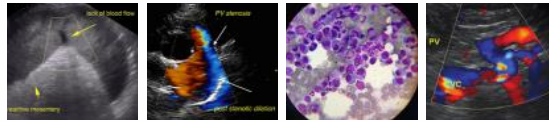




<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Piper Hunter	History: Chronic vomiting (sometimes intermittent) and weight loss for 3-4 months Exam unremarkable NSF on labs - will email labs Current Medications Cerenia PO Primary Question/Differential to Be Answered in This Exam General abd exam for chronic vomiting and weight loss ....GI layering and thickening, pancreatitis, other
<b>SPECIES</b>	
Feline	Abnormal PE/Chem/CBC/UA Results: Unremarkable CBC Chem ALB 4.5
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
DSH	<b>Urinary System</b>
<b>SEX</b>	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.
FS	
<b>AGE</b>	
8 yr	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 4.5 cm in length. The right kidney measured 4.7 cm in length.
<b>WEIGHT</b>	
12.5 lb	The area of the aortic trifurcation was free of pathology.
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.34 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.28 cm.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Jenna Walsh CVT	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 0.86 cm in width at the level of the hilus.
<b>HOSPITAL NAME</b>	<b>Liver</b>
VCA Delta Oaks AH	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.
<b>REFERRING VET</b>	<b>Gastrointestinal</b>
Dr. Schulze	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mildly hyperechoic to progressively shadowing gastric ingesta with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.26 cm in width.
<b>INVOICE</b>	
10898ag	
<b>DATE</b>	
06/21/2022	



**PATIENT**

Piper Hunter

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was primarily empty with segmental areas of nonshadowing chyme with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.24 cm in width. The jejunum wall measured 0.24 cm in width.

**SPECIES**

Feline

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

**Pancreas**

**BREED**

DSH

The pancreas was normal in size and contour with subtle uniform hypoechoic parenchyma compared to the 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.

**SEX**

FS

**Free Abdomen**

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

**AGE**

8 yr

**ULTRASONOGRAPHIC FINDINGS**

- Sonographically unremarkable GI tract with progressively shadowing gastric ingesta
- Subtly hypoechoic left pancreas

**WEIGHT**

12.5 lb

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

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

Overall no evidence of significant abdominal visceral pathology. The presence of gastric ingesta is nonspecific and may indicate post prandial presentation. Correlation with most recent meal ingestion is recommended. If documented NPO some degree of gastric hypomotility could be considered while the possibility of a nonobstructive hairball density if clinical history of hairballs cannot be excluded. Structurally insignificant GI disease or low-grade pancreatitis is possible. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three view chest radiographs are suggested to rule out occult thoracic or esophageal pathology as a contributing factor.

**IMAGING  
PERFORMED BY**

Jenna Walsh CVT

**HOSPITAL NAME**

VCA Delta Oaks AH

**REFERRING VET**

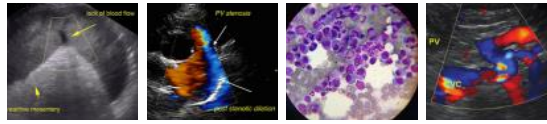
Dr. Schulke

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**PATIENT**

Piper Hunter

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

8 yr

**WEIGHT**

12.5 lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh CVT

**HOSPITAL NAME**

VCA Delta Oaks AH

**REFERRING VET**

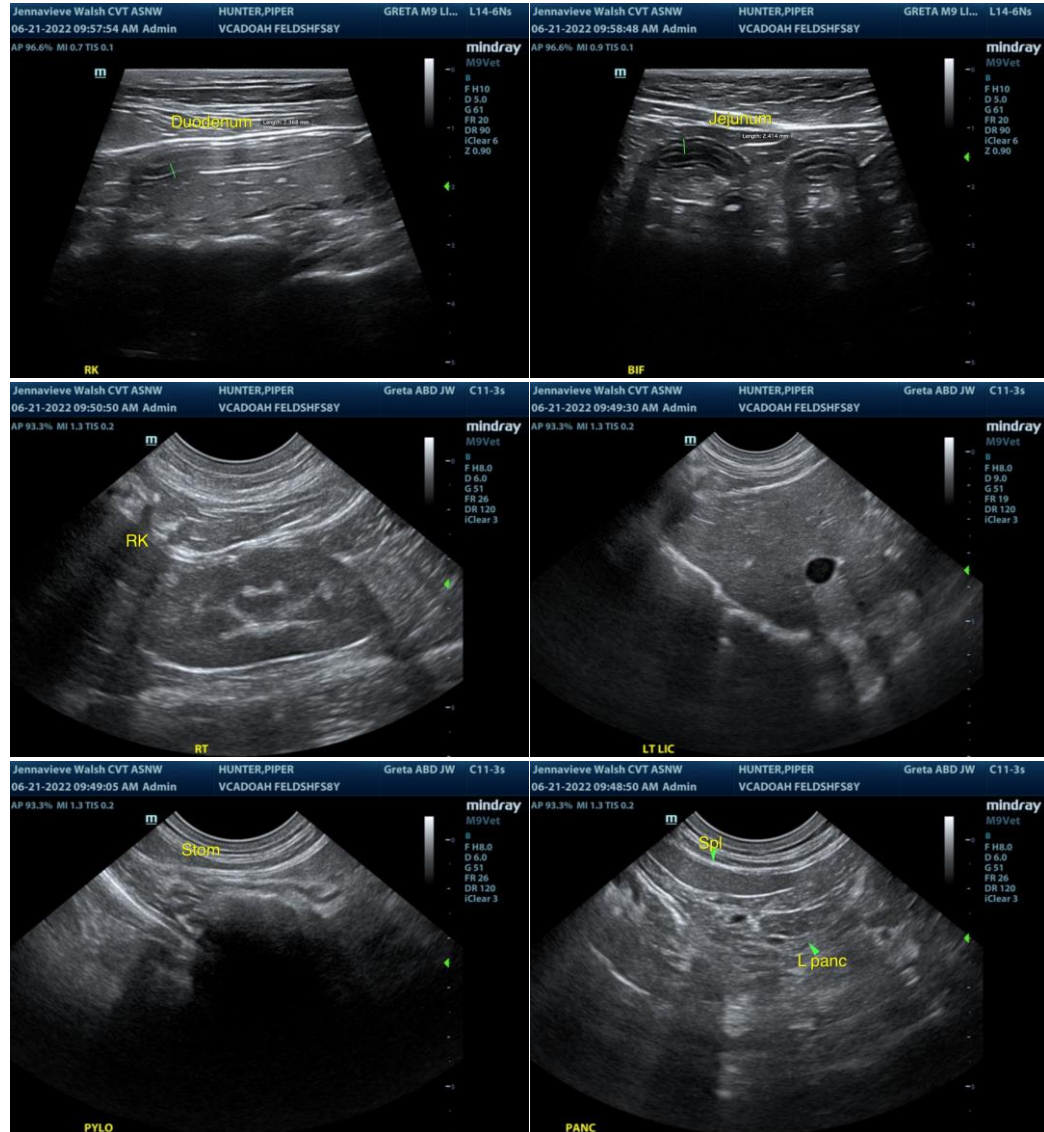
Dr. Schulke

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**PATIENT**

Piper Hunter

**SPECIES**

Feline

**BREED**

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**SEX**

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**AGE**

8 yr

**WEIGHT**

12.5 lb

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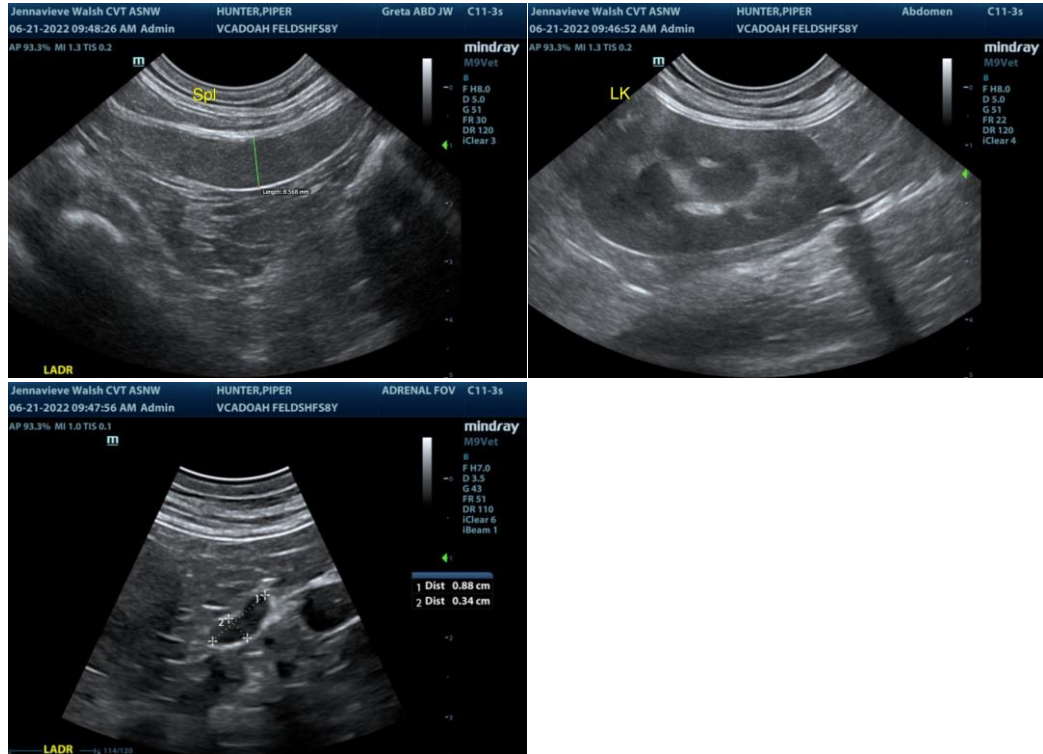
Dr. Schulke

**INVOICE**

10898ag

**DATE**

06/21/2022



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