



**PATIENT**

Rusty Richard-Labris

**SPECIES**

Feline

**BREED**

DLH

**SEX**

MN

**AGE**

13 yo

**WEIGHT**

11.24 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Amy Hess

**HOSPITAL NAME**

Petmedic Urgent  
Care Vet Clinic

**REFERRING VET**

Dr. Amy Hess

**INVOICE**

17095

**DATE**

6/14/23

**PRESENTING CLINICAL SIGNS**

Intermittent d+ for the past month - O attributed to going back and forth between two houses Other household cat recently passed away (June 1), O has had several sx, so lots of stress in the household O brought a stool sample When O woke up this morning Pt had vomited dry food and explosive d+ in litterbox This was the first time that he had vomited No diet changes or things that he could have gotten into

Abnormal PE/Chem/CBC/UA Results: Senior labwork and fecal pend

**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. 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.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination were present in the kidneys. Mild uniform increased cortex echogenicity with 1:3 cortex / medulla ratio was present. No pyelectasia was noted in either kidney. Mild loss of corticomedullary border demarcation was noted. The left kidney measured 3.6 cm in length. The right kidney measured 3.8 cm in length.

**Adrenal Glands**

No overt pathology was noted in the area of the left adrenal gland. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.4 cm width.

**Spleen**

The spleen was borderline enlarged measuring 1.0-1.1 cm in width at the mid-spleen. Minor asymmetrical medial capsule contour was present with a maintained finely textured and homogenous parenchyma. No masses or nodules were visualized.

**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 stomach presented intact wall layering with a normal wall layer ratio. Mild nonshadowing pyloric ingesta / chyme was noted with no signs of ileus, obstruction, or foreign material. The pylorus wall width measured 0.25 cm.



<b>PATIENT</b>	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental nonshadowing ingesta / chyme was present with no gastrointestinal obstructive pattern. The duodenum wall measured 0.32 cm width. The jejunum wall measured 0.25 cm width.
Rusty Richard-Labris	
<b>SPECIES</b>	Normal visible colon wall layers were present with non-formed to soft fecal matter.
Feline	<b>Pancreas</b>
<b>BREED</b>	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.
DLH	
<b>SEX</b>	<b>Free Abdomen</b>
MN	No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.
<b>AGE</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
13 yo	<ul style="list-style-type: none"> <li>Structurally unremarkable gastrointestinal tract with mild pyloric and segmental intestinal ingesta / chyme</li> <li>Non-formed to soft fecal matter in colon</li> <li>Normal pancreas</li> <li>Borderline splenomegaly - subjectively benign</li> <li>Mild chronic renal changes</li> </ul>
<b>WEIGHT</b>	
11.24 lbs.	
<b>INTERPRETED BY</b>	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
<b>IMAGING PERFORMED BY</b>	Sonographically, there was no evidence of significant visceral, specifically gastroenterocolic or pancreatic, pathology. At times, the gastroenterocolic presentation may not always correlate with recent history of chronic gastrointestinal signs. Considerations may include dietary intolerance / food hypersensitivity, dysbiosis, structurally insignificant inflammatory bowel, infectious disease / occult parasitism, low-grade to chronic pancreatitis, which may present as sonographically normal, and infiltrative neoplasia (less likely), or other.
Dr. Amy Hess	Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate, correlation with pending lab work, and fecal analysis +/- diarrhea PCR panel. Empirically, novel protein or hydrolyzed diet trial with potential fiber supplementation vs. higher fiber diet with potential long-term dietary therapy, empirical deworming even if fecal testing is negative, cobalamin supplementation pending assessment of cobalamin levels, high colony count probiotic such as Provable or similar, antibiotic trial if clinically indicated with as-needed gastrointestinal support and assessment of clinical response may prove beneficial.
<b>HOSPITAL NAME</b>	
Petmedic Urgent Care Vet Clinic	
<b>REFERRING VET</b>	
Dr. Amy Hess	
<b>INVOICE</b>	
17095	
<b>DATE</b>	
6/14/23	



**PATIENT**

Rusty Richard-Labris

**SPECIES**

Feline

**BREED**

DLH

**SEX**

MN

**AGE**

13 yo

**WEIGHT**

11.24 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Amy Hess

**HOSPITAL NAME**

Petmedic Urgent  
Care Vet Clinic

**REFERRING VET**

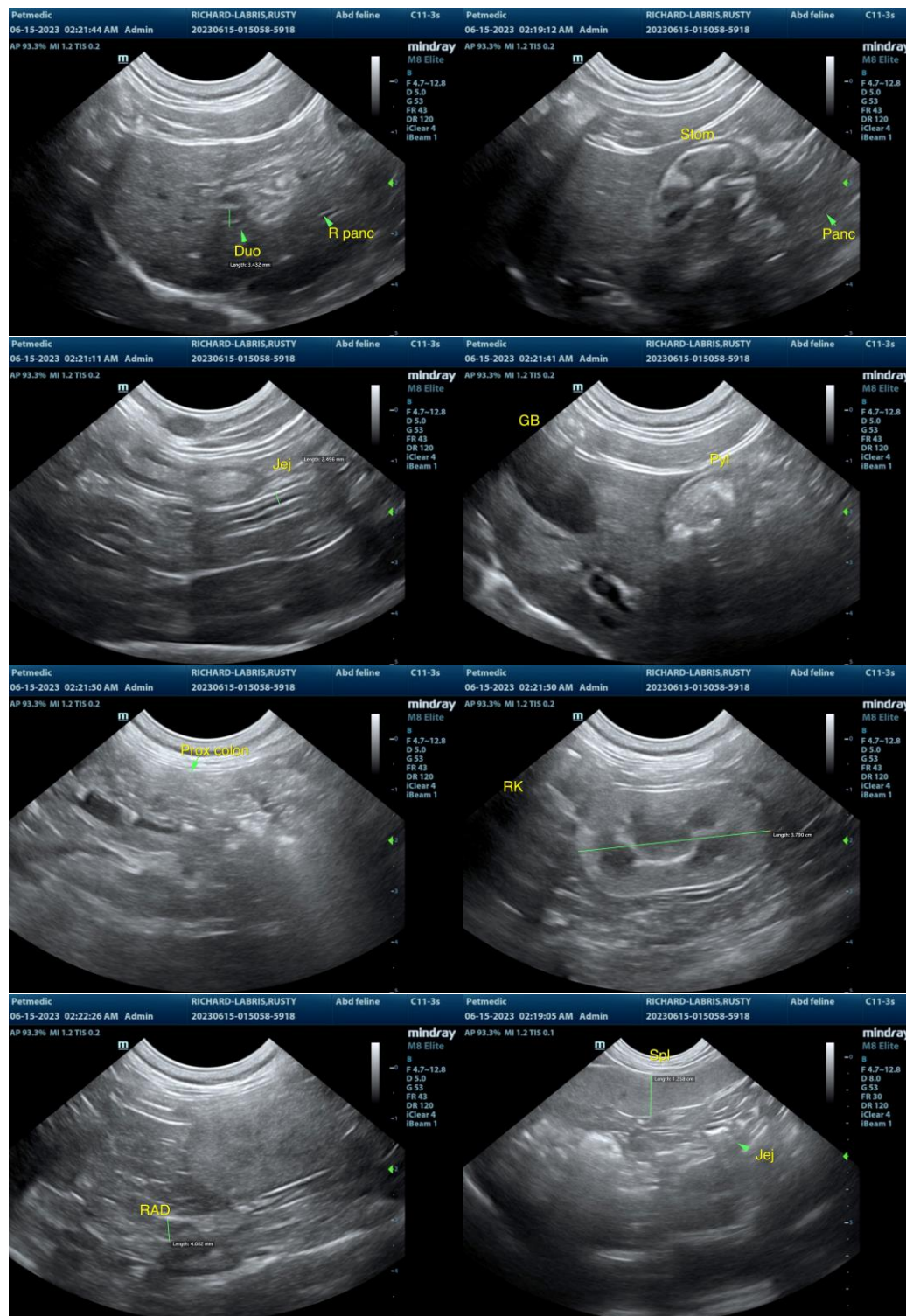
Dr. Amy Hess

**INVOICE**

17095

**DATE**

6/14/23





**PATIENT**

Rusty Richard-Labris

**SPECIES**

Feline

**BREED**

DLH

**SEX**

MN

**AGE**

13 yo

**WEIGHT**

11.24 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Amy Hess

**HOSPITAL NAME**

Petmedic Urgent  
Care Vet Clinic

**REFERRING VET**

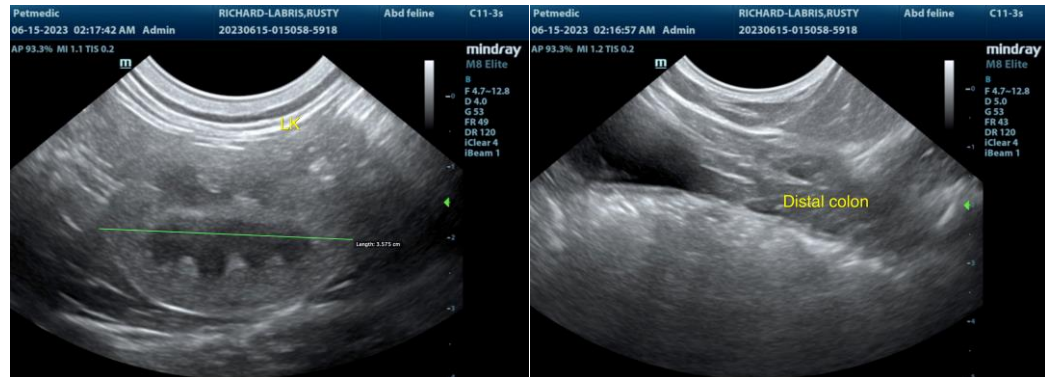
Dr. Amy Hess

**INVOICE**

17095

**DATE**

6/14/23



**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](mailto:info@sonopath.com)