



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Ralphie Oliveira
SPECIES Feline
 Presented with acute inappetance and lethargy. Several bouts of vomiting bile over last week seen in house, unclear which cat was vomiting. No change in water consumption or litter box habits. Previous history of FLUTD - on urinary SO diet. On PE: normal hydration and gums, normal HR and RR, lungs clear. Tensing and vocalizing with cranial abdominal palpation; more mopey than usual. SNAP feline lipase WNL. BG 195 (presumed stress); low potassium. Treated with cerenia, convenia and fluids. Potassium 2.5, BG 195.

BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

DSH Urinary System

SEX Neutered Male
 The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of - 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.

AGE 8 Years
 Normal size and margination was present in the kidneys. Both kidneys exhibited maintained 1:3 cortex to medulla ratio with subtle uniform increased cortex echogenicity along with mild non-specific hyperechoic medullary striations. The left kidney measured 3.7 cm. The right kidney measured 3.7 cm. Scant pyelectasia noted in the right kidney.

WEIGHT Adrenal Glands

10.9 Pounds
 The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. No evidence of adrenal tumors. The left adrenal gland measured 0.38 cm. The right adrenal gland measured 0.34 cm.

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Compassionate Care Veterinary Clinic

REFERRING VET

Dr. Linda Farrington

INVOICE

37852

DATE

5/22/22

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.

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.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. Gastric body wall measured 0.25 cm.

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. Ileocolic wall measured 0.30 cm.

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



PATIENT

Pancreas

Ralphie Oliveira

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.

SPECIES

Feline

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

BREED

DSH

ULTRASONOGRAPHIC FINDINGS

SEX

Neutered Male

- Urinary bladder sediment.
- Non-specific mild renal medullary hyperechoic striations – likely incidental. Potential for early age related renal changes. Not considered pathology.
- Overtly normal gastrointestinal tract/pancreas.

AGE

8 Years

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant visceral pathology. The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended. Dietary indiscretion/food intolerance, occult parasitism if the patient is indoor/outdoor, structurally insignificant inflammatory gastroenteropathy or low-grade to chronic pancreatitis, both of which may present sonographically normal, could be possible.

WEIGHT

10.9 Pounds

The hypokalemia is suspected to be secondary to decreased intake without evidence of left or right adrenal neoplastic criteria. Gastrointestinal supportive care, which may include bland novel protein or hydrolyzed diet, as needed gastroprotectants/antiemetics should prove beneficial. GI panel to include PLI, TLI, cobalamin and folate could be considered if persistent gastrointestinal signs or evidence of weight loss.

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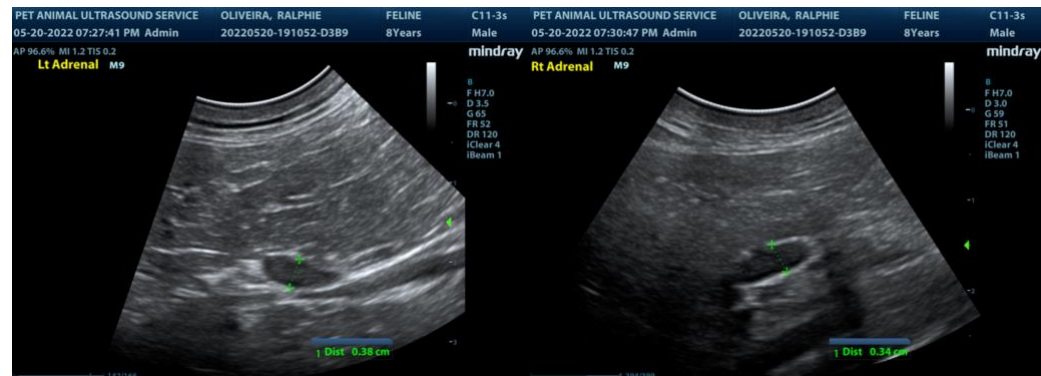
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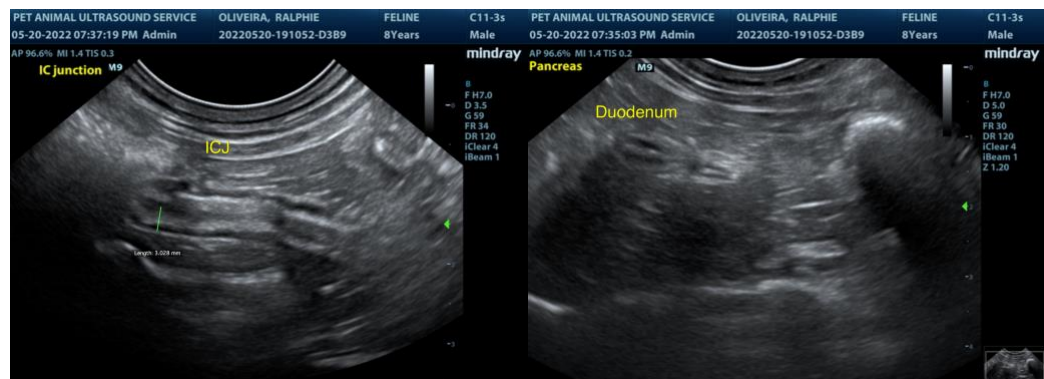
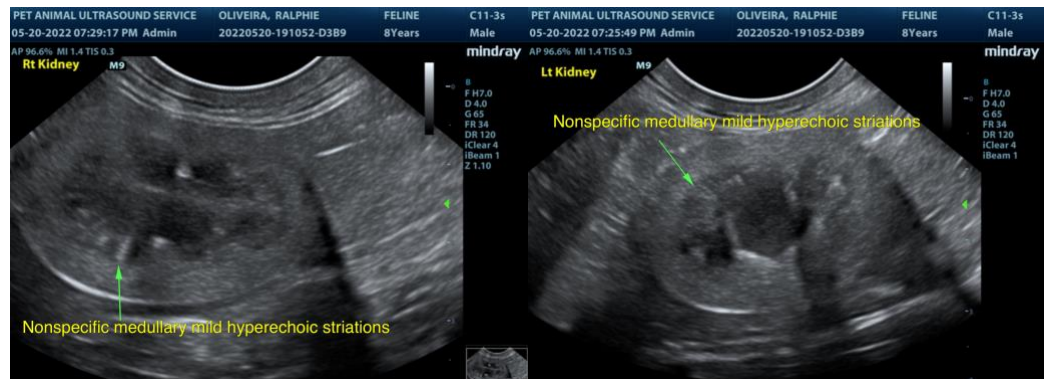
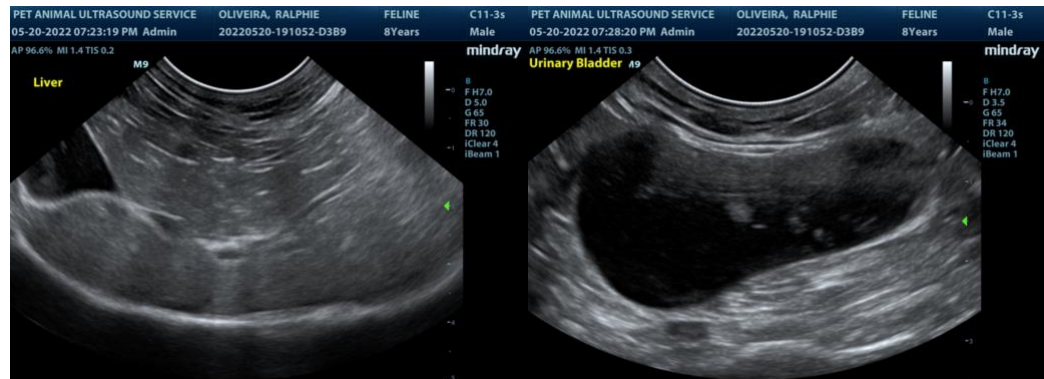
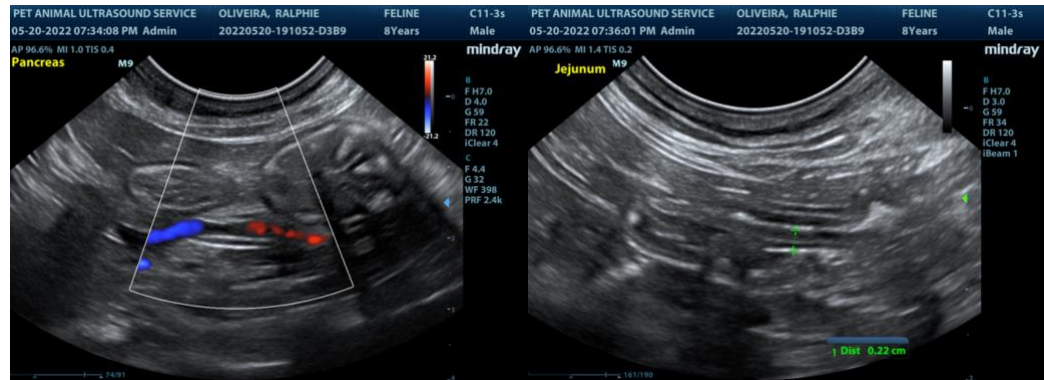
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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