
**PATIENT PRESENTING CLINICAL SIGNS**

Walter Popovich

July 11 vomited about 6 times and developed some diarrhea with decreased appetite. Cerenia injection given and no further vomiting, stools returned to normal. Appetite remained decreased with SUB Q fluids given, oral cerenia and mirtazapine.

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: Please see attached bloodwork and fecal results.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**
**BREED**
**Urinary System**

DSH

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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 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 4.6 cm in length. The right kidney measured 4.7 cm in length.

**AGE**

2yr

The area of the aortic trifurcation was free of pathology.

**WEIGHT**

6.21kg

**Adrenal Glands**

The bilateral adrenal glands were overtly normal in size, position and shape. The left adrenal gland subjectively measured 0.48 cm width. The right adrenal gland subjectively measured 0.38 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**

Crystal Hill

**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.

**HOSPITAL NAME**

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 Hospital

**REFERRING VET**

Webster

**Gastrointestinal**

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 measured 0.24 cm in width.

**INVOICE**

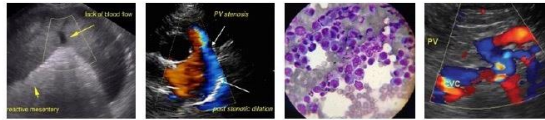
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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.23 cm width. The jejunum wall measured 0.22 cm width. The ileocolic wall measured 0.28 cm width.

**DATE**

07/17/2023

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



**PATIENT**

**Pancreas**

Walter Popovich

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 was evident.

**SPECIES**

**Free Abdomen**

Feline

No peritoneal effusion was present.

**BREED**

A solitary prominent to irregular mesenteric lymph node was present in the mid abdomen measuring 2.1 cm x 0.69 cm. Subtle evidence of perilymphatic reactive omentum was present.

DSH

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

- Sonographically unremarkable GI tract.
- Solitary mild mid abdominal mesenteric lymphadenopathy.

MN

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

Overall, there is no overt evidence of significant abdominal visceral pathology as a definitive cause of the patient's clinical signs. Suspect mild mid abdominal potentially resolving lymphadenitis likely secondary to mild to possible resolving inflammatory bowel episode.

2yr

**WEIGHT**

Recommended continued supportive care with potential therapy for lymphadenitis which may include antibiotic trial i.e., zithromax or zithromax/metronidazole combination, as needed GI support and possible hydrolyzed diet trial over time if continued or recurrent GI signs.

6.21kg

No overt indication for surgical intervention.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Crystal Hill

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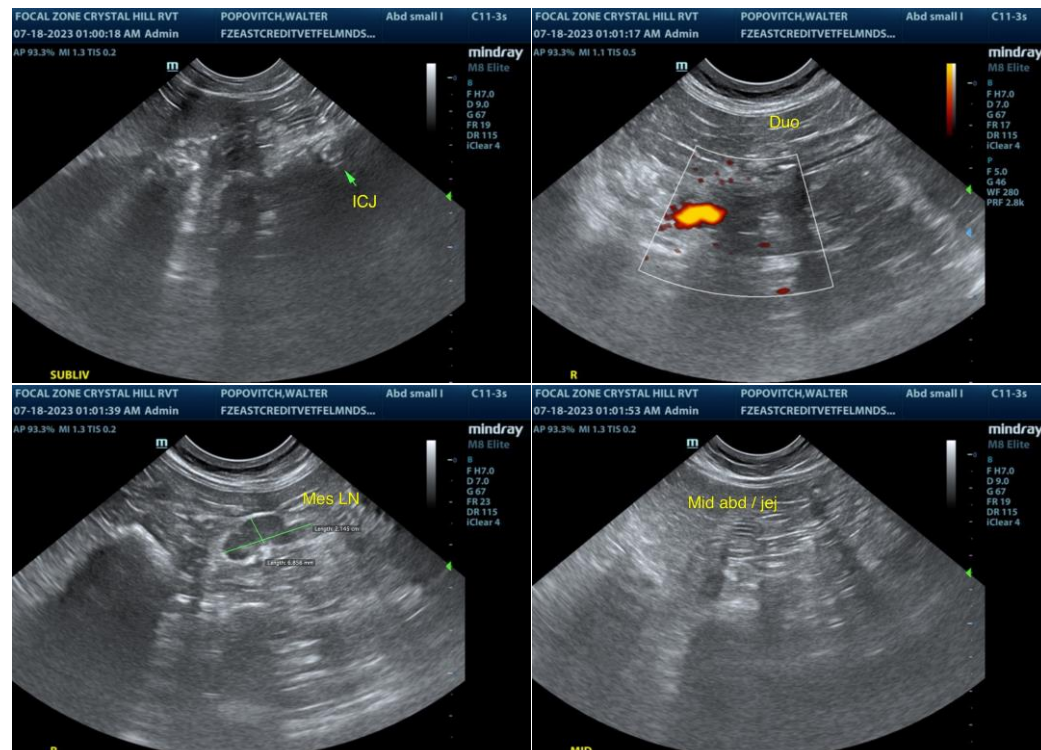
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**INVOICE**

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**DATE**

07/17/2023





**PATIENT**

Walter Popovich

**SPECIES**

Feline

**BREED**

DSH

**SEX**

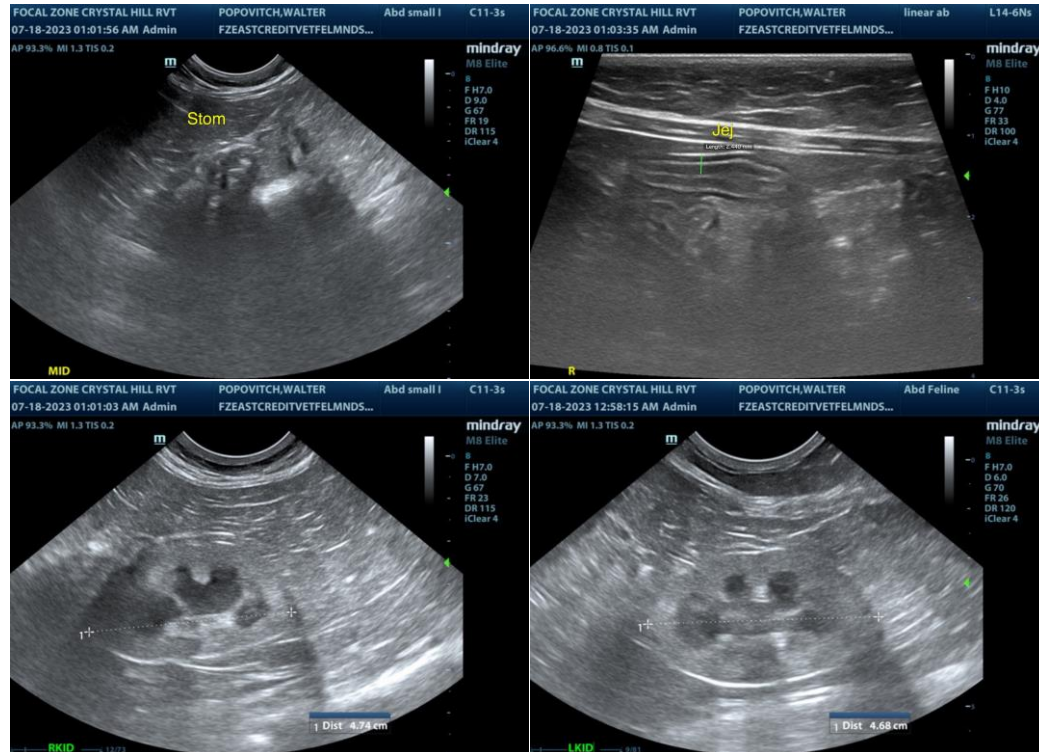
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**AGE**

2yr

**WEIGHT**

6.21kg



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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(Canine and Feline)

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