



**PATIENT**

Tixie Cefaloni

**PRESENTING CLINICAL SIGNS**

intermittent vomiting, prev responded to prednisone.  
Abnormal PE/Chem/CBC/UA Results: NSF

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

Tabby

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm 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.

**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 3.5 cm. The right kidney measured 3.9 cm.

**AGE**

9 Years

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

**WEIGHT**

7.3 Pounds

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.31 cm. The right adrenal gland measured 0.45 cm.

**Spleen**

**INTERPRETED BY**

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

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.

**IMAGING PERFORMED BY**

Jessica Miller

**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 anechoic content. Mildly prominent to hyperechoic gallbladder walls extending into the cystic biliary duct and common bile duct. Minor cystic biliary duct and proximal common bile duct dilation noted, non-obstructive. Common bile duct measured 0.25 cm diameter.

**HOSPITAL NAME**

Rockaway AH

**REFERRING VET**

Not Provided

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained anechoic gastric fluid. Gastric body wall measured 0.26 cm.

**INVOICE**

37822

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 0.23 cm. Jejunum wall measured 0.22 cm.

**DATE**

5/20/22

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

**Pancreas**



## PATIENT

The pancreas was normal in size with subtle hypoechoic parenchyma and minor pancreatic duct dilation.

Tixie Cefaloni

## Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

## SPECIES

Feline

## ULTRASONOGRAPHIC FINDINGS

- Overtly normal gastrointestinal tract with minor retained gastric fluid
- Possible low-grade pancreatitis
- Non-specific, non-obstructive minor cystic biliary and proximal common bile duct dilation

## BREED

Tabby

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

## SEX

Spayed Female

The mildly prominent to hyperechoic gallbladder walls as well as concurrent non-obstructive minor cystic biliary and proximal common bile duct dilation is non-specific, yet may potentially be owing to past episodes of cholangitis. At times, this finding may be associated with low-grade lethargy, anorexia and/or intermittent vomiting. Low-grade pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with spec fPL recommended.

## AGE

9 Years

Dietary intolerance/food hypersensitivity, occult parasitism (if the patient is indoor/outdoor), or structurally insignificant inflammatory gastroenteropathy possible. Hydrolyzed diet trial and gastroprotectant protocol with assessment of clinical response could be considered, depending on frequency of vomiting or if vomiting frequency persists/progresses.

## WEIGHT

7.3 Pounds

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Jessica Miller

## HOSPITAL NAME

Rockaway AH

## REFERRING VET

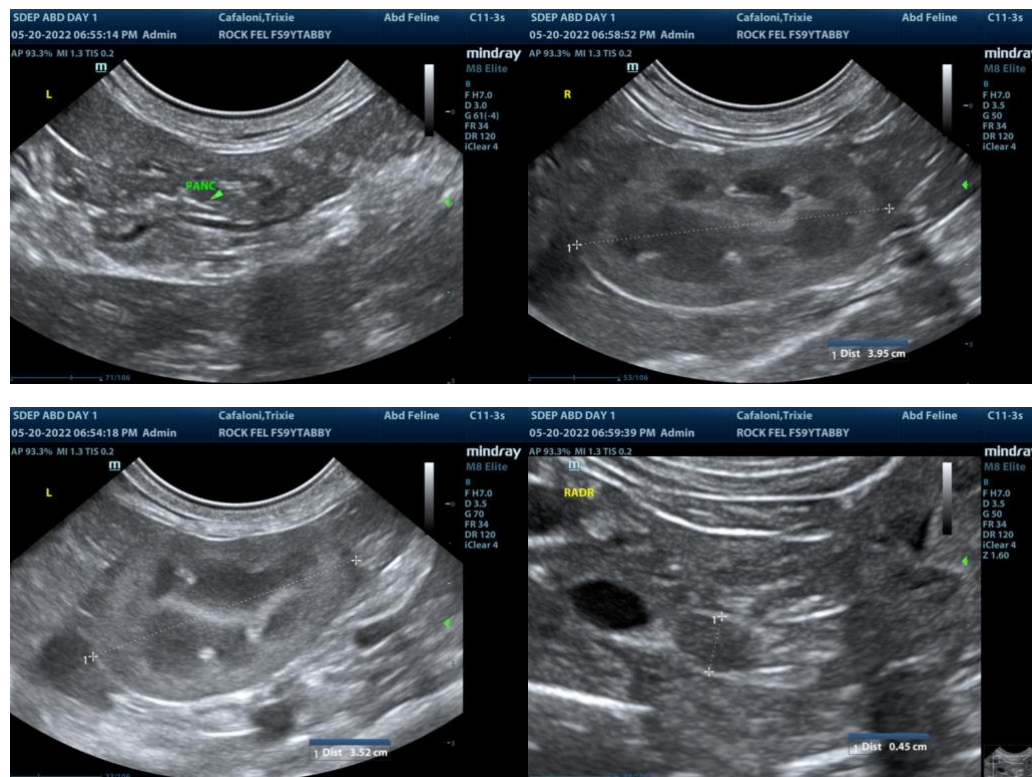
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## DATE

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**PATIENT**

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**SPECIES**

Feline

**BREED**

Tabby

**SEX**

Spayed Female

**AGE**

9 Years

**WEIGHT**

7.3 Pounds

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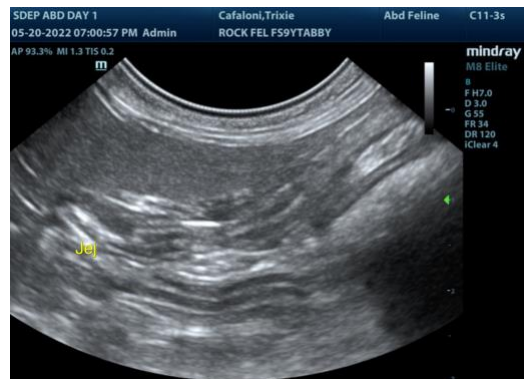
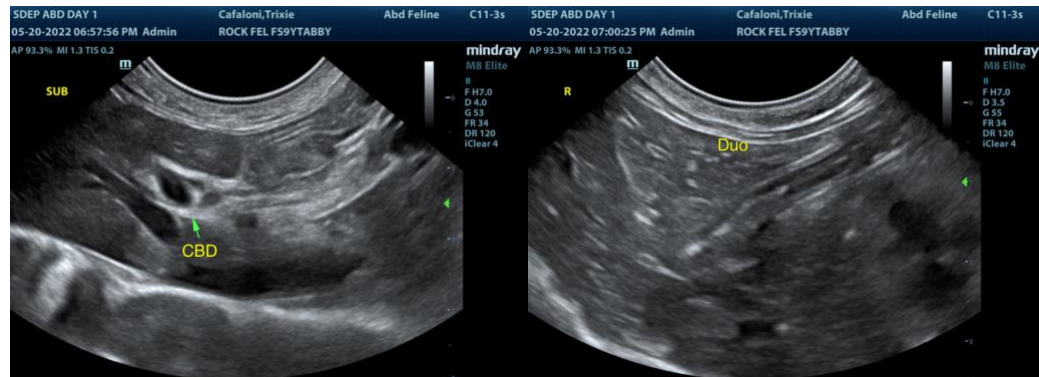
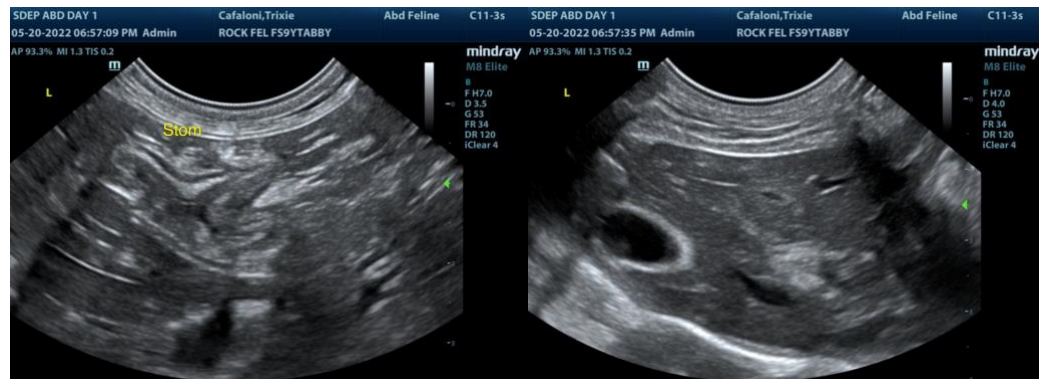
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**DATE**

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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