



PATIENT

Mr. Meeseeks Nice

SPECIES

Feline

BREED

DSH

SEX

M/N

AGE

3 years

WEIGHT

3.6 kg

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

14241ag

DATE

6/27/23

PRESENTING CLINICAL SIGNS

Gradual weight loss and intermittent hyporexia. Occasional vomiting. No known diarrhea. Generalized behavioral issues that appear similar to hyperesthesia, but non-responsive to fluoxetine. Patient also has paradoxical response to Gabapentin. Patient has always been petite. PPH: bilateral medial luxating patellas (surgically repaired, as patient was intensely bothered by the condition) Labs thus far have been unremarkable, along with behavior consultation. May be considering neuro referral

Abnormal PE/Chem/CBC/UA Results: PE: thin, generalized lean muscle atrophy. Remainder unremarkable. Labs have historically been normal In-house CBC/CHEM: pending (today) AXR: pending today

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 was noted.

No evidence of pathology in the area of the aortic trifurcation.

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 3.8 cm in length. The right kidney measured 3.7 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.31 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.34 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 1.0 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. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin



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walls and primarily anechoic luminal content with minor echogenic sediment. The cystic and common bile ducts were normal.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained pyloric fluid with no signs of ileus, obstruction, or foreign material. The pylorus wall measured 0.28 cm in width.

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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. The duodenum wall measured 0.26 cm width. The jejunum wall measured 0.25 cm width. The ileocolic wall measured 0.33 cm width.

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

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Pancreas

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

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No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

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Primary Findings

- Sonographically unremarkable GI tract with minor retained pyloric fluid.
- Normal pancreas.
- Gallbladder debris (non-mucocele).

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

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DVM

Overall, there is no overt evidence of significant abdominal visceral pathology as a definitive cause of the patient's clinical signs. Potential for low grade gastritis and mild metabolic/functional gastric hypomotility. Dietary indiscretion / food hypersensitivity, occult parasitism, structurally insignificant inflammatory gastroenteropathy or low grade to chronic pancreatitis both of which may appear sonographically normal are all potentials.

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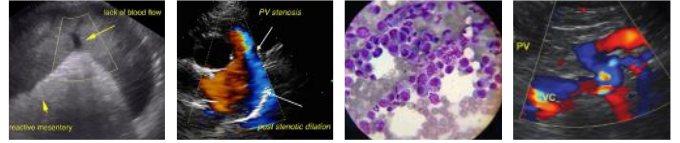
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A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. A thorough musculoskeletal and neurological examination is suggested if not done. The gallbladder sediment is non-specific, potentially secondary to reported hyporexia. At times, gallbladder sediment may be associated with hepatobiliary inflammation.

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Correlation with pending labs and radiographs is suggested. Assessment of caloric plane and/or competitive eating environment may be considered if clinically applicable. Empirically, pending additional diagnostics as needed GI support is recommended.



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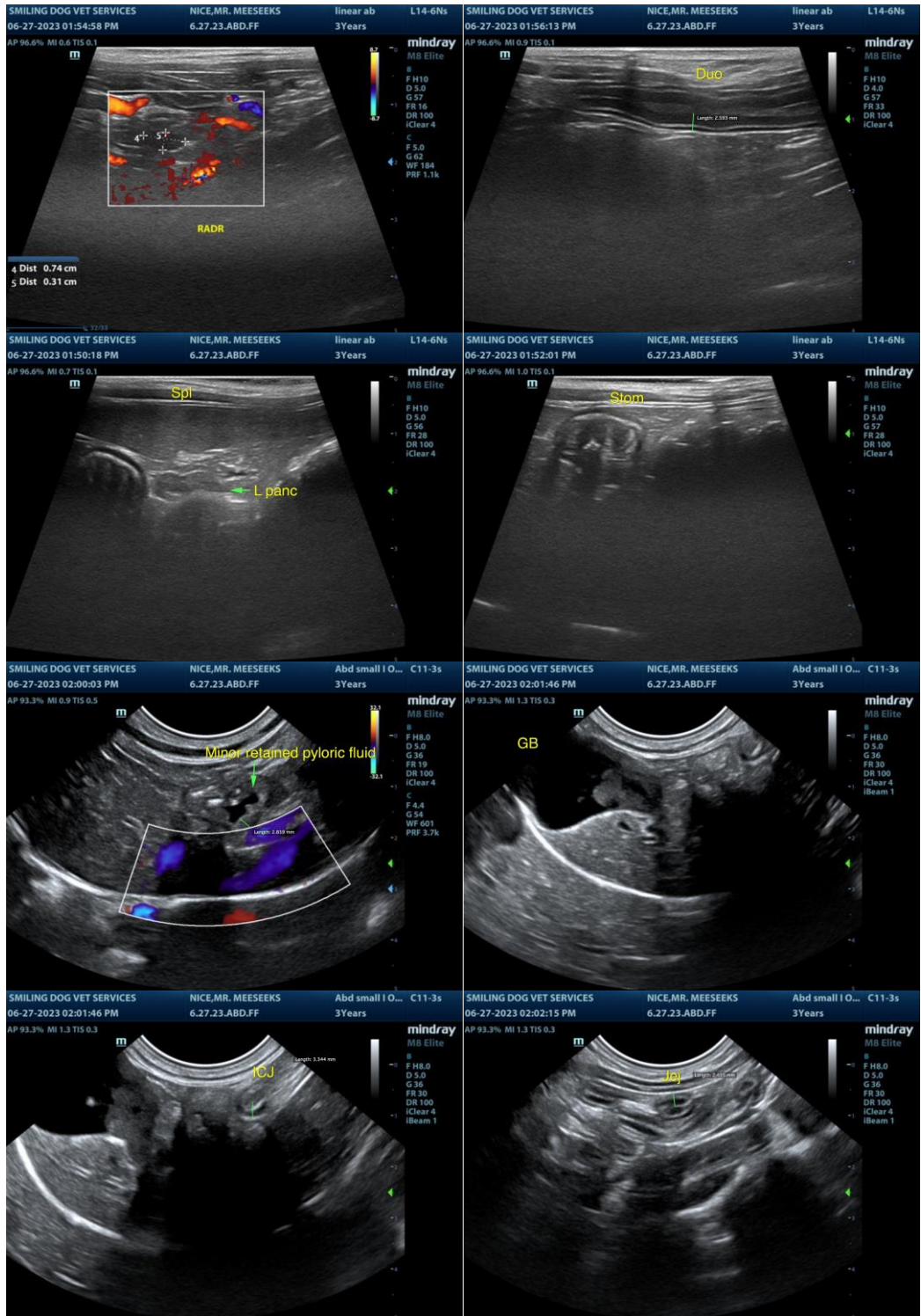
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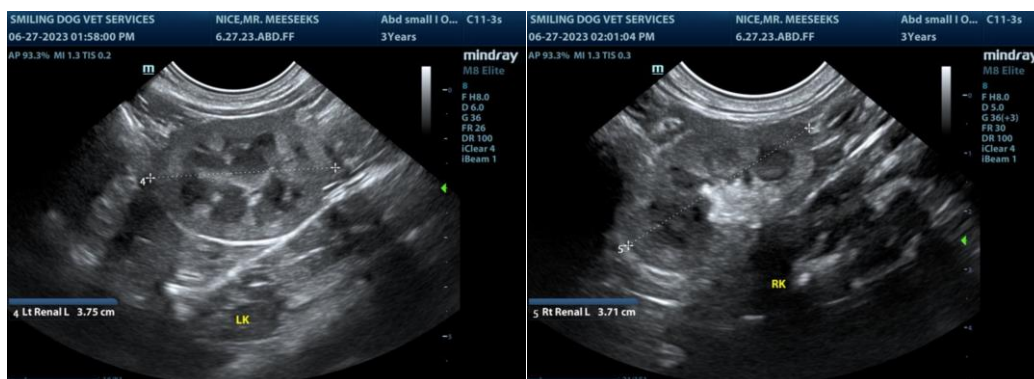
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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info@sonopath.com