



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Hope Cohen  
**SPECIES** History: 4/30/22: not eating, vomiting, owners unsure about diarrhea, did not a large amount of urine in box. 5/1/22: P HAS NOT EATEN SINCE THURSDAY MORNING. LAST VOMIT O NOTICED WAS FRIDAY NIGHT(BILE). P REJECTED FOOD LAST NIGHT O DID NOT TRY THIS MORNING. O NOT SURE IF P HAS DIRRHEA.

**BREED** Feline  
**DSH** Abnormal PE/Chem/CBC/UA Results: Hydration: Appropriately hydrated Mentation: BAR EENT: No nasal discharge; clear no discharge OU; clean no exudate AU; No cough on tracheal palpation. Oral Cavity: mild dental tartar present, no string under tongue! Lymph Nodes: Symmetrical, no changes in size, shape, consistency Skin: Good hair coat, no signs of ectoparasites. No lesions noted. CV/Respiratory: No murmur or crackles/wheezing auscultated. Synchronous pulses, normal rate. Normal bronchovesicular sounds. Abd/GI: Soft non painful abdomen, no organomegaly, no abnormalities on abdominal palpation Uro/Perineum: N, large soft bladder Musculoskeletal: Ambulatory x4, no lameness noted. No pain on palpation of limbs. BCS 8/9 Neurological: Appropriate CBC: suspect Bands, Eos 0.01 (0.17-1.57) Chem: Glu 221 (74-159), Glob 5.2 (2.8-5.1), Alt 293 (12-130), K 3.4 (3.5-5.8), Cl 110 (112-129) fPL: normal UA (cysto): SG 1.042, glucose 1000 mg/dL, protein 30 mg/dL

**AGE ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

5 years 11 months **Urinary System**

**WEIGHT** 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 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.

**INTERPRETED BY** 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 3.5 cm in length. The right kidney measured 3.6 cm in length.

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)  
 The area of the aortic trifurcation was free of pathology.

**IMAGING PERFORMED BY Adrenal Glands**

Dr. Rivera The left and right adrenal glands were not definitively visualized.

**HOSPITAL NAME Spleen**

DPC Veterinary Hospital 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.

**REFERRING VET** Dr. Rivera **Liver**

**INVOICE** 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.

10492ag

**DATE**

05/01/2022



**PATIENT**

**Gastrointestinal**

Hope Cohen

The stomach presented intact yet subjective mild prominent wall layering primarily in the area of the antrum and pylorus. The stomach contained mild nonspecific retained ingesta exhibiting subtle progressive distal acoustic shadowing in the gastric fundus and body. The pylorus wall measured 0.36 cm in width.

**SPECIES**

Feline

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Mild segmental jejunal ileus was present without overt evidence of obstructive pattern or obvious SI foreign material. The jejunum wall measured 0.28 cm in width. The ileocolic wall measured 0.32 cm in width.

**BREED**

DSH

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

**SEX**

FS

**Pancreas**

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 was evident.

**AGE**

5 years 11 months

**Free Abdomen**

No peritoneal effusion was present.

**WEIGHT**

10.4 pounds

Focally enlarged likely gastric and colic lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of colic lymph node size was 0.7 cm in diameter.

**INTERPRETED BY**

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

**ULTRASONOGRAPHIC FINDINGS**

- Mild retained progressively shadowing gastric ingesta with mild pyloric fluid, suspect mild gastritis
- Intact SI wall layering with mild nonobstructive segmental jejunal ileus pattern
- Intermittent subjective benign/reactive colic and gastric lymph nodes
- Low grade hepatopathy

**IMAGING PERFORMED BY**

Dr. Rivera

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

DPC Veterinary  
Hospital

Dietary intolerance/food hypersensitivity, acute inflammatory bowel episode vs emerging IBD, low grade pancreatitis or occult parasitism if the patient is indoor/outdoor could be playing a role in the patient's GI signs. Given the reported lack of food intake with concurrent bilious vomiting, the possibility of a small non obstructive hairball type density in the stomach cannot be excluded. No overt evidence of mechanical GI obstructive pattern was observed. Hospitalization with IVF and GI support, electrolyte supplementation given the patient's vomiting and decreased Cl/K levels, medical therapy for inflammatory bowel episode and ideally sonographic monitoring of the possible hairball type density in the stomach would be reasonable.

**REFERRING VET**

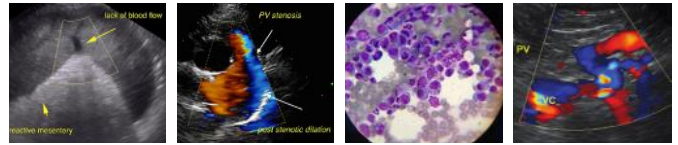
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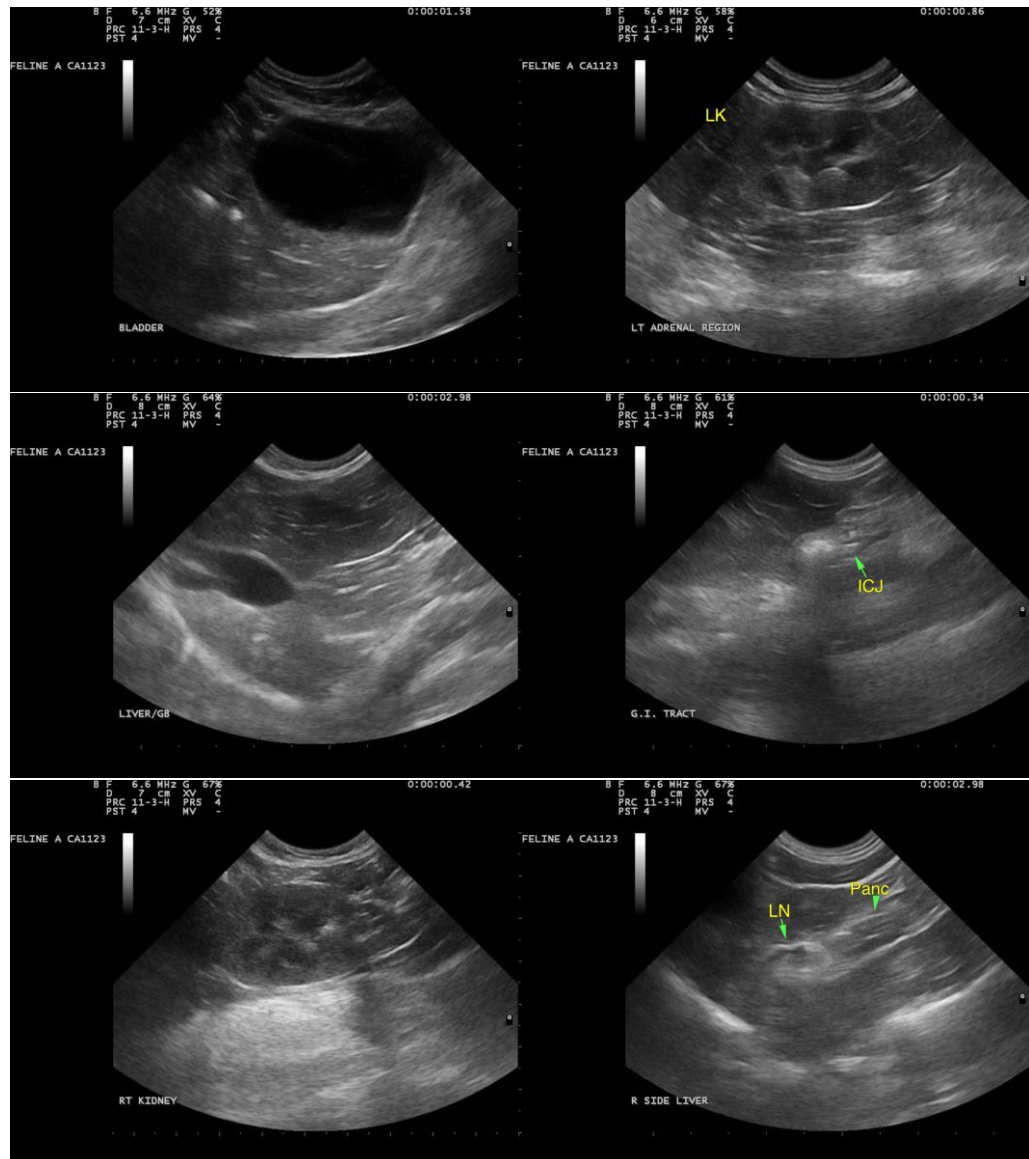
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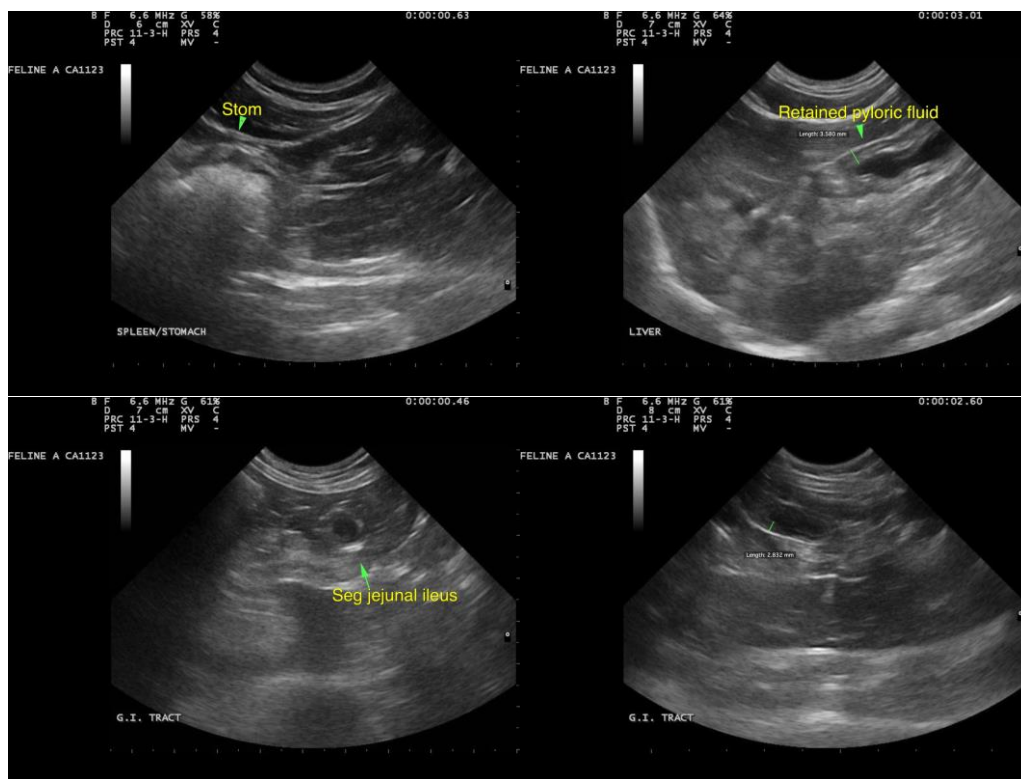
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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