



PATIENT	PRESENTING CLINICAL SIGNS
Chloe Sharma	History: Not eating, vomiting. Depressed. On Bloodwork, saw elevated RBCs, Elevated platelets and Elevated WBCs.
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Feline	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 were noted.
BREED	
DSH	
SEX	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 3.8 cm in length. The right kidney measured 4.0 cm in length.
FS	
AGE	The area of the aortic trifurcation was free of pathology.
12yr	Adrenal Glands The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.48 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.5 cm width.
WEIGHT	
5.9kg	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.
INTERPRETED BY	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Liver 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.
IMAGING PERFORMED BY	
Crystall Hill	Gastrointestinal The stomach presented intact yet mildly prominent wall layering with a normal wall layer ratio. The lumen of the stomach contained nonspecific ingesta exhibiting mild near field hyperechogenicity with progressive distal acoustic shadowing with no signs of ileus, obstruction or foreign material. The ventral gastric body wall measured 0.35 cm in width.
HOSPITAL NAME	
Erin Folk Animal Hospital	INVOICE The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained segmental nonshadowing ingesta/chyme with no signs of ileus, obstruction or foreign material.
REFERRING VET	
Dr. Soliman	DATE Normal visible colon wall layers were present with apparent formed feces in lumen.
INVOICE	
11097ag	Pancreas
DATE	
07/11/2022	



PATIENT

Chloe Sharma

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

SPECIES

Feline

Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

BREED

DSH

ULTRASONOGRAPHIC FINDINGS

- Possible hairball type density in the stomach, potential minor gastritis
- Sonographically unremarkable small bowel containing nonshadowing ingesta/chyme
- Prominent to hypoechoic pancreas with minor peri pancreatic reactive mesentery-consistent with mild active to chronic active pancreatitis

SEX

FS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

AGE

12yr

Assessment for evidence of cranial abdominal or subxiphoid discomfort in the area of the pancreas is suggested. Correlation with a spec fPL or a full GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Although not definitive, potential for hairball density or similar was present in the gastric lumen if documented NPO prior to the scan and with history of vomiting. Monitoring for evidence of normal gastric emptying would be ideal. Hairball therapy is recommended if clinically indicated. Empirically supportive care for pancreatitis with as needed GI support +/- hairball therapy would be reasonable. Recheck sonogram could be considered for reassessment of the pancreas and GI tract if persistent/progressive GI signs despite empirical therapy.

WEIGHT

5.9kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Crystall Hill

HOSPITAL NAME

Erin Folk Animal
Hospital

REFERRING VET

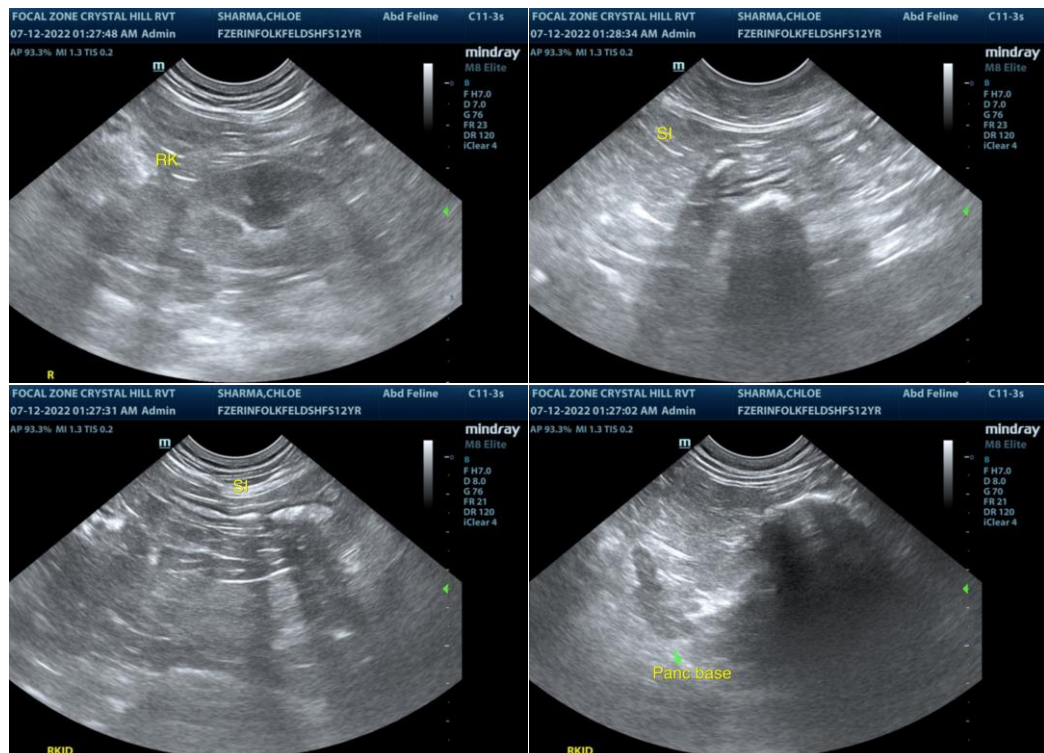
Dr. Soliman

INVOICE

11097ag

DATE

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PATIENT

Chloe Sharma

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

12yr

WEIGHT

5.9kg

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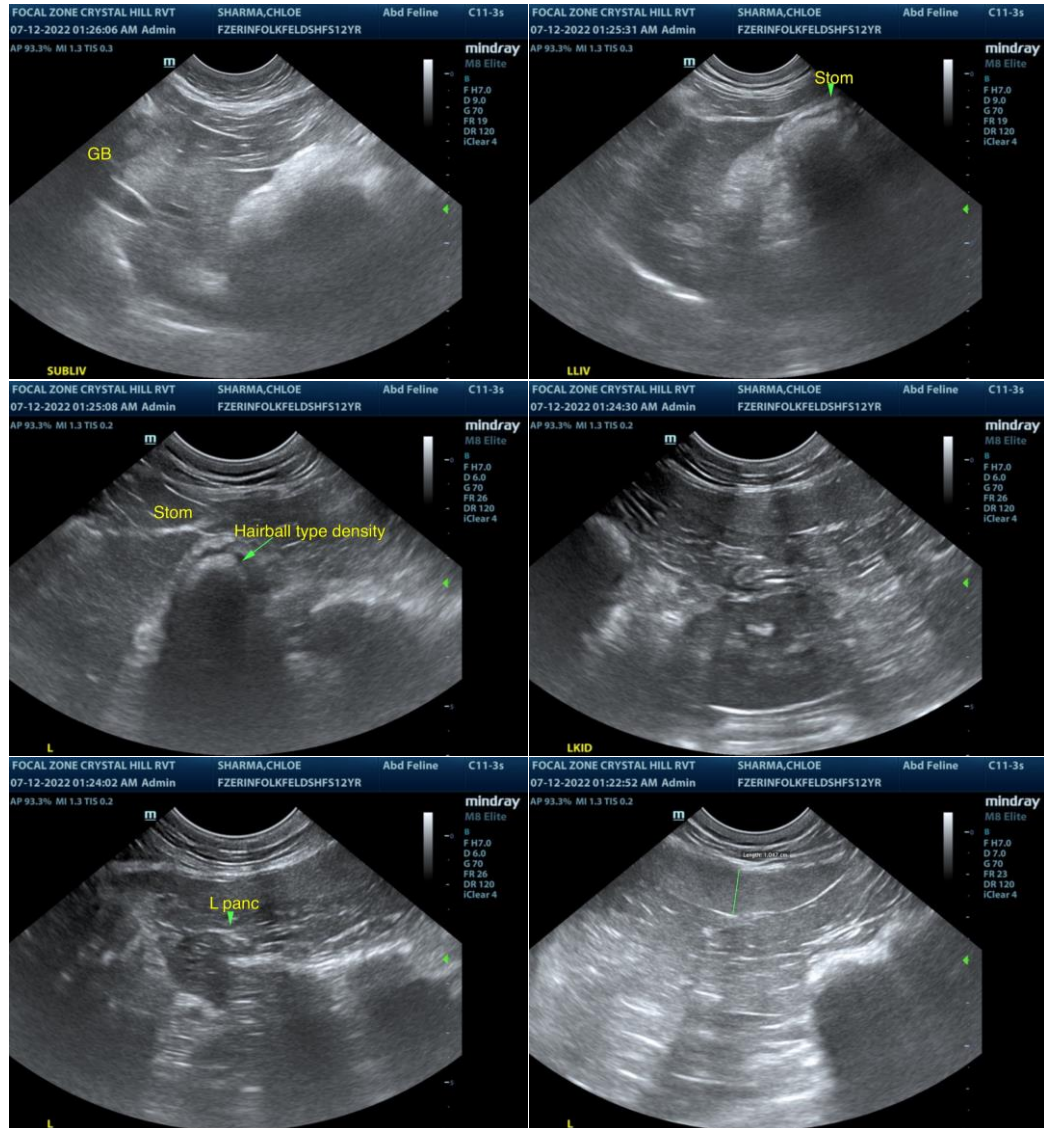
Dr. Soliman

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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.

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

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