

PATIENT

Kobe Angelo

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

3 years

WEIGHT

12.75 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

VCA Salem AH

REFERRING VET

Dr. Allen

INVOICE

17145

DATE

6/22/23

PRESENTING CLINICAL SIGNS

P was refusing to eat and having vomiting back on the 15th of this month, he was lethargic and refusing all food and treats, performed IH BW on P day of the 15th and also gave him fluids, Cerenia and mirtazapine IH, seemed to be doing fine the first day being home but then went back to his normal lethargic behavior, P was brought back in Last night (6-21) for having no signs of improvement and we performed and IH FIV test that came back negative and sent home Cerenia, and mirtazapine, O said he did eat very little chicken baby food and she fasted him this morning

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with minor dependent lumen mineral. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the aortic trifurcation was free of pathology.

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 or pyelectasia. The left kidney measured 4.3 cm in length. The right kidney measured 4.4 cm in length.

Adrenal Glands

The left and right adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm width and the right adrenal gland measured 0.42 cm width.

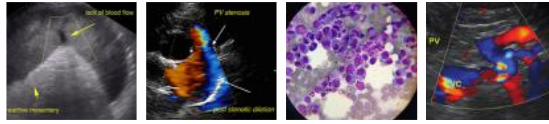
Spleen

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 0.94 cm 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. 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.



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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 retained gastric ingesta, fluid, or foreign material. The gastric body wall width measured 0.24 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 mechanical/metabolic ileus, obstruction, or foreign material. The duodenum wall measured 0.22 cm width. The jejunum wall measured 0.23 cm width. No overt pathology was noted at the level of the ileocolic junction.

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

Pancreas

The pancreas was normal in size and contour with subtle heterogeneous to hypoechoic parenchyma compared to adjacent nonreactive or inflamed omentum.

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12.75 lbs.

Free Abdomen

No omental masses, overt lymphadenopathy, or evidence of peritoneal effusion were noted.

ULTRASONOGRAPHIC FINDINGS

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(Canine and Feline)

- Minor dependent urinary bladder lumen mineral
- Sonographically unremarkable gastrointestinal tract
- Subtle heterogeneous / hypoechoic pancreas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, no evidence of significant visceral pathology as an obvious cause or contributing factor to the patient's clinical signs. No evidence of intrabdominal neoplastic criteria, gastrointestinal obstruction, or mural pathology.

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The pancreas is nonspecific without overt or significant pancreatic pathology. Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation, which may allude to low-grade pancreatitis which at times may present as sonographically normal, is recommended.

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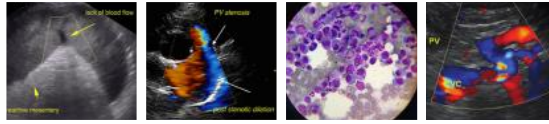
A GI panel to include PLI/TLI/Cobalamin/Folate and three view chest radiographs if not done, are suggested to assess for or rule out occult disease as a contributing factor. Urinalysis +/- C/S if clinically indicated is suggested. Continued as-needed gastrointestinal supportive care is recommended.

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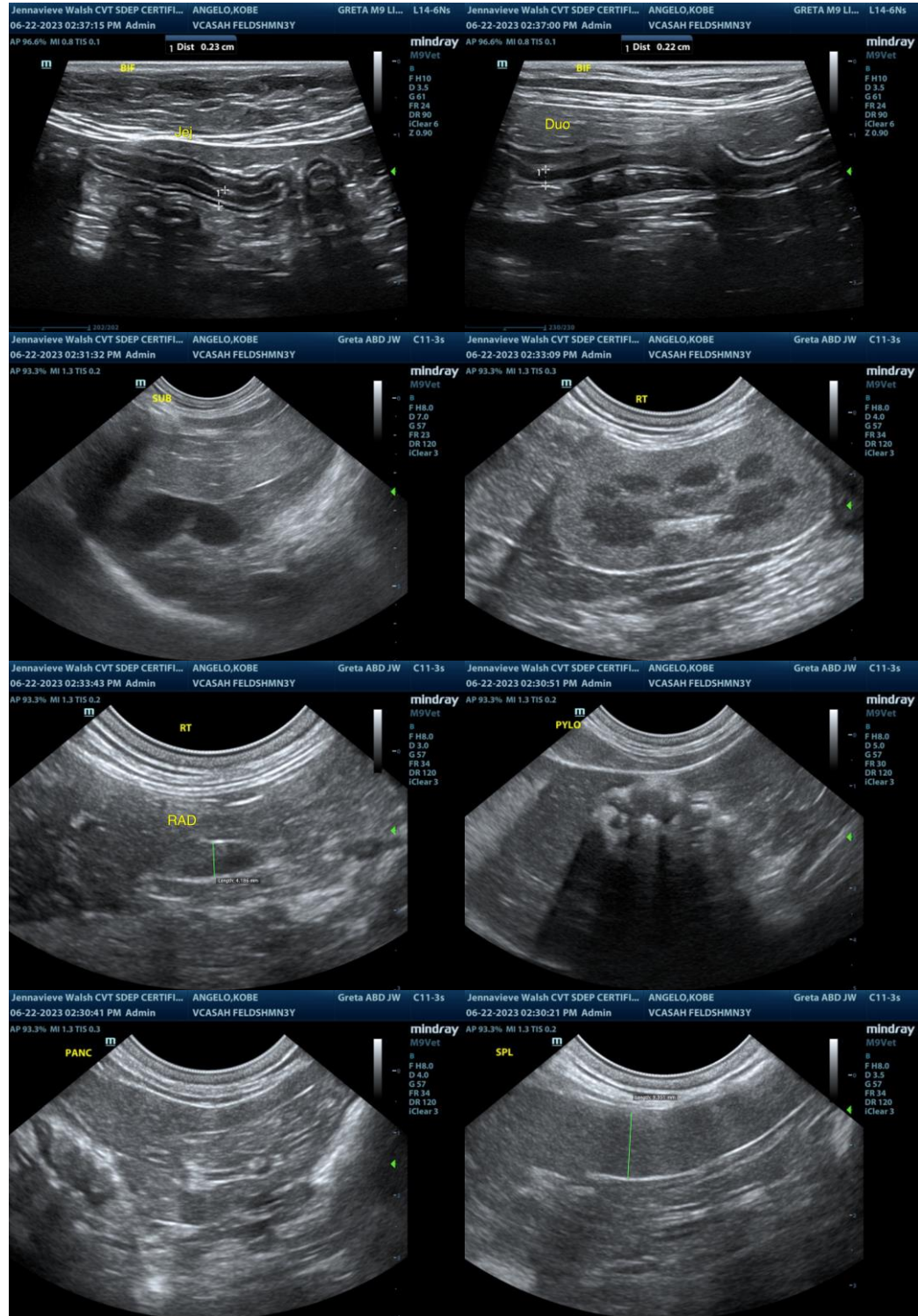
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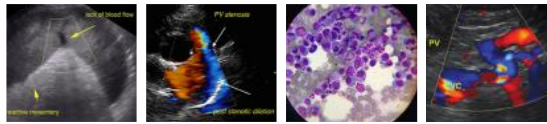
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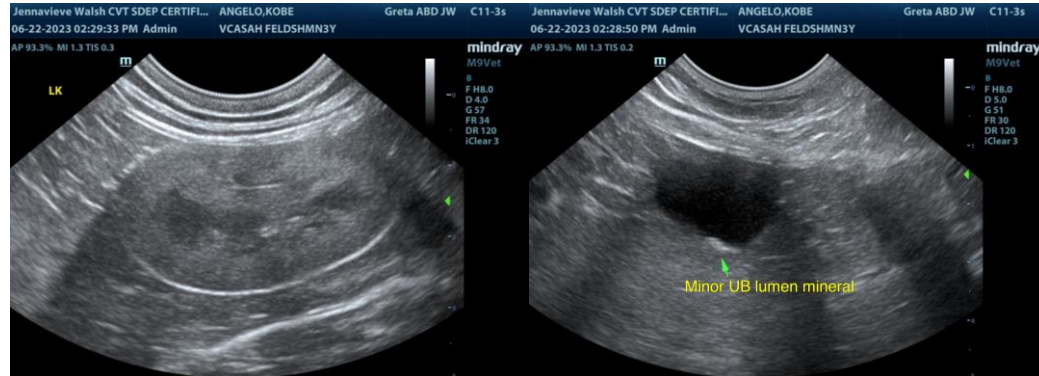
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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