



PATIENT

Yoko Boyden

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

10 years

WEIGHT

13 lbs.

INTERPRETED BY

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

IMAGING PERFORMED BY

Sara Hansen

HOSPITAL NAME

Willakenzie AC

REFERRING VET

Dr. Fischer

INVOICE

17188

DATE

6/28/23

PRESENTING CLINICAL SIGNS

vomiting for 3 weeks, mostly within an hour after eating

Abnormal PE/Chem/CBC/UA Results: ABNORMAL Laboratory Findings neutrophils 2.2 Current Medications cerenia 8mg

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 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.

The area of the aortic trifurcation was free of pathology.

Normal size and minor asymmetrical 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 4.0 cm in length. The right kidney measured 4.3 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 0.35 cm width and the right adrenal gland measured 0.57 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. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact overtly normal wall layering with a normal wall layer ratio. The stomach contained a mild amount of retained anechoic fluid with no signs of gastric ingesta, hairball density or



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foreign material. No evidence of mechanical pyloric outflow obstruction was noted. The pylorus wall width measured 0.32 cm.

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 0.25 cm width. The jejunum wall measured 0.23 cm width.

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

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.

Free Abdomen

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

ULTRASONOGRAPHIC FINDINGS

- Sonographically unremarkable gastrointestinal tract with minor retained gastric fluid
- Normal pancreas
- Minor age-related renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, there was no evidence of significant visceral pathology as an obvious cause of the patient's vomiting.

Mild gastritis / esophagitis, dietary intolerance, occult parasitism, and emerging nonstructural intestinal disease are all potentials. No evidence of a gastrointestinal obstructive pattern or intrabdominal neoplastic criteria.

A Spec fPL could be considered to assess for low-grade pancreatitis which may present as sonographically normal. Likewise, a full GI panel to include PLI/TLI/Cobalamin/Folate to assess occult intestinal disease may be considered, especially if evidence of weight loss going forward. Three-view chest radiographs may be considered to rule out intrathoracic or esophageal pathology as a contributing factor if not done.

Empirically, gastroprotectant protocol, Omeprazole 1.0 mg/kg PO SID over the next 3 weeks with a canned novel protein or hydrolyzed diet trial with an assessment of clinical response may prove beneficial. As-needed hairball therapy is suggested if clinically indicated.



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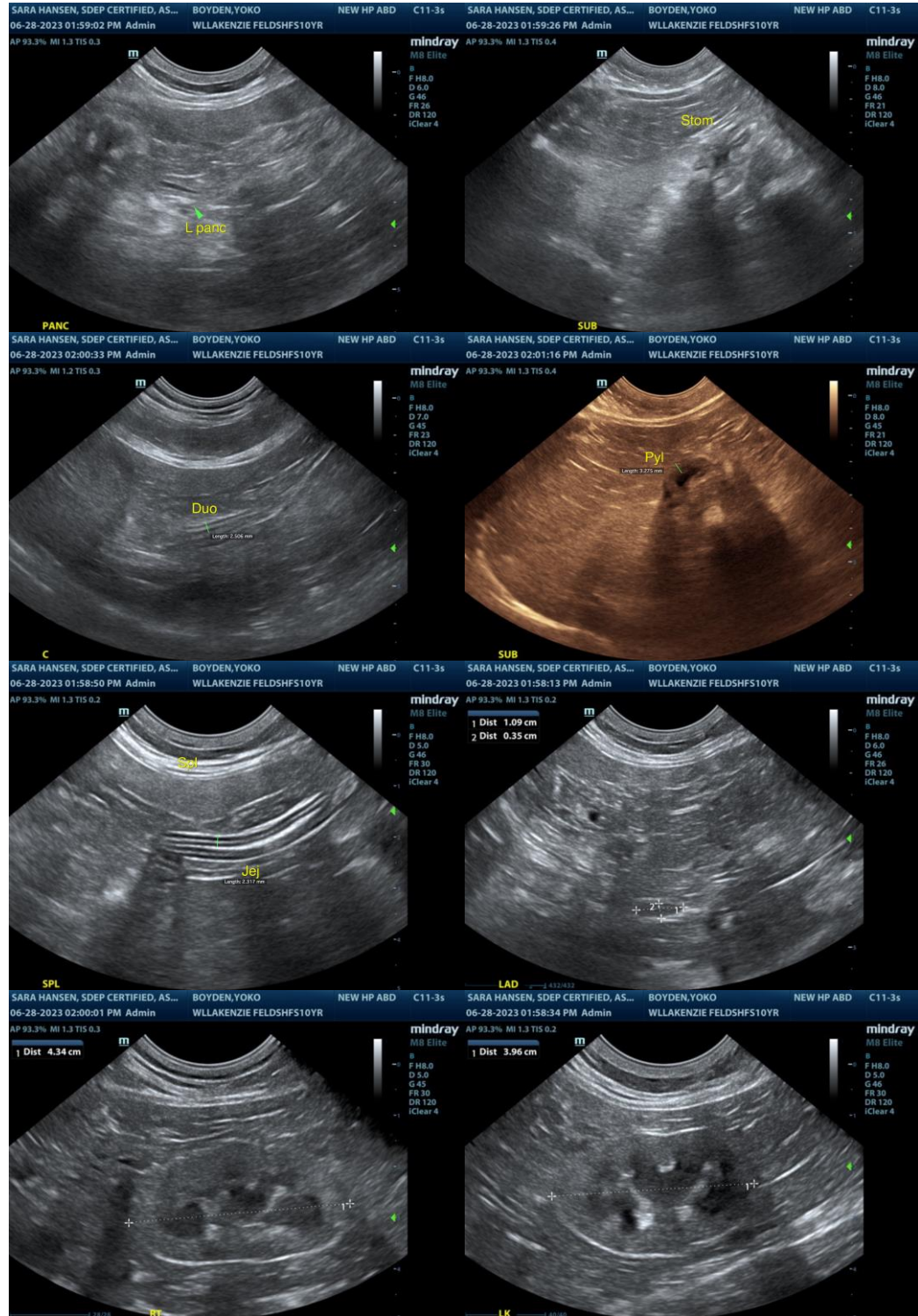
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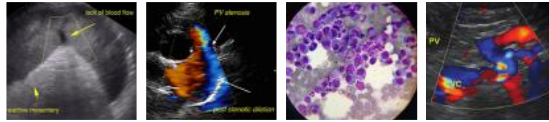
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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