



**PATIENT**

Windsor Lawrence

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

13 years

**WEIGHT**

5 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. ANna Wepprich

**HOSPITAL NAME**

Wilvet Salem

**REFERRING VET**

Dr. ANna Wepprich

**INVOICE**

13877

**DATE**

5/18/22

**PRESENTING CLINICAL SIGNS**

chronic daily vomiting, recently progressed to hematemesis

Abnormal PE/Chem/CBC/UA Results: cbc - neut 11.2k, hct 32% (low normal) chem - phos 2.7, glob 5.6 UA - normal, USG >1.050 fpl - normal

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild nondependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were 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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 4.2 cm in length. The right kidney measured 4.4 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 0.42 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.34 cm width.

**Spleen**

The spleen was normal in size and contour exhibiting a finely textured homogeneous parenchyma primarily with intermittent small hyperechoic nondisruptive splenic nodules. An example of a splenic nodule measured 0.15 cm in diameter.

**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.

**Gastrointestinal**

The visualized gastric walls were sonographically unremarkable. The lumen of the stomach contained moderate, variably echogenic to shadowing ingesta, along with gastric chyme. The ventral gastric body wall width measured 0.25 cm.



<b>PATIENT</b>	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental nonshadowing chyme was present in the small Intestine with no evidence of mechanical / metabolic small Intestinal Ileus.
Windsor Lawrence	
<b>SPECIES</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
Feline	<b>Pancreas</b>
<b>BREED</b>	The pancreas was normal in size with normal capsule symmetry. Subtle hypoechoic parenchyma was present in the left pancreatic limb. No evidence of peripancreatic reactive mesentery was noted.
DSH	<b>Free Abdomen</b>
<b>SEX</b>	Intermittent gastric and jejunal 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 of a gastric lymph node measured 0.84 cm x 0.4 cm. No free fluid was noted.
MN	
<b>AGE</b>	
13 years	<b>ULTRASONOGRAPHIC FINDINGS</b>
<b>WEIGHT</b>	<b>Primary Findings</b>
5 kg	<ul style="list-style-type: none"> <li>Sonographically unremarkable gastrointestinal tract with gastric and segmental intestinal ingesta / chyme</li> <li>Subtle hypoechoic left pancreas</li> <li>Intermittent benign / reactive gastric and jejunal lymph nodes</li> </ul>
<b>INTERPRETED BY</b>	<b>Secondary Findings</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<ul style="list-style-type: none"> <li>Urinary bladder sediment</li> <li>Small benign splenic nodules - consistent with small benign myelolipomas</li> </ul>
<b>IMAGING PERFORMED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
Dr. ANna Wepprich	No overt evidence of significant visceral specifically gastrointestinal or pancreatic pathology was evident.
<b>HOSPITAL NAME</b>	Dietary intolerances / food hypersensitivity, occult parasitism, low-grade to mild pancreatitis, or structurally insignificant gastroenteropathy, both of which may present as sonographically normal, may be present. Further assessment may include a Spec fPL for a full GI panel to include PLI/TLI/Cobalamin/Folate, especially if evidence of weight loss. No evidence of gastric ulceration or upper gastrointestinal neoplastic criteria was noted.
Wilvet Salem	
<b>REFERRING VET</b>	Empirical hydrolyzed diet trial and gastroprotectants with as-needed antiemetics and assessment of clinical response would be reasonable. Three view chest radiographs are suggested to rule out occult thoracic or esophageal pathology. Sonographic reassessment of the gastrointestinal tract following a documented fast may be considered if persistent vomiting despite supportive care is noted.
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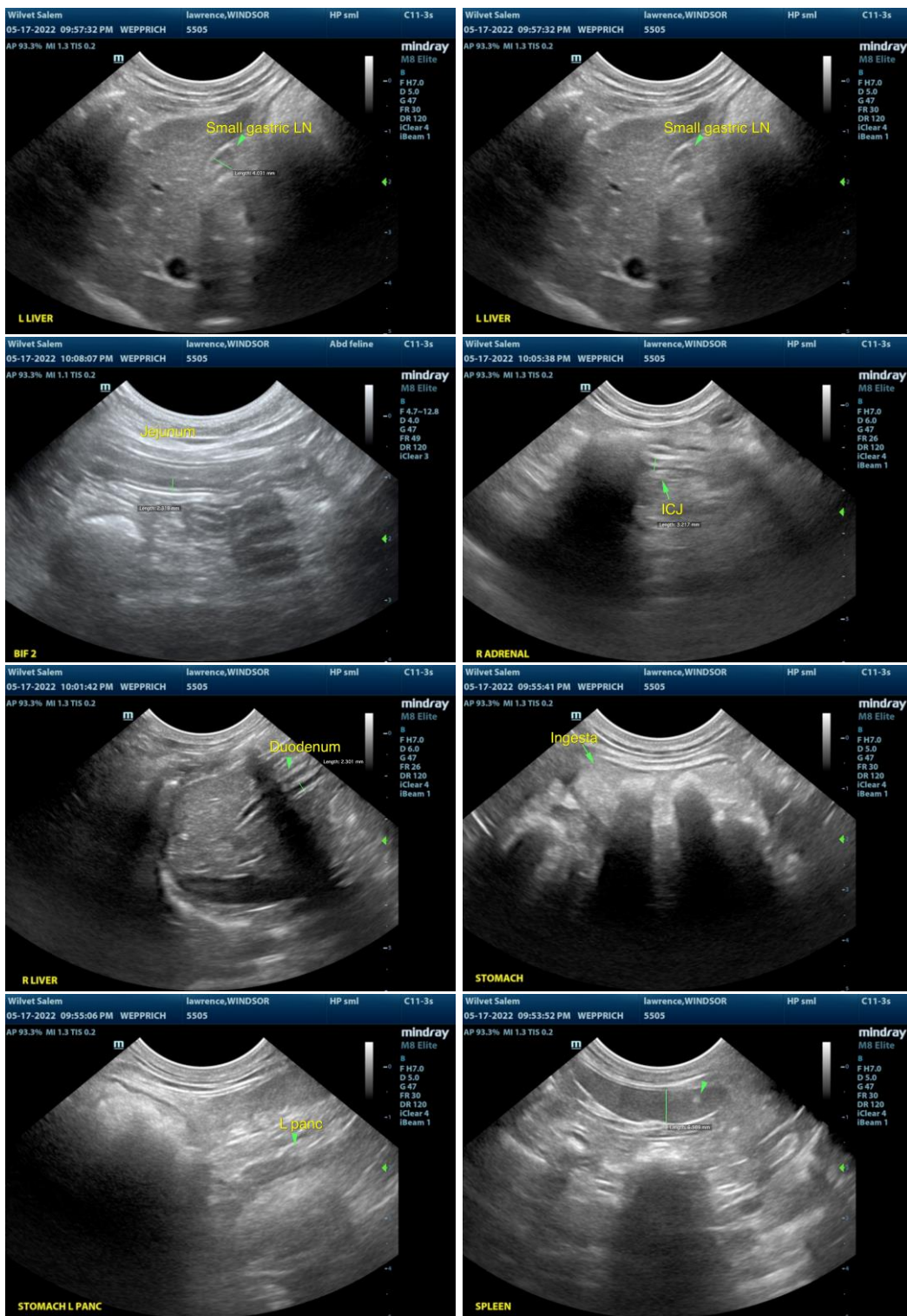
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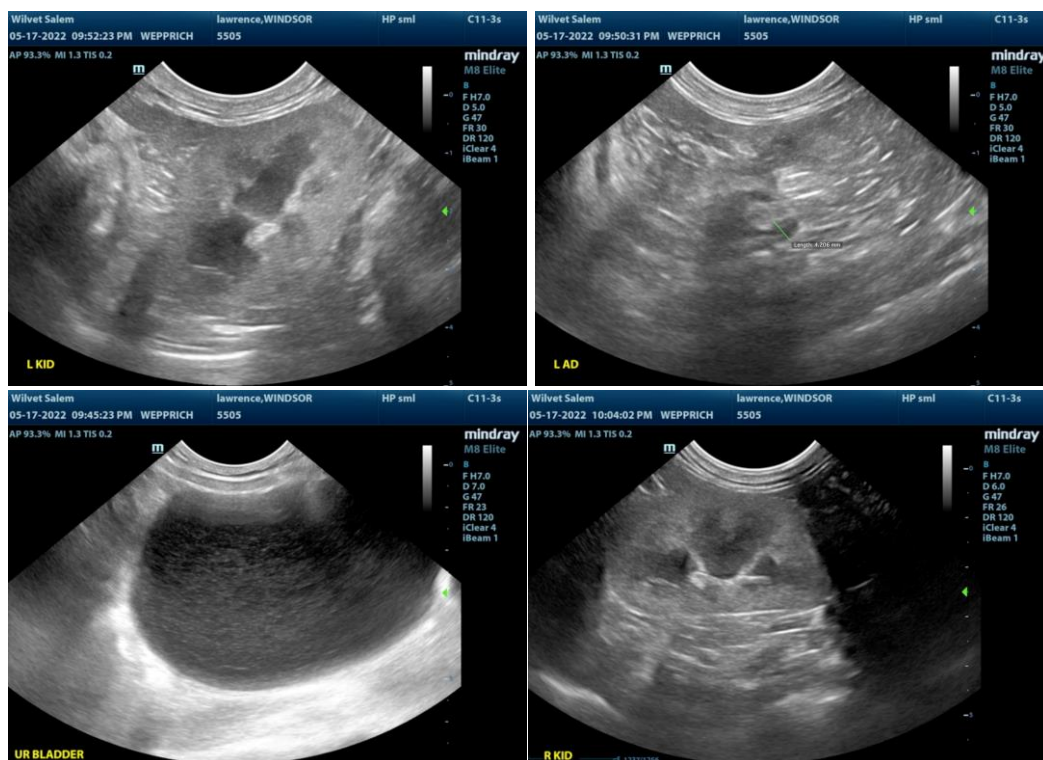
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**  
info@SonoPath.com