



PATIENT

Smokey Ramirez

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

6 years

WEIGHT

13.5

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lara Cabugawan

HOSPITAL NAME

Kew Gardens Animal
Hospital

REFERRING VET

Dr. Lara Cabugawan

INVOICE

17154

DATE

6/23/23

PRESENTING CLINICAL SIGNS

Presented for second opinion regarding possible GI FB. O went to EMS hospital yesterday and was told that pet has asthma and possible GI FB obstruction. dx . PE tensed / mild pain on abdominal palpation.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild nondependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

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 4.4 cm in length. The right kidney measured 3.9 cm in length.

Adrenal Glands

The left and right adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured ~0.45 cm width and the right adrenal gland measured ~0.45 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.

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 with minor echogenic gallbladder sediment. 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 retained gastric ingesta, fluid, or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no overt evidence of mechanical / metabolic ileus in visualized intestinal segments. No obstruction or foreign material was noted. No evidence of pathology was noted at the level of the ileocolic junction. The ileocolic junction wall width measured 0.36 cm. The small intestinal wall width measured 0.24 cm.



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

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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 were evident.

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Free Abdomen

DSH

Intermittent mesenteric and medial iliac lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). The lymph nodes are considered incidental. An example of a lymph node measured 0.92 cm x 0.34 cm. No evidence of lymphatic, inflammatory, or neoplastic criteria was noted.

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ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable gastrointestinal tract - no evidence of mechanical / metabolic gastrointestinal ileus
- Urinary bladder sediment
- Mild gallbladder sediment

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt indication for surgical intervention. As-needed gastrointestinal support is recommended. Potential for low-grade pancreatitis, which may present as sonographically normal, may be suspected if evidence of cranial abdominal / subxiphoid discomfort on palpation. Correlation with a Spec fPL may be considered.

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The gallbladder sediment is considered incidental, given lack of hepatic enzyme elevations, yet at times has been associated with hepatobiliary inflammation.

Urine C/S is recommended if evidence of inflammatory sediment on UA.

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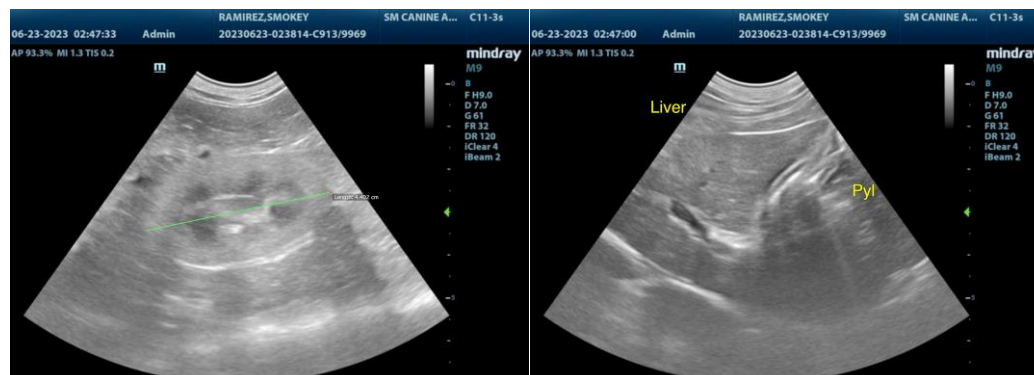
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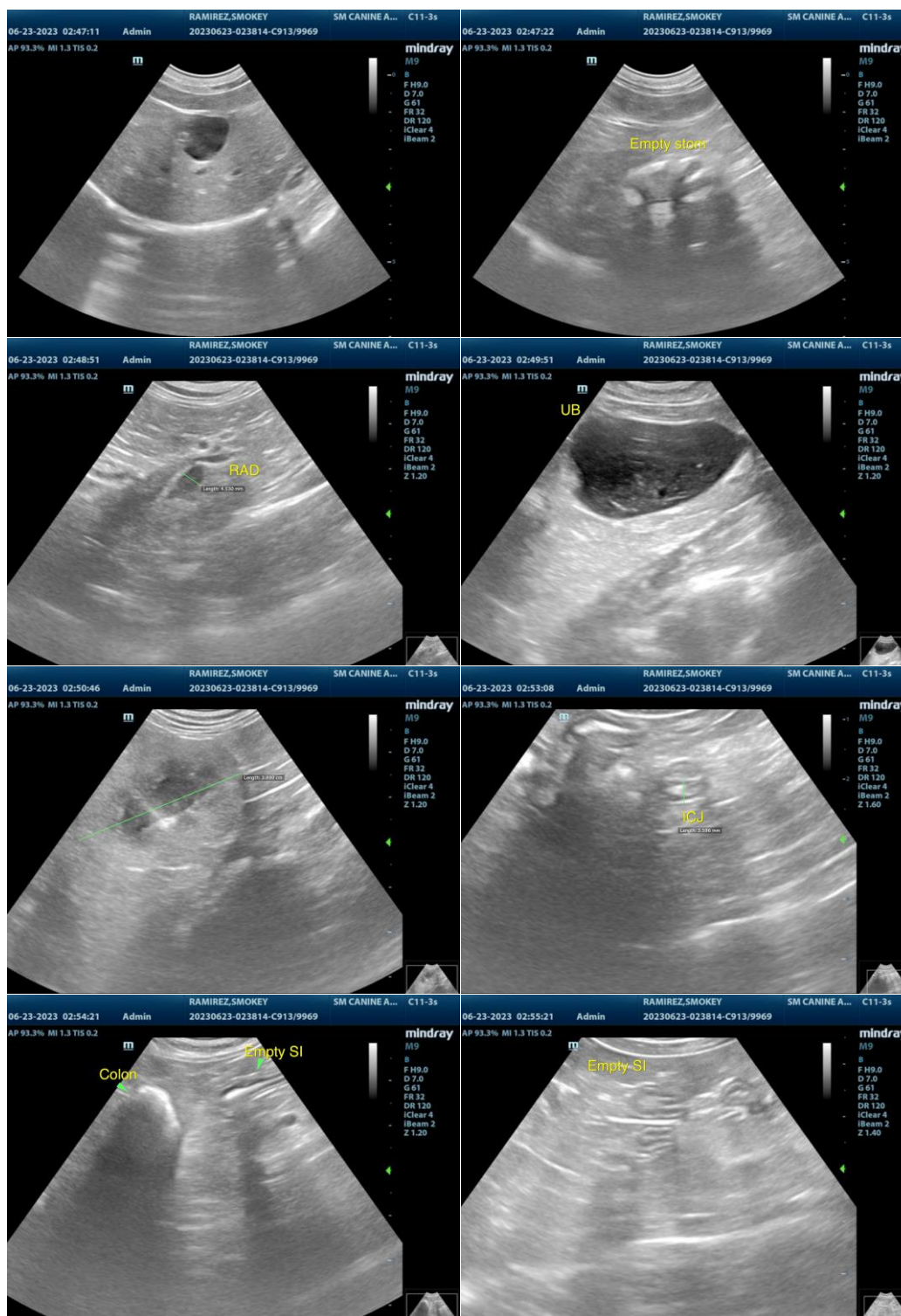
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@sonopath.com

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