



PATIENT

Lucy Humphries

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

10yr

WEIGHT

4.2kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Patti Mayfield DVM

HOSPITAL NAME

Feline Fine Cat Clinic

REFERRING VET

Stephanie Kadasi
DVM

INVOICE

14167ag

DATE

06/20/2023

PRESENTING CLINICAL SIGNS

-- Patient presented for sick exam 6.13.23 -- vomiting/diarrhea/lethargy. Treatments: -- P received supportive fluids / cerenia, b12, convenia, dexsp. -- Started on short prednisolone taper and recovery food (pt ate well after meds given in hospital) -- Recommended AUS, and COHAT when patient feeling better. Patient received alfaxalone to facilitate AUS today on 6/20/2023

Abnormal PE/Chem/CBC/UA Results: Physical Exam: -- heart murmur (stable) tense abdomen, mod to severe dental dz. Diagnostics: -- Radiographs showed possible abnormal shape in colon consistent with either gas or passing FB such as plastic (pt known to chew on inappropriate things in house), cannot r/o mass; --UA: bilirubinuria, cystitis, well concentrated; CBC NSF Chem: mild elev ALP and chol, rest NSF T4/fpl snap / pro-bnp snap / triple snap = normal -- BP 146, 127 normotensive -- diarrhea panel; PENDING

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

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.

Normal size and margination were 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 3.8 cm in length. The right kidney measured 3.7 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.44 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 cm width.

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 0.87 cm in width at the level of the hilus.

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 proximal common bile duct was mildly dilated and tortuous without overt post hepatic obstruction. The proximal common bile duct measured 0.25 cm diameter.

Gastrointestinal



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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.

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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.

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

Pancreas

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The pancreas base and left pancreatic limb were normal in size and contour with subtle non-homogenous hypoechoic parenchyma compared to non-reactive adjacent omental fat.

Free Abdomen

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

AGE

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ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable GI tract.
- Possible low grade to resolving pancreatitis.
- Minor non-obstructive proximal common bile duct dilation-patient variant, potential for low grade cholangitis.
- Mild age related renal changes.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, there is no overt evidence of significant abdominal visceral pathology. Potentially tapering prednisolone may be masking intra-abdominal changes or GI mural pathology. Assessment for evidence of cranial abdominal/subxiphoid discomfort on palpation which may allude to low grade or resolving pancreatitis even with normal fPL is recommended.

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No evidence of GI foreign body or obstructive pattern. Correlation with pending diarrhea panel with as needed GI support is suggested.

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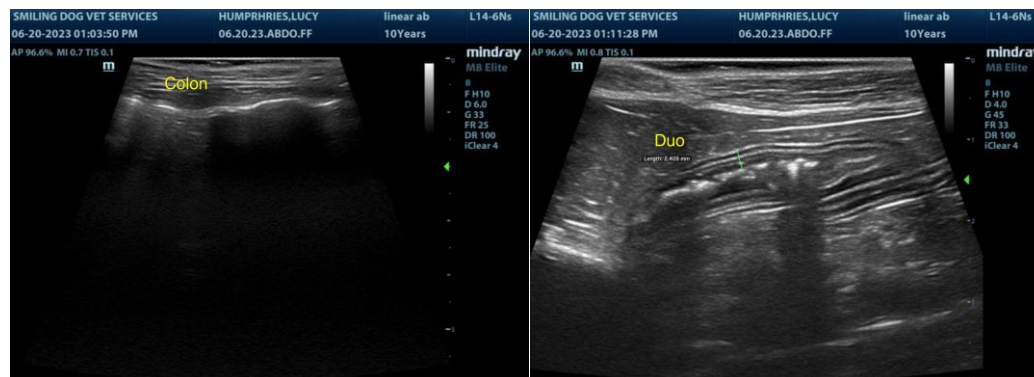
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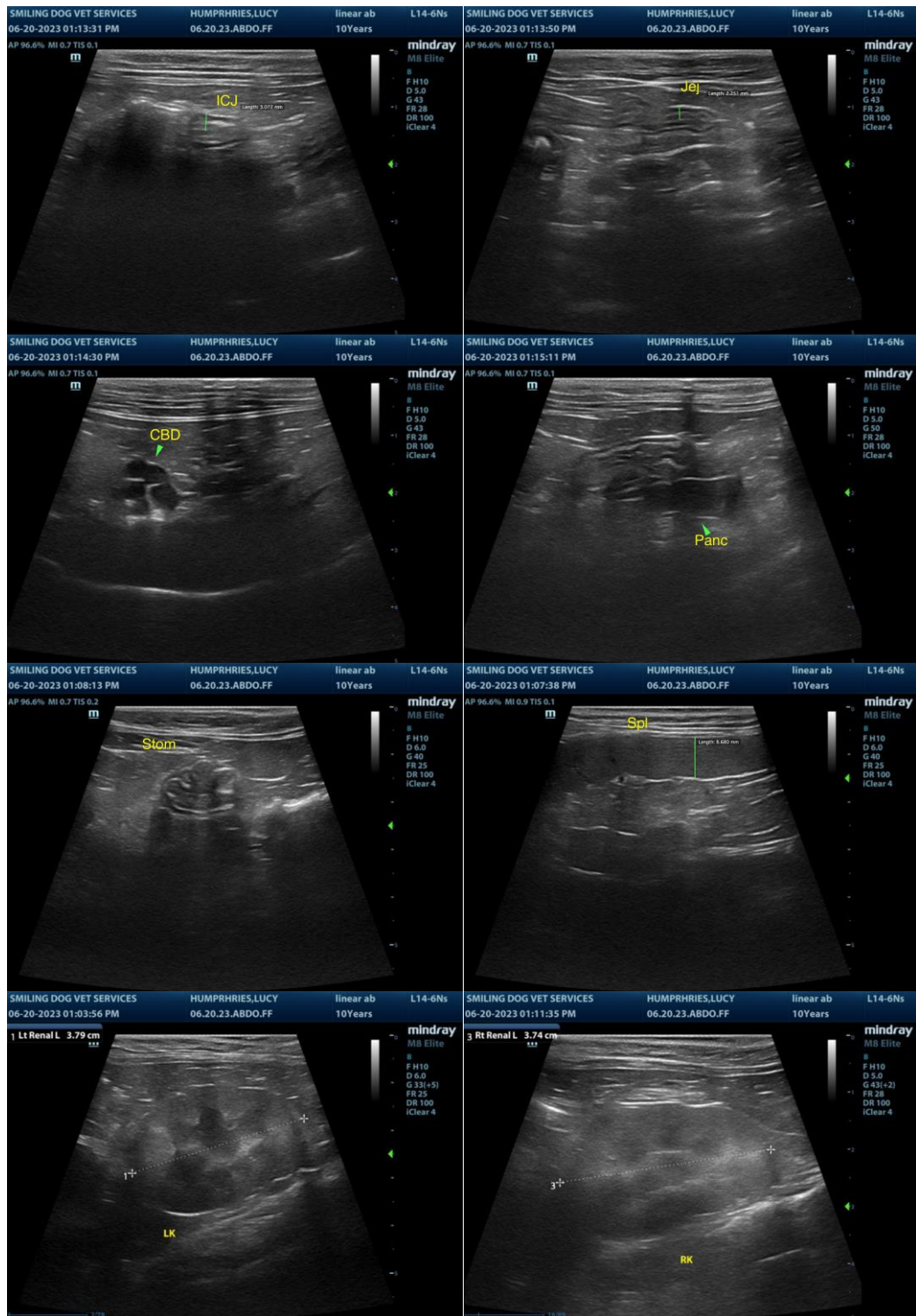
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



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can be of any further assistance, please contact me.

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