



**PATIENT**

Davy Smith

**PRESENTING CLINICAL SIGNS**

-- Patient presented 6/20/23 for ~ 2 days duration of vomiting. No reported diarrhea. -- Vomitus contained undigested food and liquid, no noted FB. -- Patient is indoors only. -- May be inclined to ingest foreign material Patient required alfaxalone sedation to facilitate venipuncture and AUS. -- Normal stools passed upon sedation

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: PE: -- Documented ~ 1 # weight loss (unknown period of time), cranial abdominal discomfort on palpation. RAD: -- Possible plication and "bunched" intestines with possible linear FB pattern. Blood work: -- Pending

**BREED**

DLH

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**SEX**

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.

MN

**AGE**

6yr

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 4.2 cm in length. The right kidney measured 4.4 cm in length.

**WEIGHT**

4.8kg

The area of the aortic trifurcation was free of pathology.

**INTERPRETED BY**

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

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 cm width.

**IMAGING PERFORMED BY**

Patti Mayfield DVM

**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 0.94 cm in width at the level of the hilus.

**HOSPITAL NAME**

Feline Fine Cat Clinic

**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. Normal hepatic vascular volume was present. 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.

**REFERRING VET**

Stephanie Kadasi  
DVM

**INVOICE**

14166ag

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild pyloric fluid and pyloric lumen gas with no signs of ileus, obstruction or foreign material. The pylorus wall measured 0.25 cm in width.

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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 duodenum wall measured 0.27 cm width. The jejunum wall measured 0.24 cm width. The ileocolic wall measured 0.30 cm width.

## SPECIES

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

## Pancreas

## BREED

DLH

The area of the pancreas base and right pancreatic limb was normal in size and contour with subtle hypoechoic parenchyma compared to the adjacent omental fat.

## Free Abdomen

## SEX

MN

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

## ULTRASONOGRAPHIC FINDINGS

## AGE

6yr

- Non-distended stomach with mild retained pyloric fluid and gas.
- Sonographically unremarkable small bowel.
- Subtle heterogenous/hypoechoic pancreas base and right pancreatic limb.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

## WEIGHT

4.8kg

Overall, there is no overt evidence of significant abdominal visceral pathology. No evidence of GI obstructive pattern or mural pathology. Assessment for evidence of cranial abdominal/subxiphoid discomfort on palpation which may allude to low grade pancreatitis is recommended. Correlation with a spec fPL or a GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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DVM, DABVP  
(Canine and Feline)

Dietary indiscretion / food hypersensitivity, structurally insignificant inflammatory gastroenteropathy or low grade to chronic pancreatitis are all potentials. Hospitalization with 24 hour IVF therapy, gastroprotectants and a limited antigen or hydrolyzed diet trial with potential long term dietary therapy with assessment of clinical response would be reasonable. Sonographic reassessment of the GI tract is recommended if evidence of progressive GI signs.

## IMAGING PERFORMED BY

Patti Mayfield DVM

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## REFERRING VET

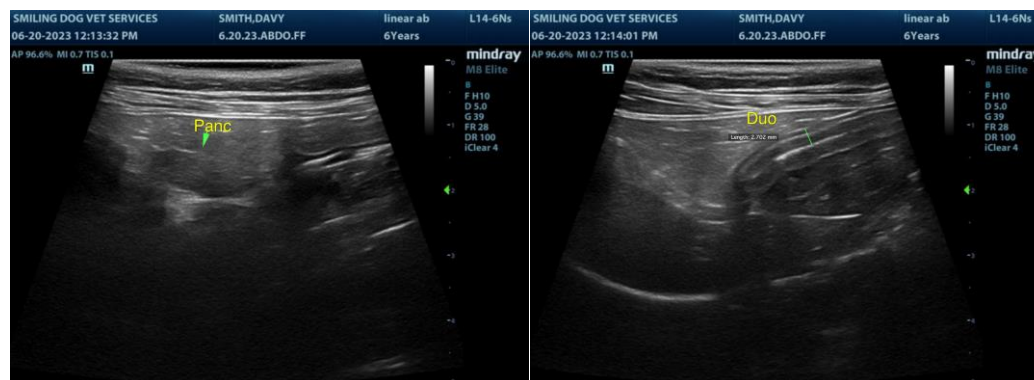
Stephanie Kadasi  
DVM

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**AGE**

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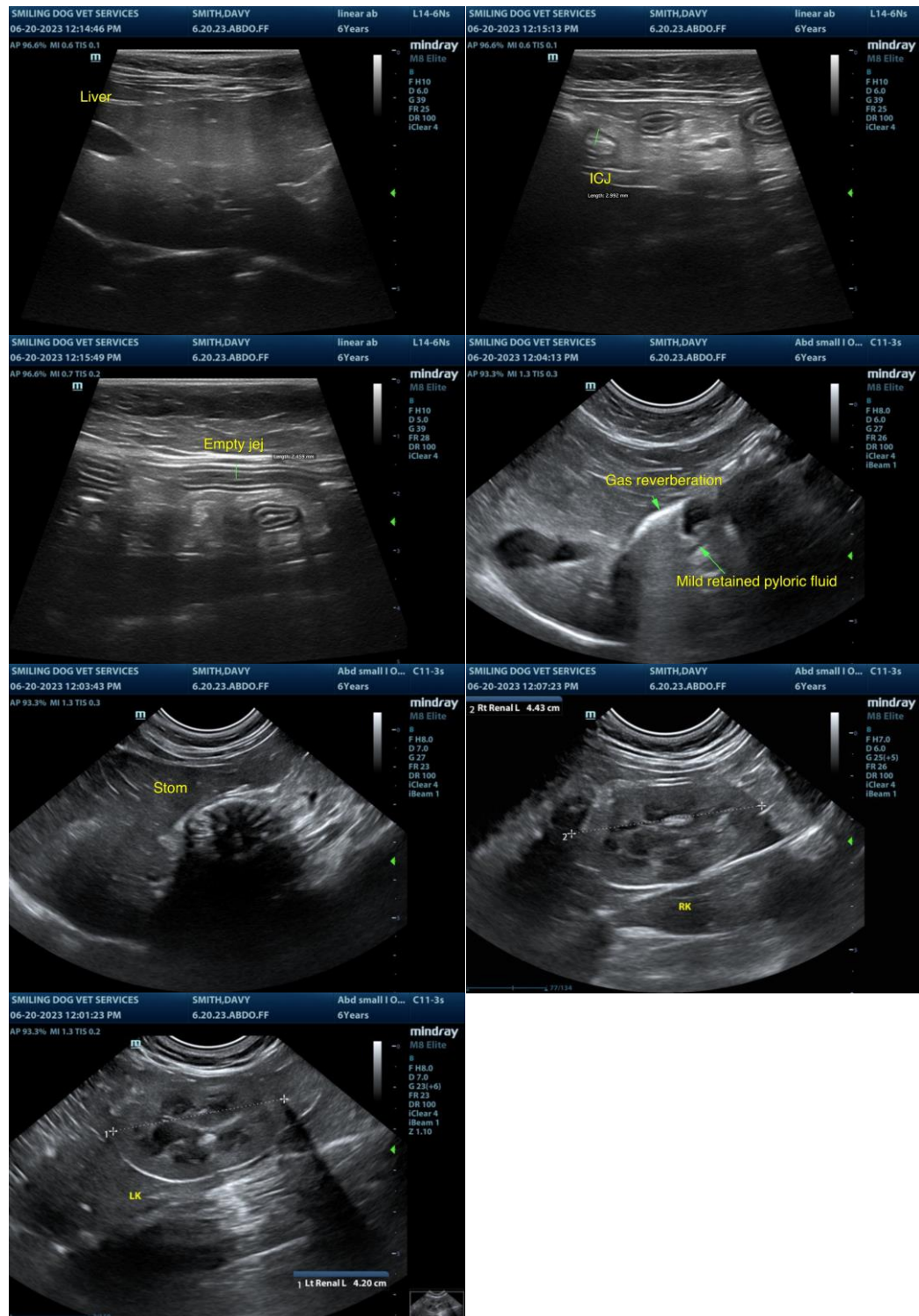
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



**PATIENT**

can be of any further assistance, please contact me.

Davy Smith

**SPECIES**

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**AGE**

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**WEIGHT**

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DVM

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