



**PATIENT**

Malcolm X Bonnet

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

3 years

**WEIGHT**

12.8 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

West Eugene AH

**REFERRING VET**

Dr. Powers

**INVOICE**

13926

**DATE**

5/20/22

**PRESENTING CLINICAL SIGNS**

P has been vomiting since 5/13/22. Has been hiding and lethargic. Vomits clear fluid with grass and occasionally digested food. Some dry heaving. Still eating, but slower to finish than normal. Normal urination and BMs. Nothing new in the environment, and P doesn't normally chew on or eat things other than his food. Mildly dehydrated and had gassy intestines upon physical exam on 5/16/22. Vomiting improved temporarily after a Cerenia injection and SQ fluids on 5/16/22, but lethargy never resolved and P has started vomiting again as of 5/18/22.  
Abnormal PE/Chem/CBC/UA Results: ALT 220. Remainder of CBC/chem was WNL.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and cystourethral junction 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 was 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 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 3.9 cm in length. The right kidney measured 4.2 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 0.28 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.55 cm width.

**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 0.93 cm in width at the level of the hilus.

**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.



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***Gastrointestinal***

Malcolm X Bonnet

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate ingesta / chyme most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. The pylorus wall width measured 0.20 cm.

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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 width measured 0.22 cm. The jejunum wall width measured 0.20 cm.

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

**SEX**

***Pancreas***

MN

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 were evident.

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***Free Abdomen***

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No omental masses, lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

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- Overtly normal gastrointestinal tract with mild to moderate gastric ingesta / chyme
- Low-grade hepatopathy - subjectively benign

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of significant abdominal visceral pathology specifically no sonographic evidence of gastrointestinal or pancreatic inflammatory or neoplastic criteria.

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Dietary intolerance / food hypersensitivity, occult parasitism if the patient is indoor/outdoor, structurally insignificant gastrointestinal inflammatory disease or low-grade pancreatitis, both of which may present as sonographically normal, could be possible.

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Suspect low-grade primary or secondary hepatic inflammation, given the ALT elevation.

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Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate to assess for or rule out occult small intestinal disease or pancreatitis. Minor potential for nonobstructive hairball density in the stomach if clinical history of hairballs, is possible. However, no overt evidence of gastrointestinal obstructive pattern was noted. As-needed gastrointestinal support with potential hydrolyzed diet trial and broad spectrum deworming if clinically indicated may prove beneficial.

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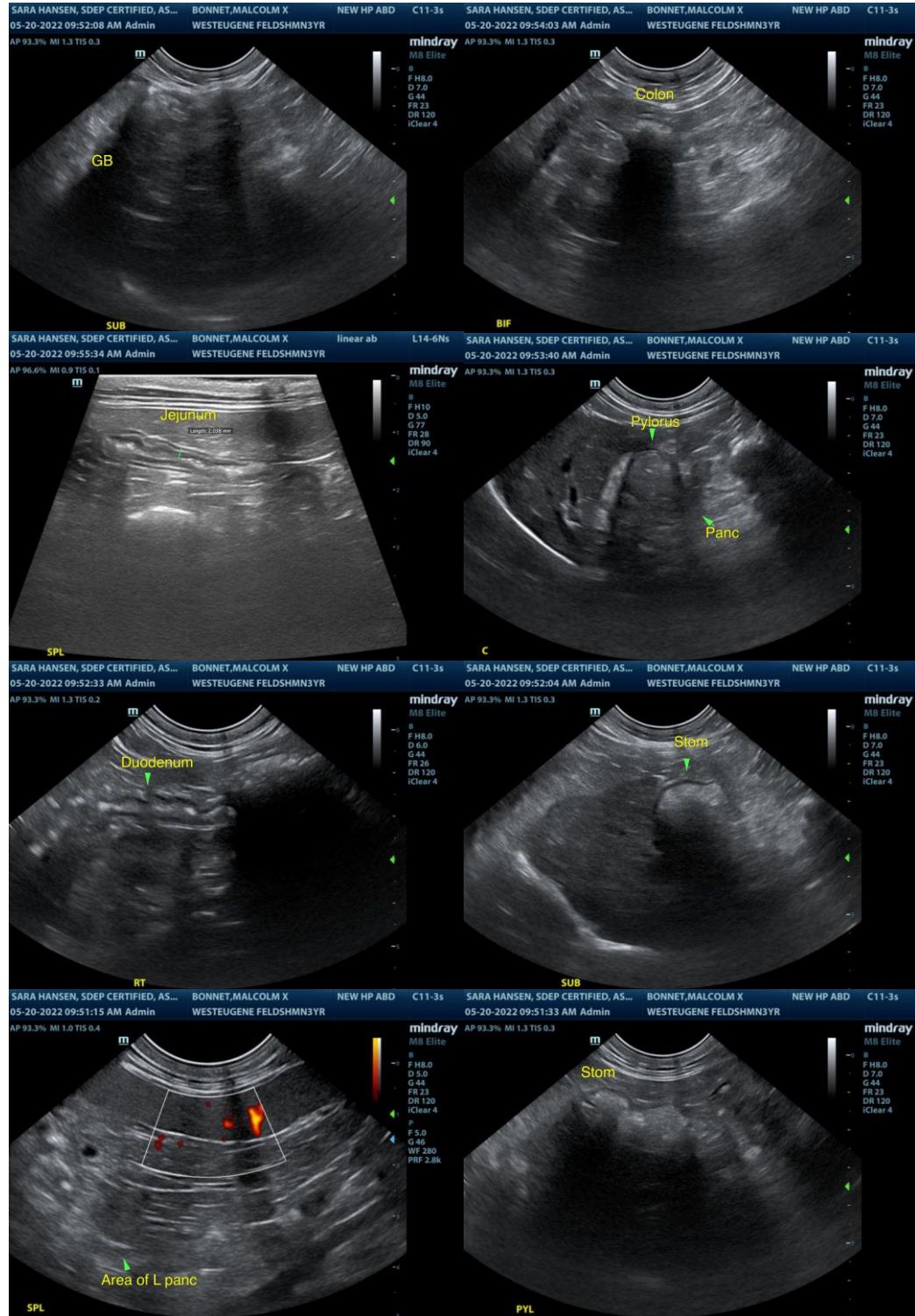
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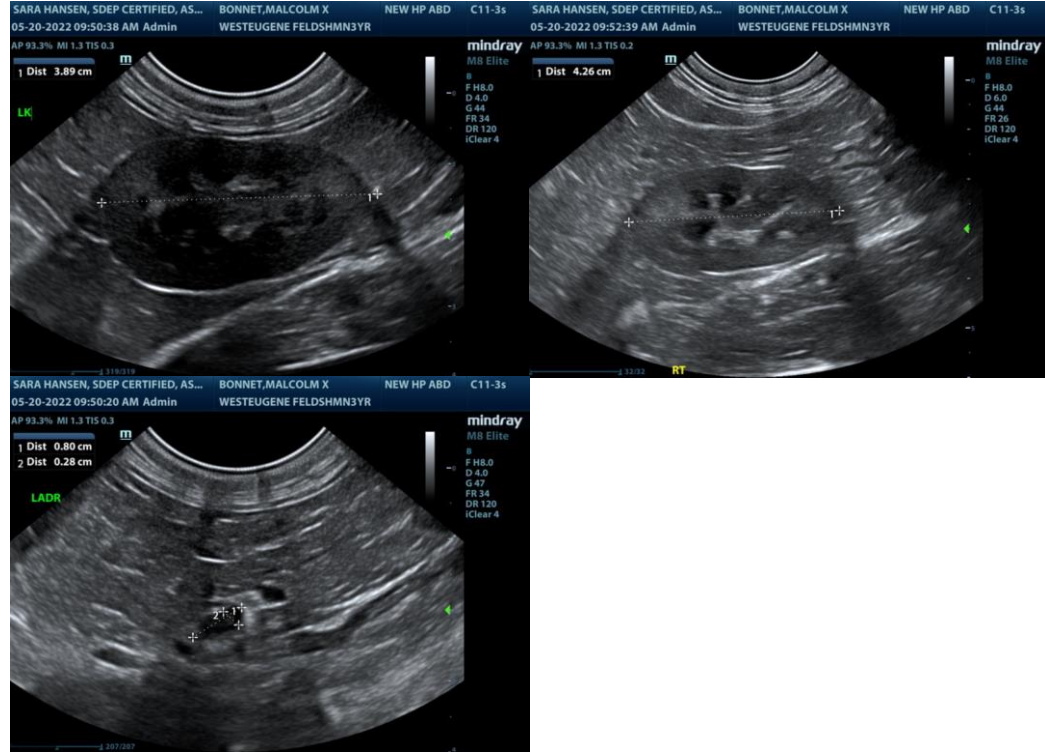
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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