



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Ms. Pepper CRAN	Chronic vomiting with increased frequency. CBC=WNL Chemistry=WNL Electrolytes=WNL feline Pancreatic Lipase SNAP=normal Fecal O & P=negative, none seen Fecal Giardia SNAP=negative Primary Question/Differential to Be Answered in This Exam Does this cat have intestinal neoplasia as the cause for chronic vomiting?
<b>SPECIES</b>	
Feline	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
DSH	<b>Urinary System</b>
<b>SEX</b>	The urinary bladder, trigone, and cystourethral junction 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.
FS	
<b>AGE</b>	The area of the aortic trifurcation was free of pathology.
8 Years	
<b>WEIGHT</b>	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 3.9 cm in length.
10.3 lbs.	
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.36 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.28 cm width.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Jenna Walsh, CVT	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.
<b>HOSPITAL NAME</b>	<b>Liver/ Gallbladder</b>
Four conders VC	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.
<b>REFERRING VET</b>	
Dr. Dull	
<b>INVOICE</b>	
14010	
<b>DATE</b>	
6/3/22	



**PATIENT**

***Gastrointestinal***

Ms. Pepper CRAN

The stomach presented intact 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 wall width measured 0.26 cm.

**SPECIES**

Feline

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 0.24 cm width.

**BREED**

DSH

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

**SEX**

***Pancreas***

FS

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.

**AGE**

8 Years

***Free Abdomen***

**WEIGHT**

10.3 lbs.

No omental masses, lymphadenopathy or peritoneal free fluid were present.

**ULTRASONOGRAPHIC FINDINGS**

- Sonographically unremarkable abdomen

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of abdominal visceral pathology, specifically no evidence of gastrointestinal or pancreatic pathology as an obvious primary factor in the patient's chronic vomiting with increasing frequency. Dietary intolerance / food hypersensitivity, occult parasitism even with negative fecal testing, structurally insignificant pancreatitis or inflammatory bowel which may present as sonographically normal, are possible.

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Four conders VC

Initial dietary trial with hydrolyzed diet and gastroprotectant protocol with assessment of clinical response +/- broad-spectrum deworming would be reasonable. No evidence of intraabdominal, specifically gastrointestinal or pancreatic, neoplastic criteria was noted.

**REFERRING VET**

Dr. Dull

Sonographic monitoring of the gastrointestinal tract and pancreas for evidence of progressive inflammatory changes if persistent / progressive vomiting is noted despite conservative therapy is suggested. If evidence of weight loss, a GI panel to include PLI/TLI/Cobalamin/Folate, as well as three view chest radiographs to rule out occult thoracic or esophageal pathology are recommended.

**INVOICE**

14010

**DATE**

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**PATIENT**

Ms. Pepper CRAN

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

8 Years

**WEIGHT**

10.3 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Four conders VC

**REFERRING VET**

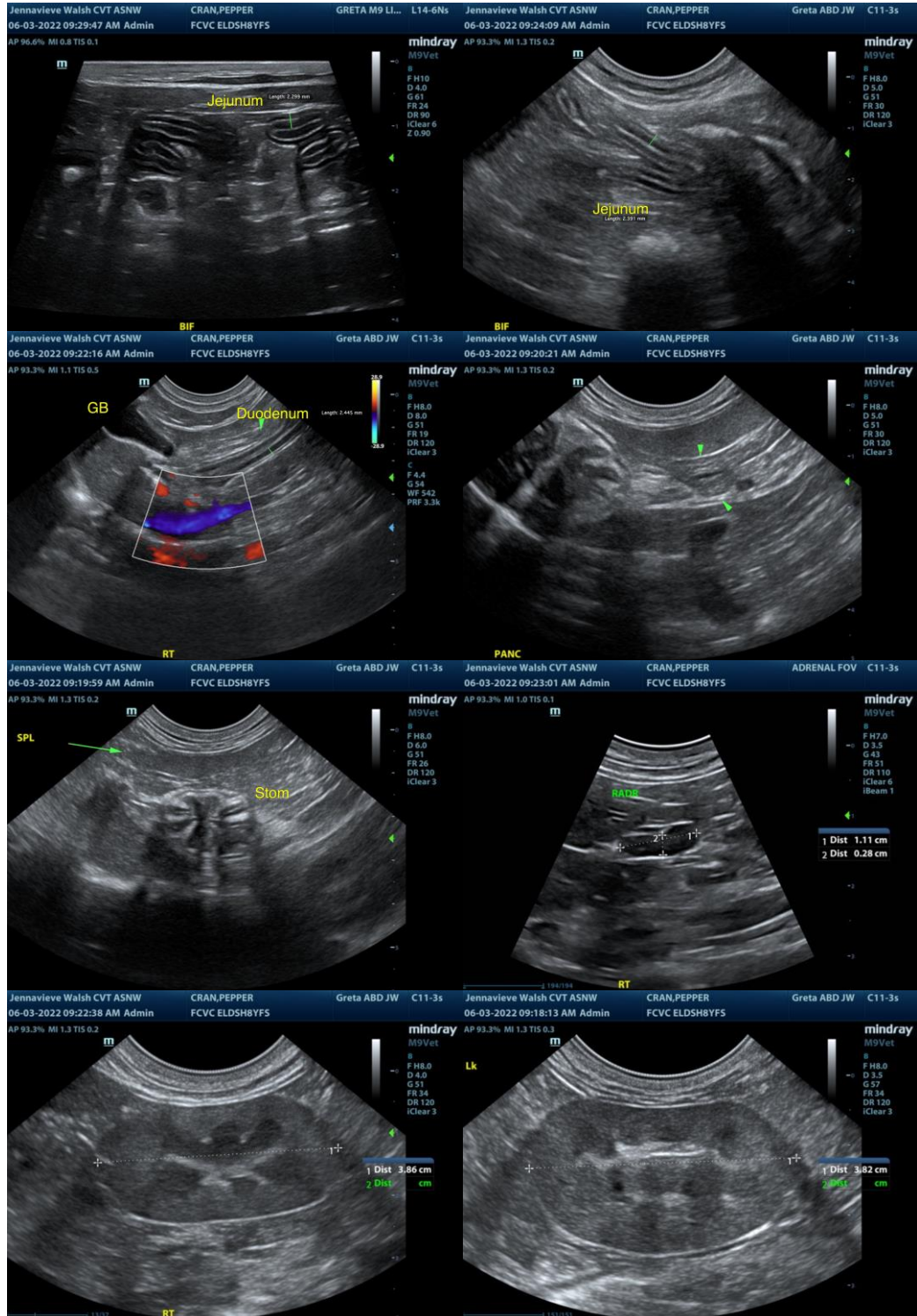
Dr. Dull

**INVOICE**

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**PATIENT**

Ms. Pepper CRAN

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.

**SPECIES**

Feline

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.

**BREED**

DSH

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
info@SonoPath.com

**SEX**

FS

**AGE**

8 Years

**WEIGHT**

10.3 lbs.

**INTERPRETED BY**

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DVM, DABVP  
(Canine and Feline)

**IMAGING  
PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Four conders VC

**REFERRING VET**

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