



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT** Boogie Milano **History:** Weight loss, constipation, vomiting, not responding to enemas, supportive care and laxatives

**SPECIES** Feline **Abnormal PE/Chem/CBC/UA Results:** Globulins 6.1 TP 9.3 mild neutrophilia Radiographs-constipation, thin, focal infiltrative right middle lung lobe (atelectasis vs mass)

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED** DSH The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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** FS Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.2 cm in length. The right kidney measured 3.7 cm in length.

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

**WEIGHT** 7 pounds The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.39 cm width. The right adrenal gland was not definitively visualized.

**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.

**Liver**

**IMAGING PERFORMED BY** Dr. Hess The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was mildly subnormal in size likely owing to the presence of gastrointestinal ingesta 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 contained moderate, nonshadowing ingesta without signs of obstruction or foreign material. The pylorus wall measured 0.20 cm in width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained echogenic, nonshadowing ingesta consistent with normal food without signs of ileus, obstruction or foreign material. the jejunum wall measured 0.23 cm in width. The ileocolic wall measured 0.41 cm in width.

**HOSPITAL NAME**

Petmedic Urgent Care Vet Clinic

**REFERRING VET**

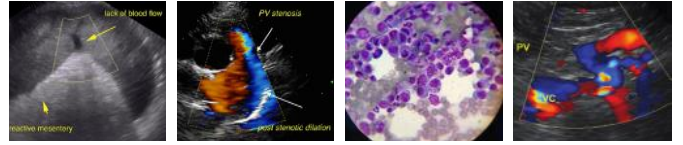
Dr. Hess

**INVOICE**

10852ag

**DATE**

06/17/2022



**PATIENT**

Boogie Milano

The visible colon walls were sonographically unremarkable without evidence of mural thickening and with intact wall layering. The generalized colon appeared mild to moderately distended with apparent semi formed to soft feces in lumen.

**SPECIES**

Feline

***Pancreas***

The pancreas exhibited subtle prominent size with areas of mild capsule asymmetry. Mildly hypoechoic to nonhomogeneous parenchyma was present. Minor pancreatic duct dilated was noted.

**BREED**

DSH

***Free Abdomen***

Intermittent mildly prominent jejunocolic lymph nodes were present. An example measured 0.4 cm in diameter.

**SEX**

FS

A very small pocket of scant free fluid was noted between the cranial stomach and caudal liver.

**AGE**

16 years

**ULTRASONOGRAPHIC FINDINGS**

- Intact overtly gastroenterocolic wall layering with gastrointestinal ingesta/chyme and subjective semi formed to soft feces in the colon
- Intermittent mildly prominent subjectively benign/reactive jejunocolic lymph nodes
- Suspect mild chronic active pancreatitis
- Mild chronic renal changes

**WEIGHT**

7 pounds

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, a largely geriatric abdomen without evidence of significant visceral pathology or obvious neoplastic criteria. Potential for low grade to mild chronic active pancreatitis if evidence of cranial abdominal or subxiphoid discomfort was present on palpation. Structurally insignificant gastroenteropathy cannot be definitively excluded.

**INTERPRETED BY**

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

A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss.

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Pending additional diagnostics, GI supportive care and empirical therapy for pancreatitis would be reasonable.

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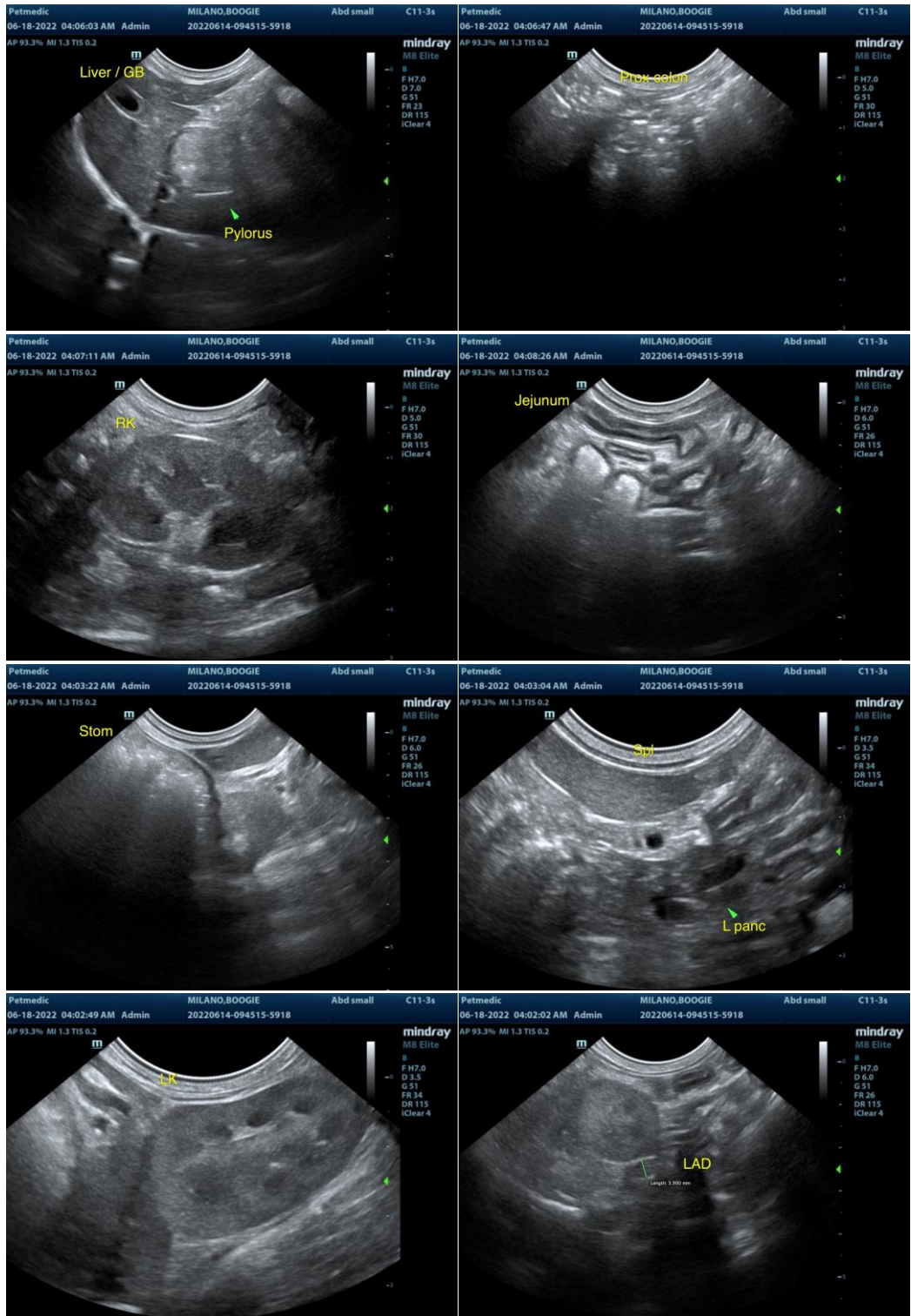
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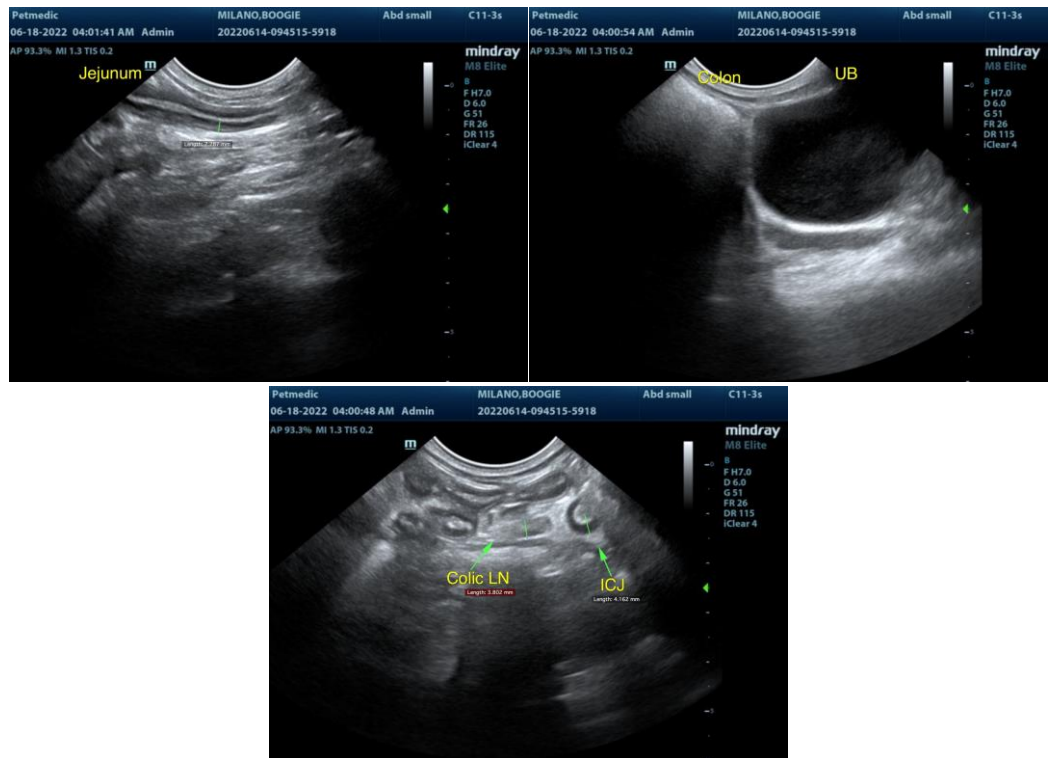
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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