



**PATIENT**

Hamlet Brauchler

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

2

**WEIGHT**

15.3

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Sharkaway

**HOSPITAL NAME**

Kew Gardens AH

**REFERRING VET**

Dr. Sharkaway

**INVOICE**

14013

**DATE**

6/3/22

**PRESENTING CLINICAL SIGNS**

UTI VOMITING ANOREXIA  
Abnormal PE/Chem/CBC/UA Results: BW- WNL

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder exhibited Intact yet mild uniform prominent wall layering exhibiting normal mural echogenicity. The ventral urinary bladder wall width measured 0.20 cm. Moderate, primarily dependent to mild nondependent sediment and mineralized sand were present. No macro calculi were noted. The urethra was normal to a depth of 2.0 cm.

The area of the aortic trifurcation was free of pathology.

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 4.0 cm in length. The right kidney measured 4.1 cm in length.

**Adrenal Glands**

No overt pathology was noted in the area of the left or right adrenal glands, although not definitively visualized.

**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 wall layering with a normal wall layer ratio. Mild nonspecific Ingesta was present in the gastric and pyloric lumen with concurrent gas. The ventral gastric body wall width measured 0.25 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 width measured 0.23 cm. The jejunum wall width measured 0.21 cm.



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

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**Pancreas**

**SPECIES**

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.

Feline

**BREED**

**Free Abdomen**

DSH

No overt lymphadenopathy or peritoneal effusion was present.

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

Male Neutered

- Moderate urinary bladder sediment / sand and suspect mild cystitis
- Overtly normal gastrointestinal tract with mild gastric ingesta and gas
- Overtly normal pancreas

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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Cystocentesis for urinalysis, +/- C/S, if not done, is recommended. If no evidence of confirmed infection, medical therapy for idiopathic cystitis, which may include dietary therapy, anti-inflammatories, etc., may be considered.

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The presence of nonspecific gastric ingesta may correlate with recent meal ingestion. However, given the patient's reported anorexia, some degree of gastric hypomotility may be possible. Potential hairball density in the stomach cannot be excluded if previous history of hairballs. Otherwise, no overt evidence of structural gastrointestinal pathology or inflammatory pancreatic criteria was noted. Low-grade to chronic pancreatitis and structurally insignificant inflammatory enteropathy at times can present as sonographically normal. Continue as-needed gastrointestinal support +/- hairball therapy if clinically indicated is suggested.

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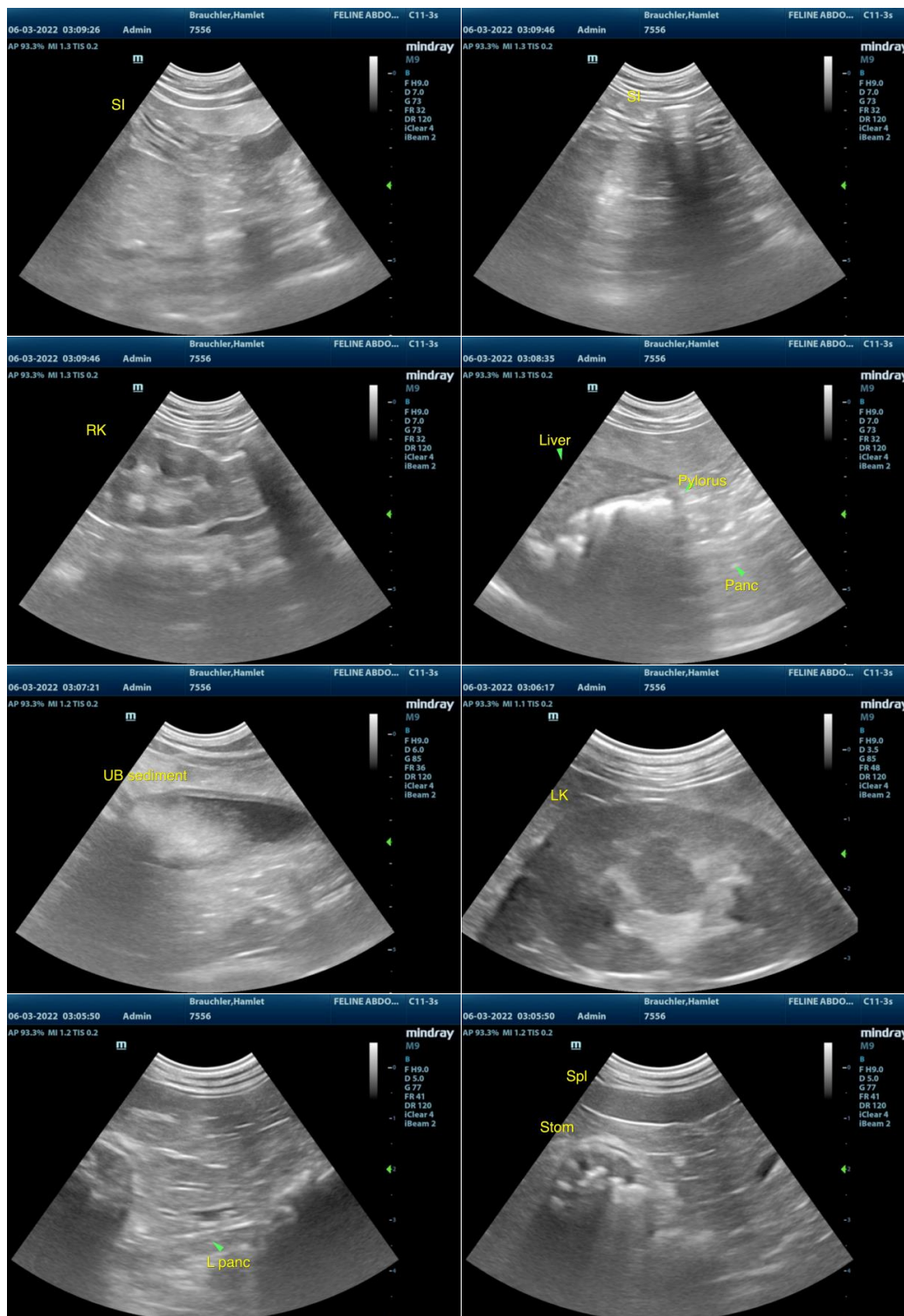
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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