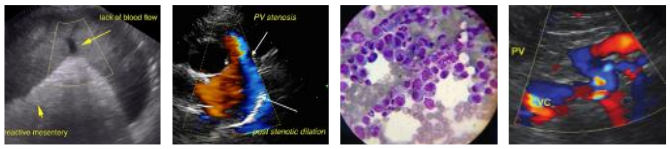
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Luna Friedman

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

2

WEIGHT

11.2lb

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

14205ag

DATE

06/24/2023

PRESENTING CLINICAL SIGNS

Presented for on and off vomiting since Wednesday , O stated that vomited 2x with hairball on Wednesday and then vomited yellow / bile foamy liquid 5x , today vomited only once , pet still has good appetite. NO change in the diet. PE negative oral exam , non painful on abdominal palpation. Snap fPL normal

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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 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 4.3 cm in length. The right kidney measured 4.1 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was not definitely visualized. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.30 cm width.

Spleen

No overt pathology in the area of the spleen.

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 vascular volume. 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.

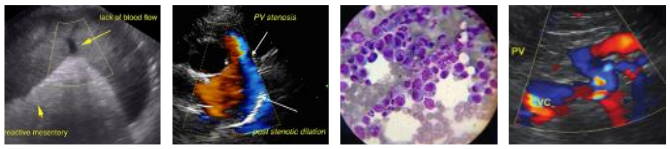
Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing pyloric ingesta/chyme with no signs of ileus, obstruction or foreign material. The pylorus wall measured 0.23 cm in width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained segmental similar appearing non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material. No evidence of loss of intestinal wall layering or intestinal masses. The duodenum wall measured 0.30 cm width. The jejunum wall measured 0.21 cm width.

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

Pancreas



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Luna Friedman

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

2

WEIGHT

11.2lb

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

14205ag

DATE

06/24/2023

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 was evident.

Free Abdomen

No omental masses or overt lymphadenopathy was present. Intermittent scant pocket of peritoneal free fluid was present which is likely incidental, physiologic or possible secondary to sedation if clinically applicable.

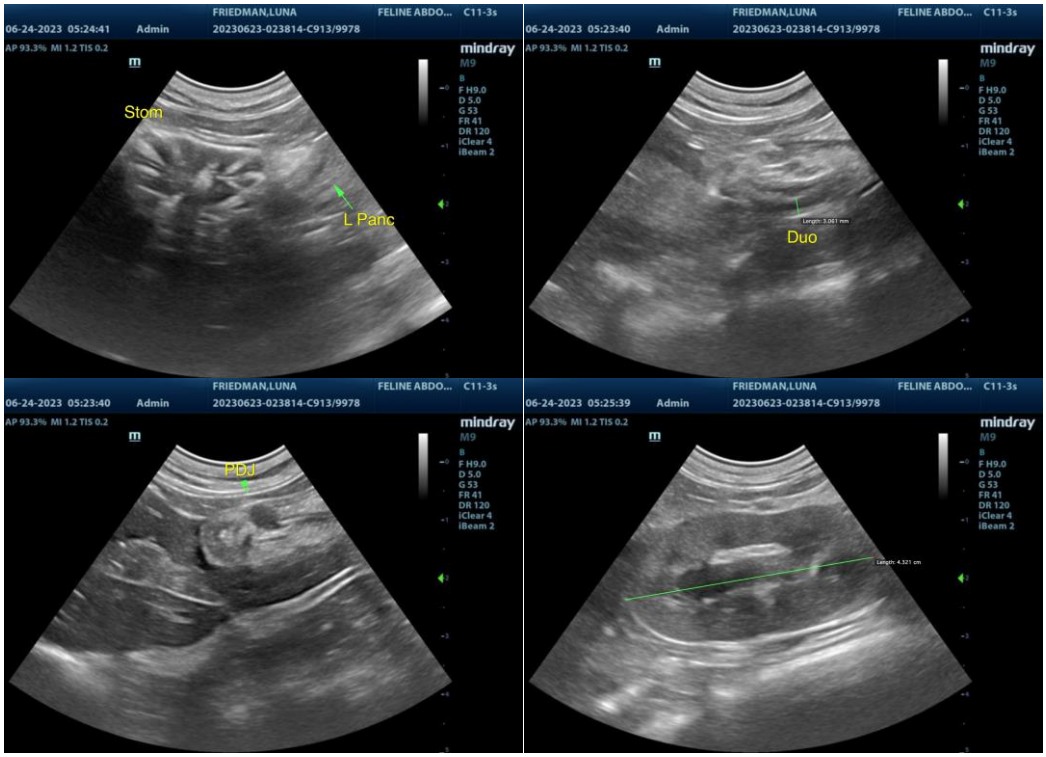
ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable GI tract with mild non-shadowing gastric and segmental intestinal ingesta/chyme.
- Normal pancreas.
- Possible splenic volume contraction.

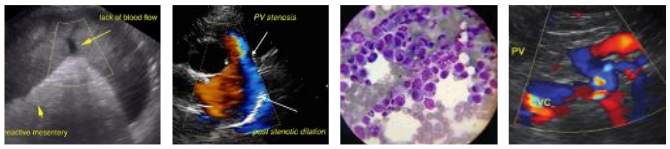
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, there is no overt evidence of significant abdominal visceral pathology as a definitive cause of the patient's clinical signs. No evidence of GI mural pathology of signs of active pancreatitis. At times low grade pancreatitis may present sonographically normal and may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation even with normal spec fPL.

GI support including gastroprotectants, canned novel protein diet trial with potentially long term dietary therapy and as needed hairball therapy is recommended. Sonographic reassessment of the GI tract and pancreas suggested if evidence of persistent/progressive vomiting and/or weight loss.



SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Luna Friedman

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

2

WEIGHT

11.2lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Lara Cabugawan

HOSPITAL NAME

Kew Gardens Animal Hospital

REFERRING VET

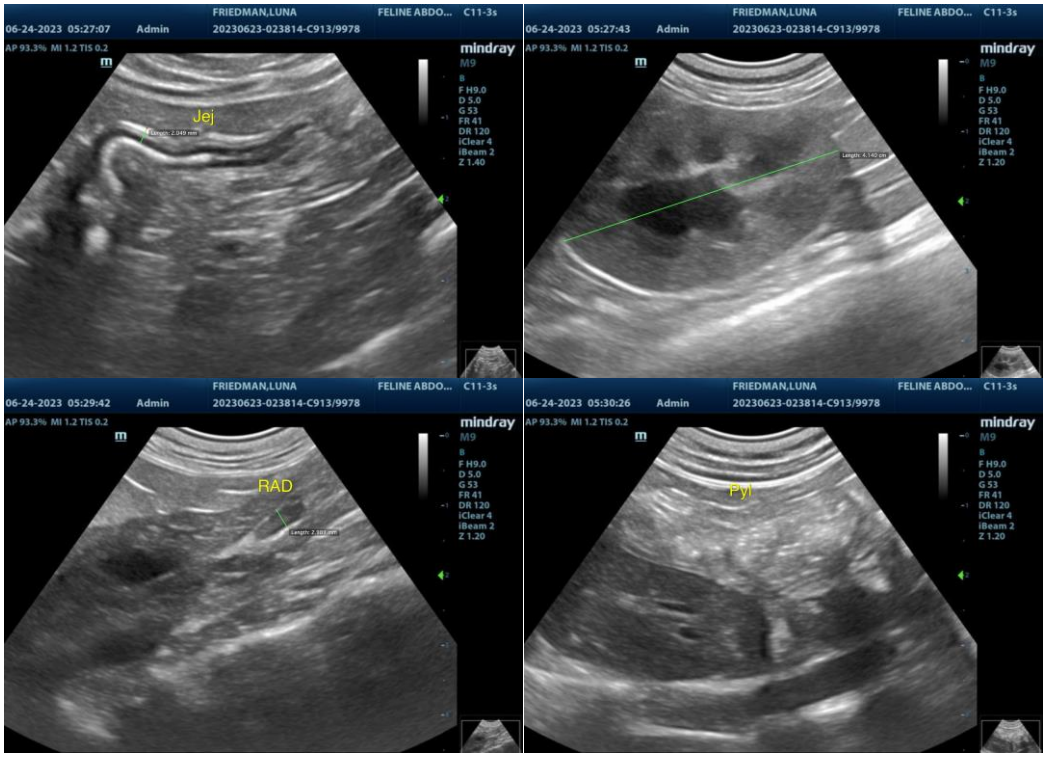
Dr. Lara Cabugawan

INVOICE

14205ag

DATE

06/24/2023



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