



**PATIENT**

Maggie Ferguson

**SPECIES**

Feline

**BREED**

Domestic Shorthair

**SEX**

Spayed Female

**AGE**

7 Years

**WEIGHT**

10.47 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Pamela Harrigan, RDMS

**HOSPITAL NAME**

Falmouth AH

**REFERRING VET**

Alyssa Sakmar, DVM

**INVOICE**

15234

**DATE**

5/16/22

**PRESENTING CLINICAL SIGNS**

History: 1 day history anorexia, lethargy, vomiting. Indoor/outdoor cat. Febrile (T 104.8 degrees F). History inappropriate urination. Rads: overall unremarkable abdomen. Glu 241; BUN 13; GGT 8; P 2.9; Na 147; K 2.8; Cl 111 - Suspect GI losses? Sedated with torb/alfaxan

**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. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

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 4.0 cm in length. The right kidney measured 4.3 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 0.33 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.29 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**

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.

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. The jejunum wall measured 0.26 cm. The ileocolic wall measured 0.43 cm.

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



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***Pancreas***

The pancreas exhibited subjective normal size and overall contour with subtle hypoechoic parenchyma compared to adjacent nonreactive or inflamed peripancreatic omentum.

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***Free Abdomen***

Several mildly prominent colic lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example measured 0.8 cm in length x 0.31 cm in width.

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No omental masses, lymphadenopathy or peritoneal free fluid.

**SEX**

Spayed Female

- Overtly normal gastrointestinal tract
- Minor colic lymphadenopathy- subjective benign/reactive
- Mild hypoechoic pancreas
- Sonographically unremarkable urinary bladder and visible proximal urethra

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, no overt evidence of significant abdominal visceral, specifically, gastrointestinal or pancreatic pathology. Potential for low-grade or mild pancreatitis may be suspected, if evidence of cranial abdominal or subxiphoid discomfort on palpation. Likewise, acute inflammatory bowel episode or structurally insignificant inflammatory enteropathy, which may present as sonographically normal, may be present.

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Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate or initial Spec FPL if suspicion of pancreatitis or if persistent/progressive gastrointestinal signs. Continued monitoring of glucose levels suggested. Hospitalization with IV fluids and gastrointestinal supportive care with monitoring of fever may prove beneficial. Recheck retroviral status may be considered if clinically indicated.

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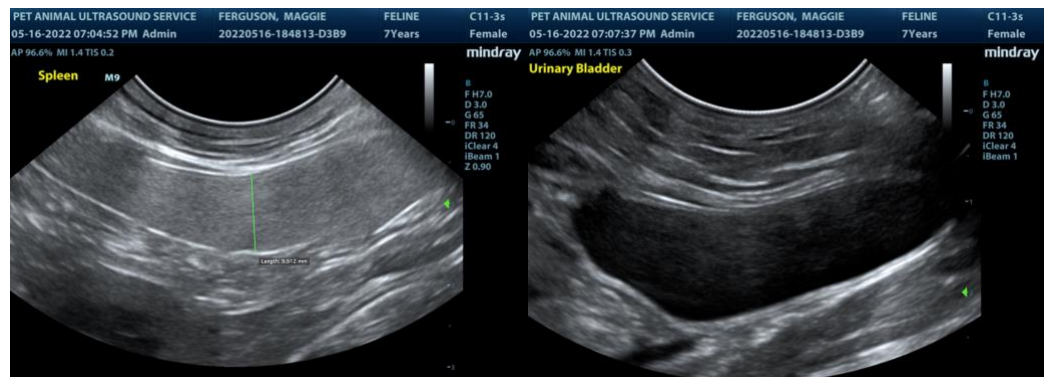
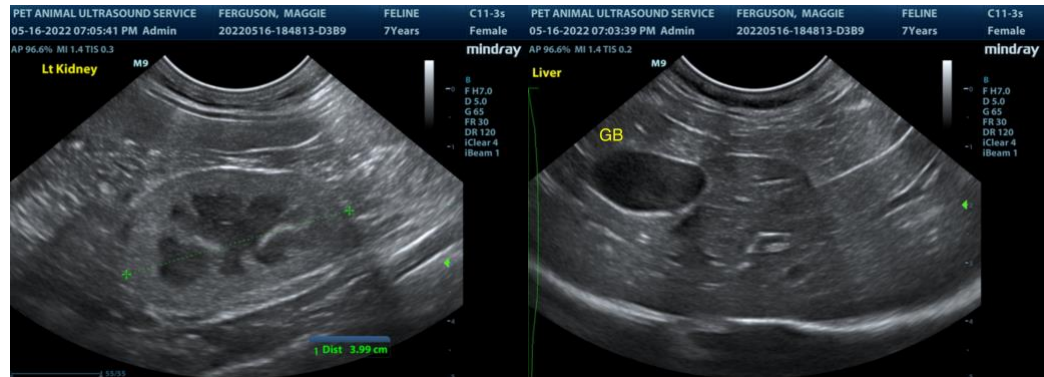
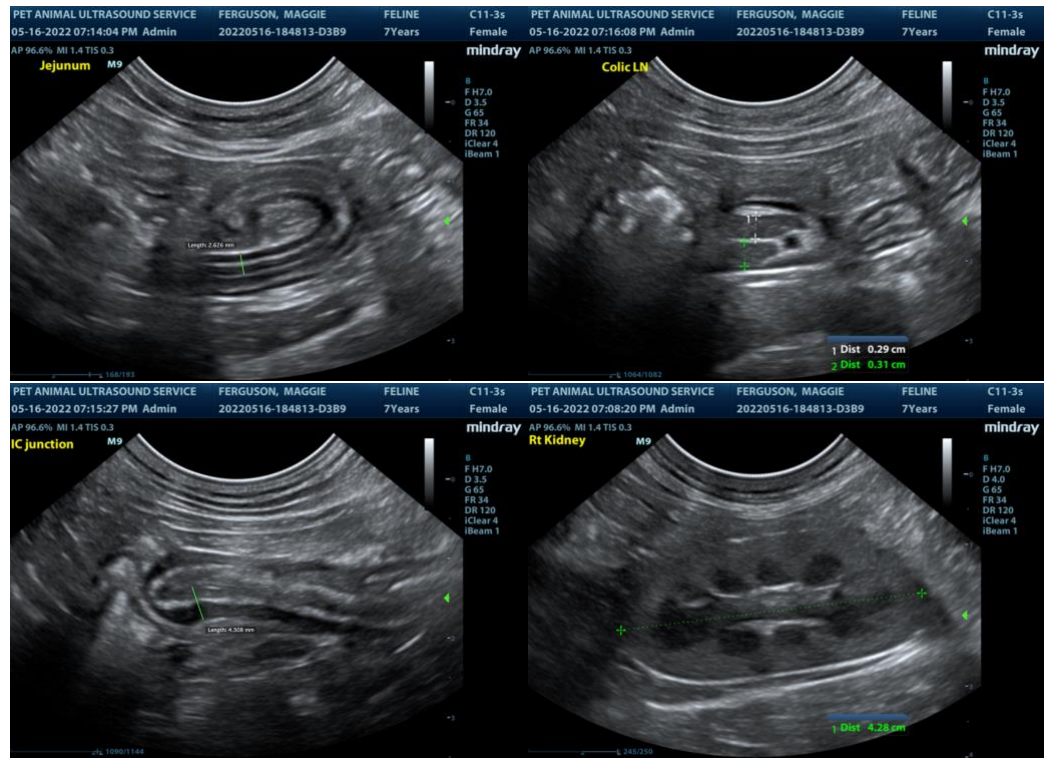
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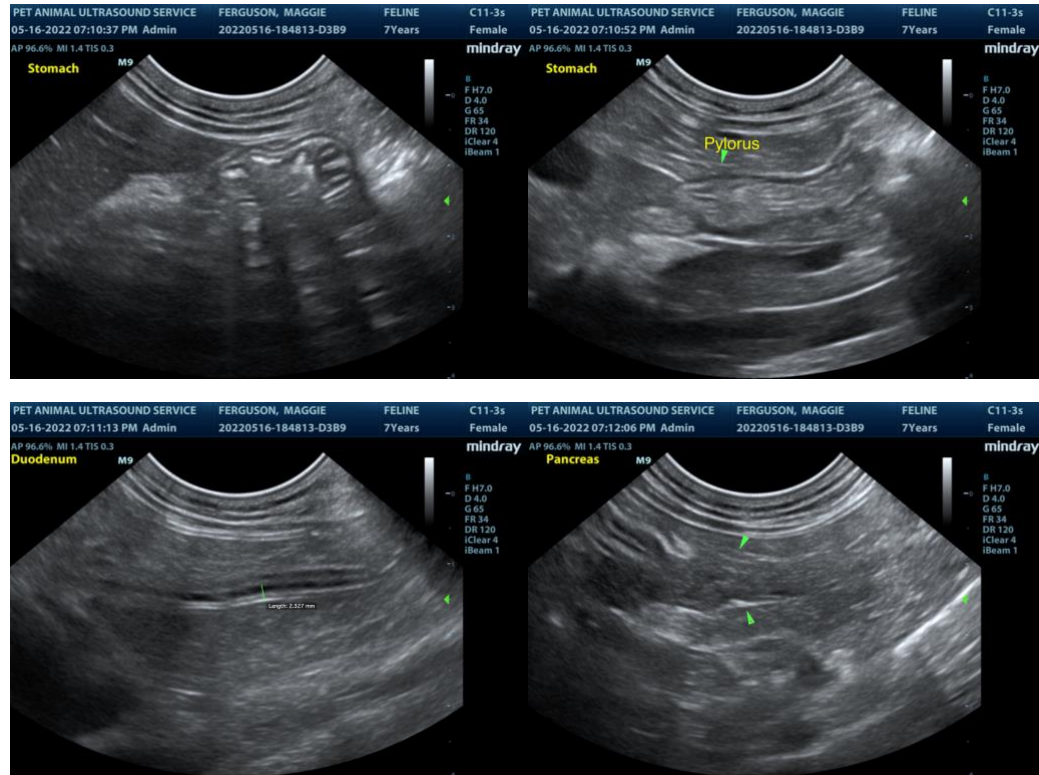
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
**info@SonoPath.com**