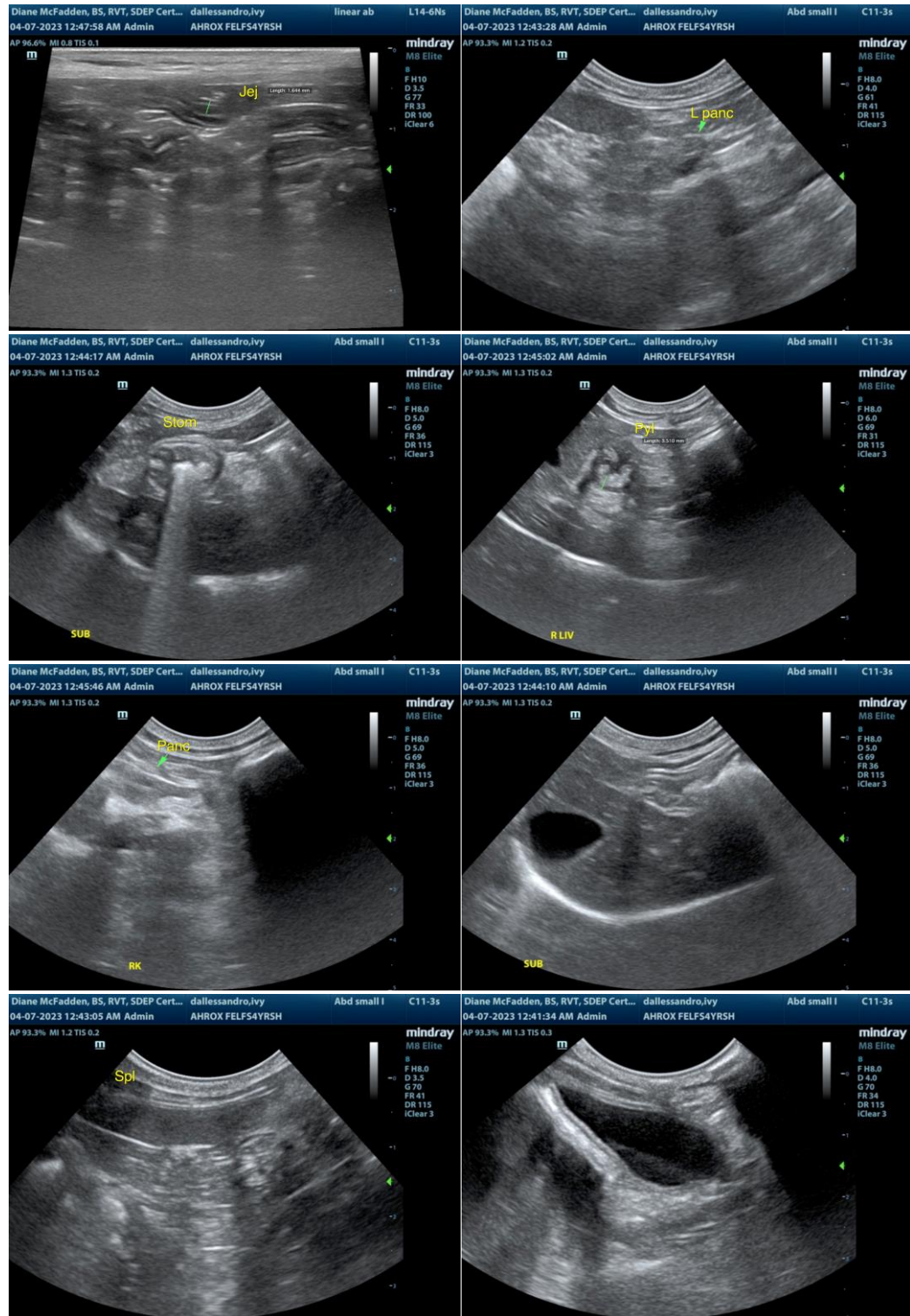
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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