



**PATIENT PRESENTING CLINICAL SIGNS**

Maya Thanos intermittent vomiting, asthma

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Feline 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 non-dependent 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.

**BREED**

DSH

**SEX**

Spayed Female

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. The right kidney measured 4.0 cm.

**AGE**

7 Years

**Adrenal Glands**

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm. The right adrenal gland measured 0.30 cm.

**WEIGHT**

9.4 Pounds

**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.

**INTERPRETED BY**

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

**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.

**IMAGING PERFORMED BY**

Jessica Miller

**HOSPITAL NAME**

Rockaway AH

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. Mild retained anechoic fluid present. Gastric body wall measured 0.25 cm.

**REFERRING VET**

Dr. Maniar

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. Duodenum wall measured 0.26 cm. Jejunum wall measured 0.23-0.26 cm. Ileocolic wall measured 0.28 cm.

**INVOICE**

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**Pancreas**

The left pancreatic limb was normal in size and overall contour. Subtle hypoechoic parenchyma compared to adjacent non-reactive omentum.

**DATE**

5/20/22



**PATIENT**

*Free Abdomen*

Maya Thanos

No overt lymphadenopathy or peritoneal effusion was present.

**SPECIES**

Feline

**ULTRASONOGRAPHIC FINDINGS**

- Mild urinary bladder sediment.
- Subtle hypoechoic left pancreas.
- Mild retained gastric fluid.
- Overtly normal small bowel.

**BREED**

DSH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

**SEX**

Spayed Female

Potential for low-grade pancreatitis could be considered if evidence of cranial abdominal or subxiphoid discomfort on palpation. Likewise, the possibility of dietary intolerance/food hypersensitivity, occult parasitism or structurally insignificant inflammatory gastroenteropathy cannot be excluded.

**AGE**

7 Years

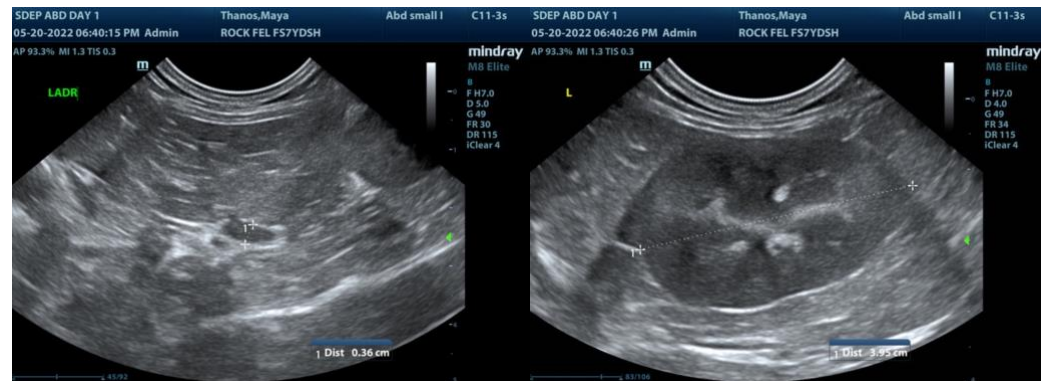
Further assessment may include spec fPL or full GI panel to include PLI, TLI, cobalamin and folate, especially if evidence of weight loss. Empirical hydrolyzed diet trial and gastroprotectants protocol would be reasonable. Recheck sonogram could be considered to assess for progressive potential inflammatory or gastrointestinal mural changes if persistent/progressive vomiting or other gastrointestinal signs.

**WEIGHT**

9.4 Pounds

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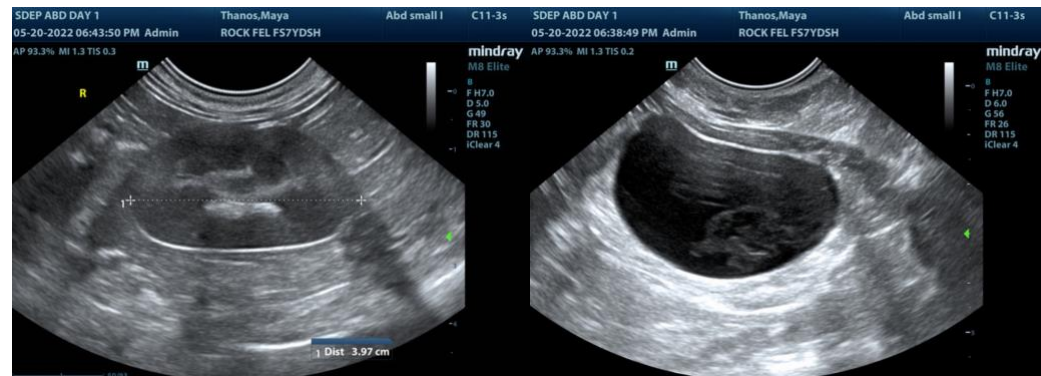


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**PATIENT**

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**SPECIES**

Feline

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**SEX**

Spayed Female

**AGE**

7 Years

**WEIGHT**

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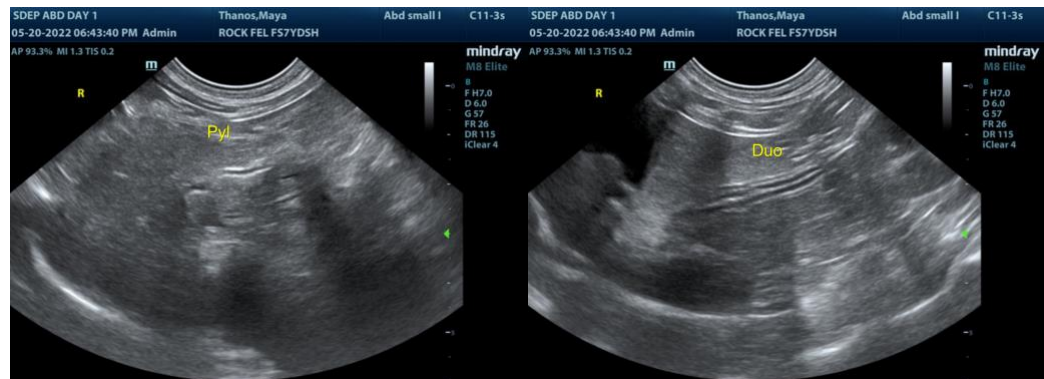
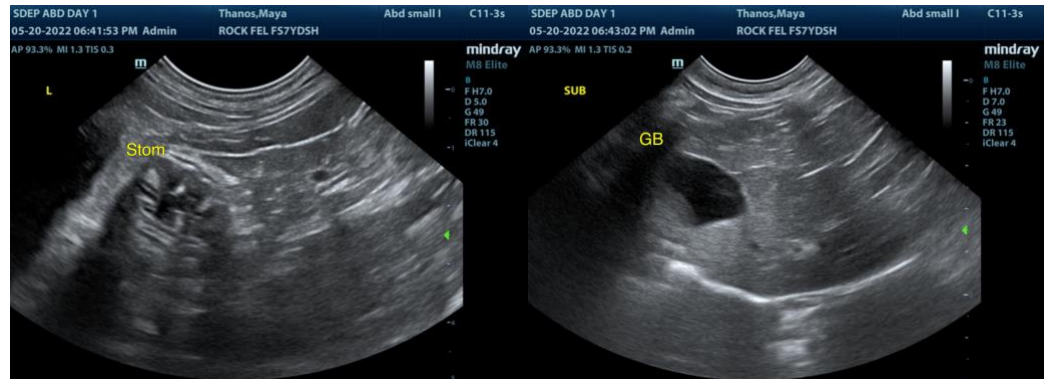
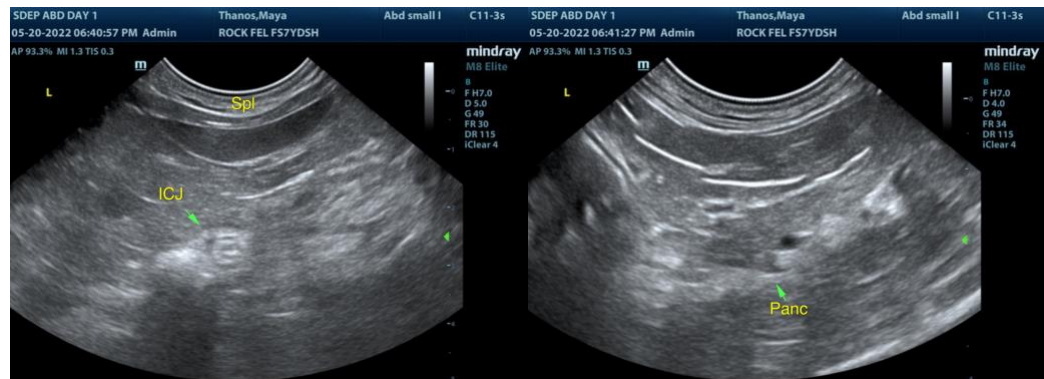
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**PATIENT**

Maya Thanos

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.

**SPECIES**

Feline

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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DSH

info@SonoPath.com

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