



PATIENT

Edward Pignato

SPECIES

Feline

BREED

Domestic Shorthair

SEX

Neutered Male

AGE

9 Years

WEIGHT

14 Pounds

INTERPRETED BY

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

IMAGING PERFORMED BY

Pamela Harrigan, RDMS

HOSPITAL NAME

Pine Banks AH

REFERRING VET

Abrar Syed, DVM

INVOICE

16199

DATE

6/20/22

PRESENTING CLINICAL SIGNS

History: Chronic constipation. Hyporexic. Abdominal mass palpated - radiographs showed colonic distention c/w recent enema.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture measuring – cm in diameter.

The area of the residual prostate appeared normal and free of pathology.

The area of the iliac trifurcation was free of pathology.

Normal size and margination was 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 in length. The right kidney measured 4.0 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.50 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.49 cm.

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. The spleen measured 1.0 cm in width.

Liver

The liver was normal in size and contour. Uniform, mild echogenic hepatic parenchyma noted, exhibiting mild to moderate coarse echotexture.

The gallbladder was normal in size yet divided into two compartments, both containing anechoic fluid. 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. The gastric body wall measured 0.22 cm.



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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. The jejunum wall measured 0.20 cm. The ileocolic wall measured 0.34 cm.

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The visualized colon walls were sonographically normal. Shadowing formed feces present in the ascending, transverse and descending colon.

Pancreas

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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.

Free Abdomen

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A mildly prominent colic lymph node was present, measuring 0.33 cm in diameter. The lymph node was essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5).

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No omental masses, lymphadenopathy or peritoneal effusion was present.

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ULTRASONOGRAPHIC FINDINGS

- Nonspecific mildly echogenic liver
- Bilobed gallbladder- normal variant in a cat
- Overtly normal gastrointestinal tract and colon
- Focal mildly prominent, subjectively benign/mildly reactive colic lymph node

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no overt evidence of significant abdominal visceral pathology, specifically no evidence of intraabdominal neoplastic criteria or abdominal masses. A definitive cause of the patients hyporexia was not definitively evident.

IMAGING PERFORMED BY

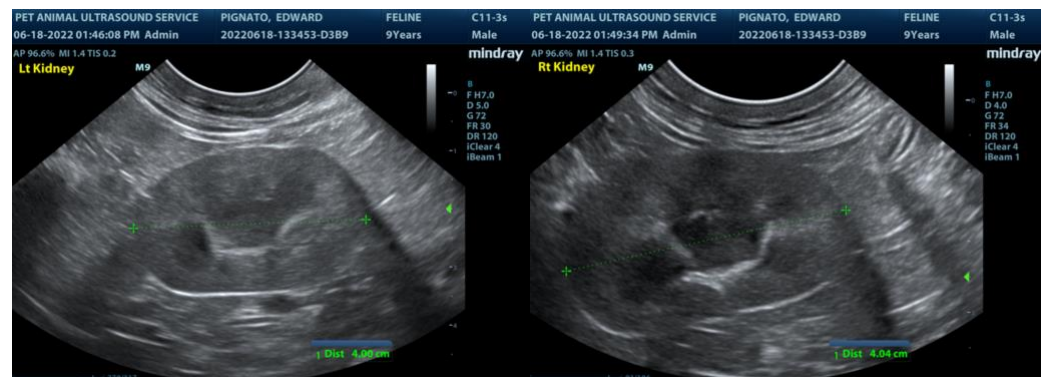
Pamela Harrigan, RDCS

Further assessment may include A GI panel to include PLI/TLI/Cobalamin/Folate, as well as three-view chest radiographs to assess for occult disease, which may be contributing to the patients clinical signs.

Continued, as needed, gastrointestinal supportive care and therapy for chronic constipation, if clinically indicated, would be reasonable.

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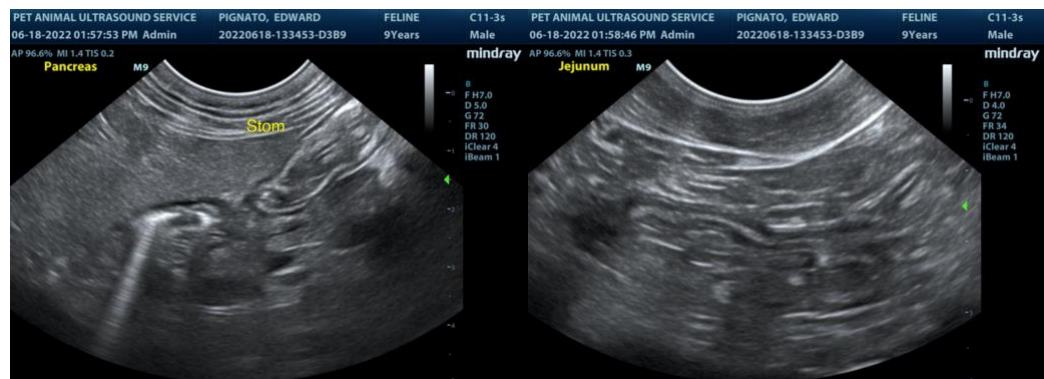
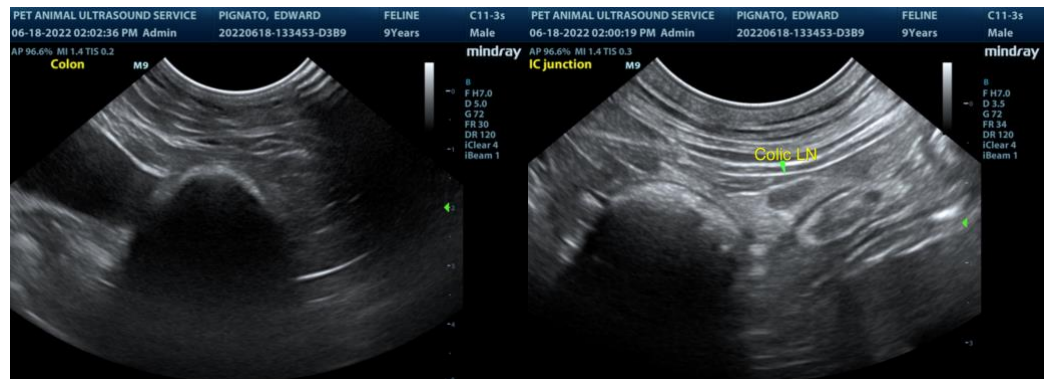
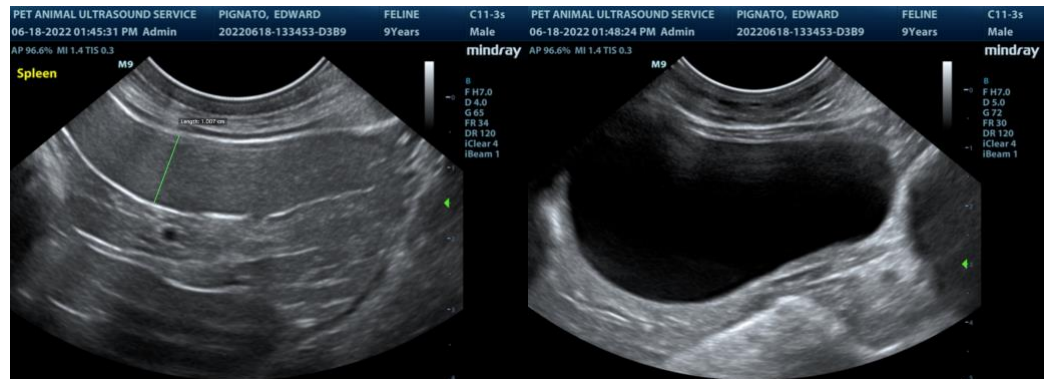
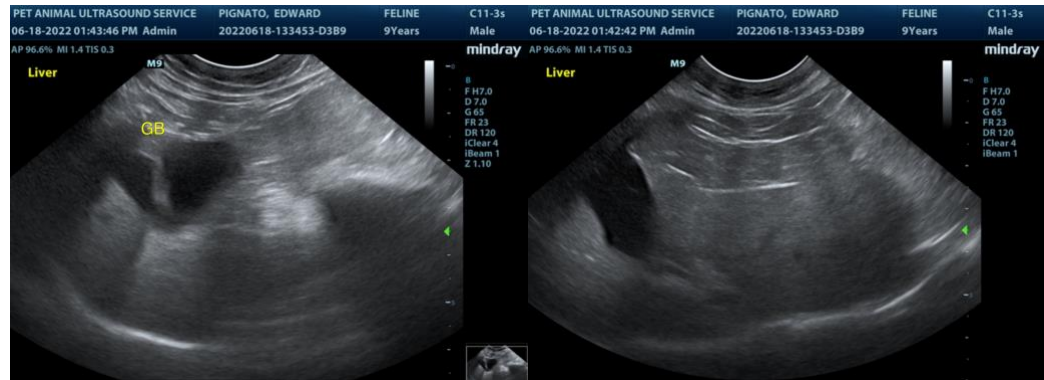
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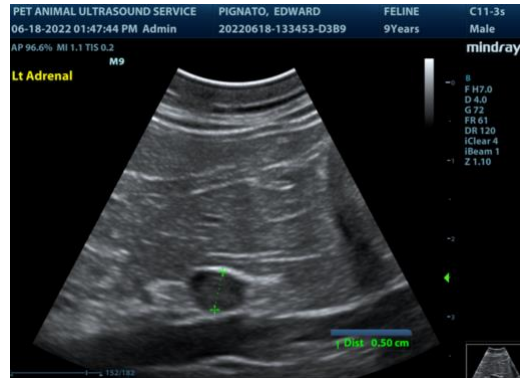
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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