



PATIENT PRESENTING CLINICAL SIGNS

Willow Jonas History: Vomiting; hematuria; pacing

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline **Urinary System**

The urinary bladder was mildly subnormal in size owing to lack of urine distention, which prohibited full evaluation of the urinary bladder walls. The urinary bladder exhibited variable mild to moderate wall thickening with maintained homogeneous mural echogenicity and without evidence of mural mineralization. The ventral urinary bladder wall measured 0.39 cm. Mild anechoic urine was present with minor particulate sediment. No calculi noted. The urethra was normal to a depth of 2.0 cm. Aortic trifurcation was normal.

BREED

DLH

SEX

Spayed Female

AGE

12 Years

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. Minor bilateral pyelectasia was present in both kidneys. The left kidney measured 3.9 cm in length. The right kidney measured 4.3 cm in length.

WEIGHT

12 Pounds

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.51 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.43 cm.

INTERPRETED BY

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

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. The spleen measured 0.82 cm in width at the level of the hilus.

IMAGING PERFORMED BY

Pamela Harrigan, RDMS

Liver

HOSPITAL NAME

Mashpee VH

The liver was normal in size and contour with mild uniform increased hepatic parenchyma echogenicity compared to the falciform fat and spleen. Vascular and biliary tracts were of normal volume with no evidence of congestion.

REFERRING VET

Mark Oldham, DVM

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

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The stomach presented intact yet mildly prominent to echogenic walls. The lumen of the stomach was primarily empty with very minor retained fluid and luminal gas. The gastric body wall measured 0.35 cm.

The small intestine exhibited intact wall layering with segmental to generalized propensity for mildly prominent muscularis layer. No evidence of loss of intestinal wall layering or intestinal masses. The

DATE

5/16/22



PATIENT

Willow Jonas

duodenum wall measured 0.28 cm The jejunum wall measured 0.28 cm- 0.29 cm. The ileocolic wall measured 0.30 cm.

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

SPECIES

Pancreas

Feline

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.

BREED

Free Abdomen

DLH

Intermittent 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 1.2 cm x 0.32 cm.

SEX

Spayed Female

Subtle evidence of periileocolic reactive mesentery was noted. No free fluid noted.

AGE

12 Years

ULTRASONOGRAPHIC FINDINGS

- Variably prominent to thickened urinary bladder with mild particulate sediment- suspect chronic cystitis. Minor potential for neoplastic criteria yet thought less likely
- Nonspecific mild uniform increased hepatic parenchyma echogenicity- patient variant, potential for inflammatory hepatopathy or emerging lipidosis.
- Overtly normal bilateral kidneys with minor pyelectasia
- Gastritis pattern with suspect inflammatory enteropathy

WEIGHT

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 DABVP (Canine and
 Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Full urinary work up with potential for urine culture and sensitivity, if evidence of inflammatory cells is recommended. The small intestine exhibited subtle mural changes, which are nonspecific, with potential patient variant yet may suggest inflammatory enteropathy or IBD. Dietary hypersensitivity/food intolerance or low-grade to chronic pancreatitis, which may present as sonographically normal, may potentially be contributing factors to the patients vomiting.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

Further assessment, especially if evidence of weight loss, may include a GI panel to include PLI/TLI/Cobalamin/Folate. Sonographic monitoring or ideally, reassessment of a full urinary bladder or for evidence of progressive urinary bladder thickening is suggested. Empirical cystitis therapy, as well as gastrointestinal support and conservative therapy for inflammatory enteropathy with assessment of clinical response would be reasonable.

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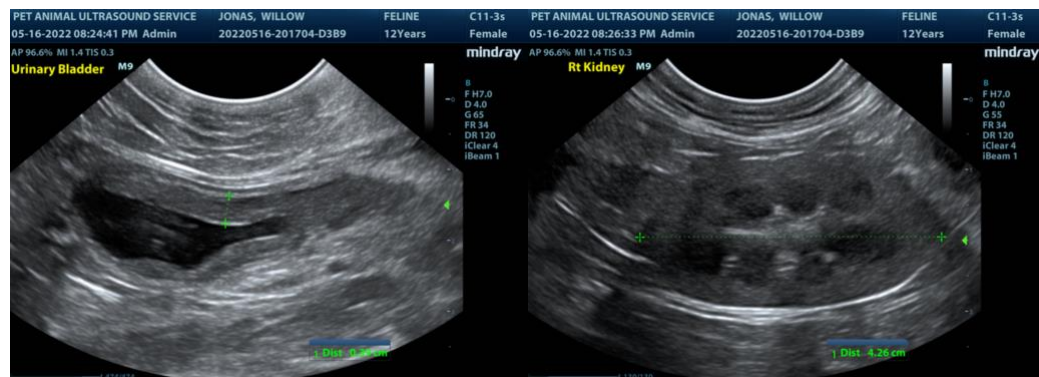
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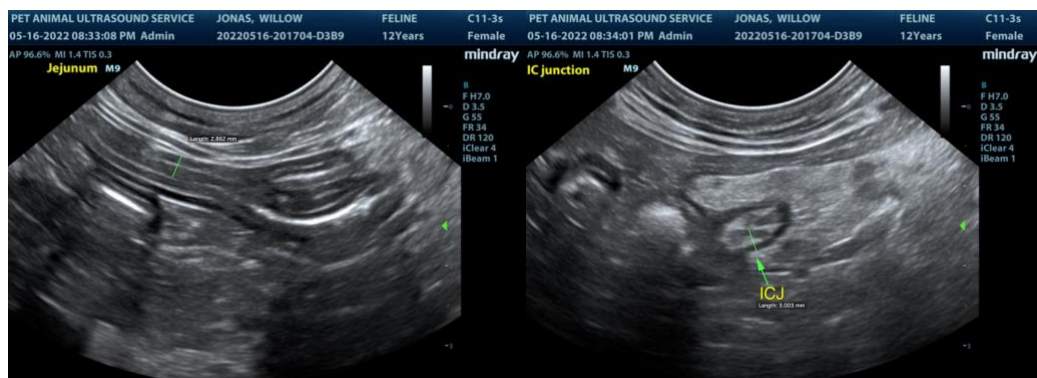
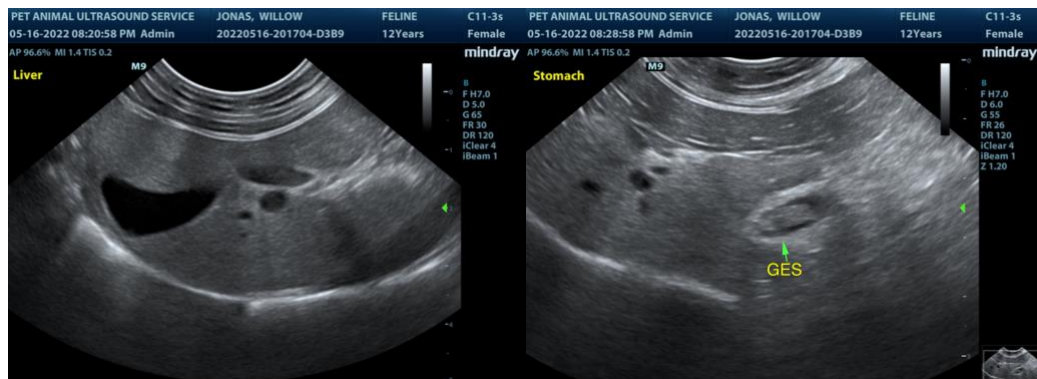
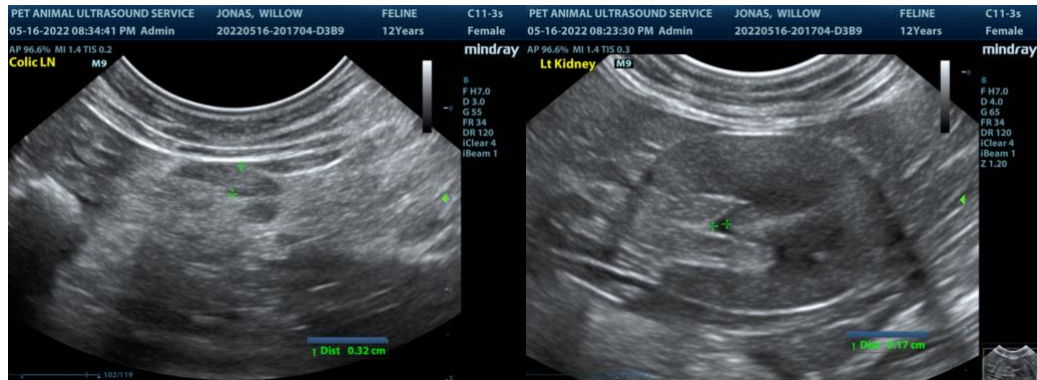
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



PATIENT

Willow Jonas

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.

SPECIES

Feline

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