



PATIENT

Oliver Smith

PRESENTING CLINICAL SIGNS

History: Weight loss, food aversion, History of pancreatitis.

Abnormal PE/Chem/CBC/UA Results: Bloodwork WNL, heart murmur 3/6

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DSH

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.

SEX

MN

Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.4 cm in length. The right kidney measured 3.6 cm in length.

AGE

14

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

WEIGHT

10.2

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.4 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.

INTERPRETED BY

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

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.

IMAGING PERFORMED BY

Cassidy Braverman

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion.

HOSPITAL NAME

Bush Animal Hospital

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

REFERRING VET

Dr. Blystone

Gastrointestinal

The stomach presented intact yet subjective mild prominent wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The gastric body and the pylorus wall both measured 0.32 cm in width.

INVOICE

11003ag

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with segmental luminal gas and no signs of ileus, obstruction or foreign material.

DATE

06/28/2022



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

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Pancreas

SPECIES

The pancreas was normal in size and contour with isoechoic to mild heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Feline

Free Abdomen

BREED

No overt lymphadenopathy or peritoneal effusion was present.

DSH

ULTRASONOGRAPHIC FINDINGS

SEX

- Mild chronic kidney changes
- Isoechoic to subtly heterogeneous pancreas
- Intact yet mild prominent gastric walls
- Sonographically unremarkable small bowel with segmental luminal gas

MN

AGE

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

14

Largely a mild geriatric abdomen without evidence of significant visceral pathology specifically no overt signs of GI or pancreatic structural pathology or inflammatory criteria. Dietary intolerance/food hypersensitivity, inflammatory intestinal disease or low-grade pancreatitis both of which may present sonographically normal could be possible. A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss.

WEIGHT

10.2

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(Canine and Feline)

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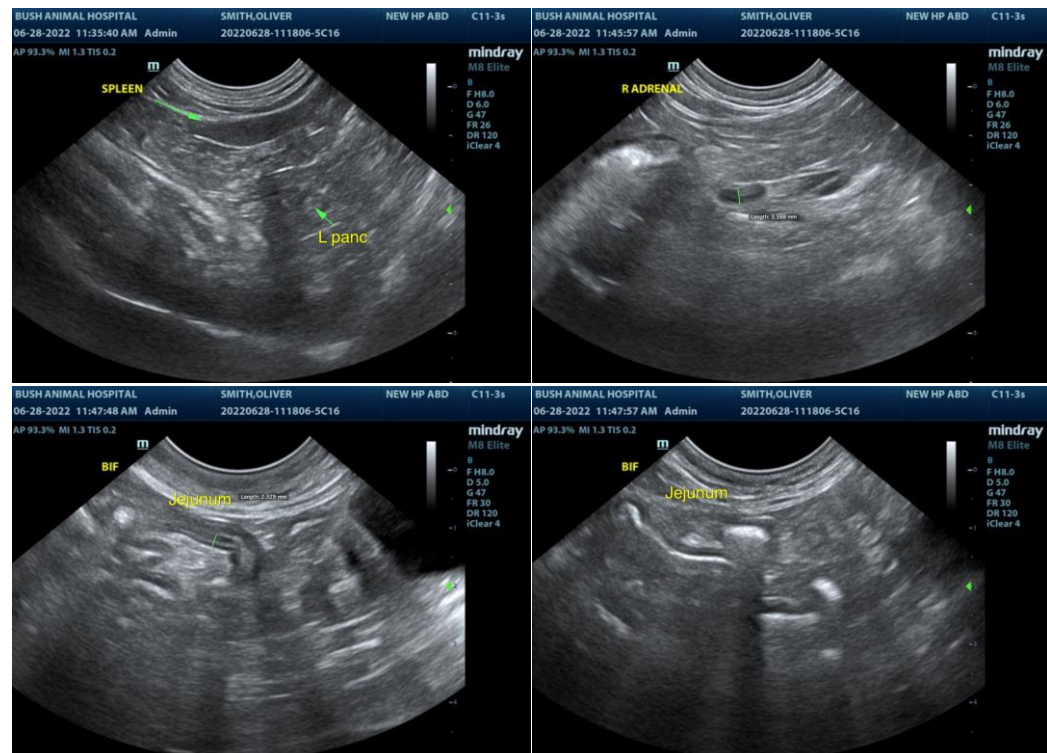
Dr. Blystone

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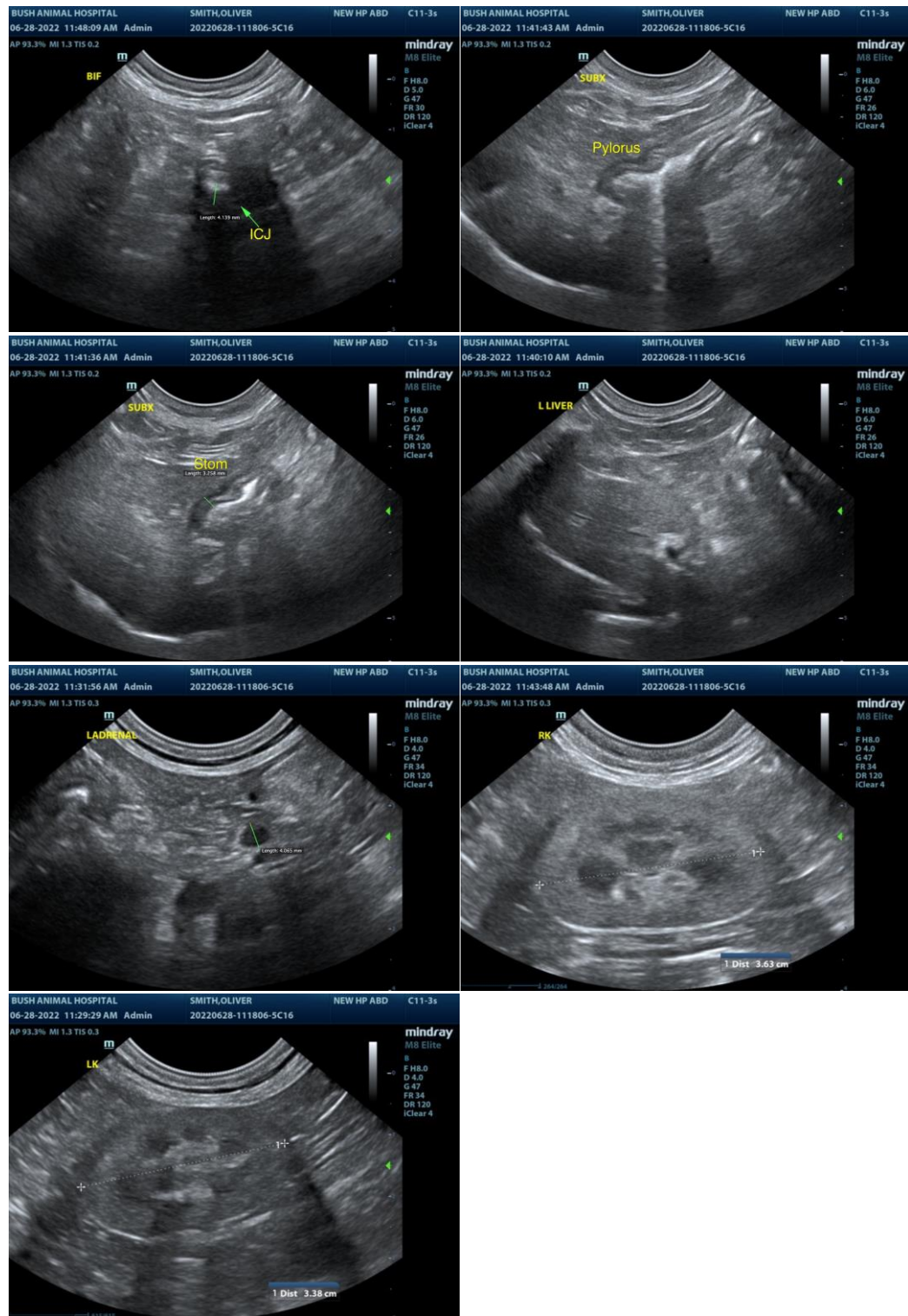
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



PATIENT

can be of any further assistance please contact me.

Oliver Smith

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com

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