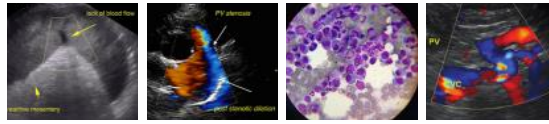


PATIENT	PRESENTING CLINICAL SIGNS
Gidget The Veterinary Hospital	History: losing muscle mass , occasional vomiting and diarrhea Current Medications gabapentin
SPECIES	Abnormal PE/Chem/CBC/UA Results: SDMA 13, Amylase 1545, all else WNL
Feline	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary 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 mild primarily dependent urinary bladder 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	Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some mildly increased echogenicity and loss of corticomedullary 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 3.0 cm in length.
Spayed female	The area of the aortic trifurcation was free of pathology.
AGE	Adrenal Glands
17 years	The bilateral adrenal glands were normal in size and contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age related finding and not pathological. The left adrenal gland measured 0.42 width and the right adrenal gland measured 0.43 width.
WEIGHT	Spleen
7.3 pounds	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.
INTERPRETED BY	Liver
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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.
IMAGING PERFORMED BY	Gastrointestinal
Jenna Walsh CVT	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 0.26 cm in width.
HOSPITAL NAME	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio with subjective propensity for subtly prominent segmental muscularis layer yet no evidence of intestinal mural hypertrophy, loss of intestinal wall layering or intestinal masses. The lumen of the small intestine was
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PATIENT	empty with no signs of ileus, obstruction or foreign material. The jejunum wall measured 0.24 cm in width.
Gidget The Veterinary Hospital	Normal visible colon wall layers were present with apparent formed feces in lumen.
SPECIES	Pancreas
Feline	The pancreas presented normal in size with subtle areas of capsule asymmetry with isoechoic to mildly heterogeneous parenchyma compared 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 was evident.
BREED	
DSH	
SEX	Free Abdomen
Spayed female	No omental masses, overt lymphadenopathy or peritoneal effusion was present.
AGE	ULTRASONOGRAPHIC FINDINGS
17 years	<ul style="list-style-type: none">• Bilateral chronic renal changes expected for age.• Minor urinary bladder sediment.• Subtle heterogeneous pancreas.• Suspect low grade chronic enteropathy.
WEIGHT	
7.3 pounds	
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	A largely geriatric abdomen without evidence of significant visceral abdominal pathology. The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended. Although no evidence of significant GI or pancreatic pathology the loss of muscle mass in this patient along with concurrent occasional GI signs suggest underlying GI disease with potential for low grade to chronic pancreatitis. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.
IMAGING PERFORMED BY	Empirically as needed GI support, cobalamin supplementation +/- prednisolone trial at lowest effective dose to control clinical signs with assessment of clinical response would be reasonable.
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PATIENT

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SPECIES

Feline

BREED

DSH

SEX

Spayed female

AGE

17 years

WEIGHT

7.3 pounds

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Jenna Walsh CVT

HOSPITAL NAME

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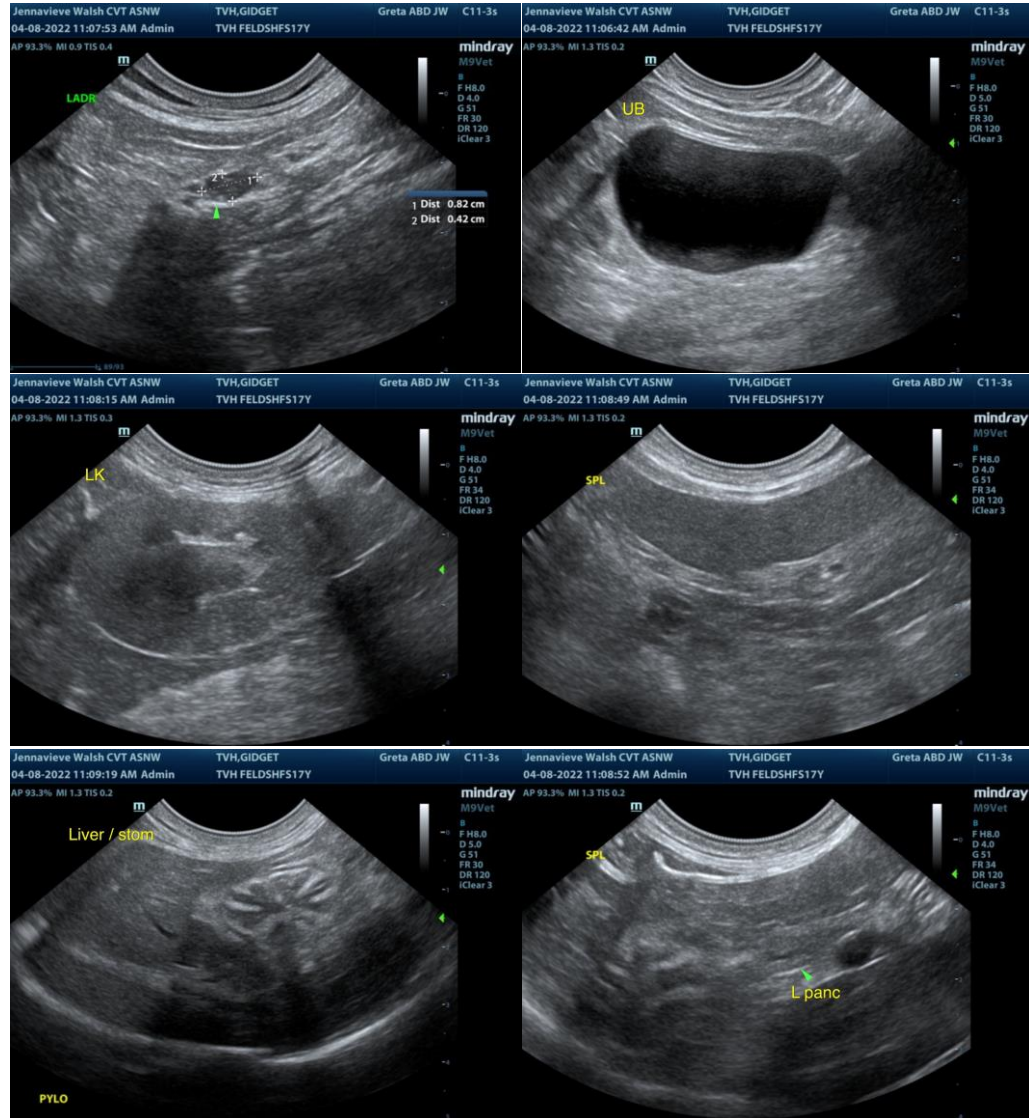
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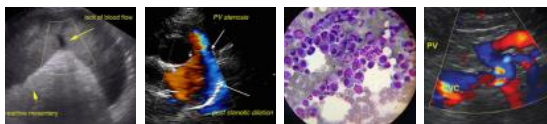
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PATIENT

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SPECIES

Feline

BREED

DSH

SEX

Spayed female

AGE

17 years

WEIGHT

7.3 pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh CVT

HOSPITAL NAME

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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