



PATIENT	PRESENTING CLINICAL SIGNS
Willow Maxwell	P presented on 7/10 for vomiting and unproductive gagging. She is an indoor only cat and had escaped for a few hours that day. When she returned home, she vomited grass and bile. BW and abdominal x-rays done on 7/10 were WNL, so sent P home with symptomatic supportive care (SQ fluids and cerenia). P presented again today for worsening symptoms. She showed no improvement with symptomatic care. She has been vomiting multiple times every day and gagging in between. She is not eating or drinking well, and has not defecated in almost a week.
SPECIES	
Feline	
BREED	Abnormal PE/Chem/CBC/UA Results: Throat and cranial abdomen painful on palpation today. Throat palpation elicits a gag. Mild fever 103.1. Chemistry performed today WNL. CBC: neutrophils 2.02, Eosinophils 0.03, platelets 26, plateletcrit 0.04%; wbc, lymphocytes, monocytes, and basophils at low end of normal. Confirmed low platelets on blood smear.
DLH	
SEX	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
FS	Urinary System
AGE	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 mild to moderate non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.
6yr	
WEIGHT	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 3.5 cm in length. The right kidney measured 3.6 cm in length.
11.3	
INTERPRETED BY	The area of the aortic trifurcation was free of pathology.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Adrenal Glands
IMAGING PERFORMED BY	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.34 cm width. The area of the right adrenal gland was free of pathology.
Dr. Hannah Fearing	Spleen
HOSPITAL NAME	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.
Lanier Animal Hospital	Liver/Gallbladder
REFERRING VET	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. Normal vascular volume. 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 with mild echogenic sediment. The cystic and common bile ducts were normal.
Dr. Macie Joncas	
INVOICE	
14365ag	
DATE	
07/17/2023	



PATIENT

Willow Maxwell

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.

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.

Normal visible colon wall layers were present. The distal descending colon was mildly distended with formed shadowing feces.

BREED

DLH

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 was evident.

SEX

FS

Free Abdomen

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

AGE

6yr

ULTRASONOGRAPHIC FINDINGS

WEIGHT

11.3

- Urinary bladder sediment.
- Sonographically unremarkable GI tract.
- Minor gallbladder sediment.

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, there is no overt evidence of significant abdominal visceral specifically GI or pancreatic pathology as a definitive cause of the patient's clinical signs.

IMAGING PERFORMED BY

Dr. Hannah Fearing

Three view chest radiographs are recommended if not done to assess for occult thoracic pathology. A thorough potentially sedated oral exam is recommended.

HOSPITAL NAME

Lanier Animal
Hospital

Gastric protectant protocol i.e., Omeprazole 1 mg/kg PO SID over the next 3 weeks with as needed GI support which may include canned hydrolyzed diet trial may prove beneficial. A CBC pathology review and recheck retroviral status may be considered.

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PATIENT

Willow Maxwell

SPECIES

Feline

BREED

DLH

SEX

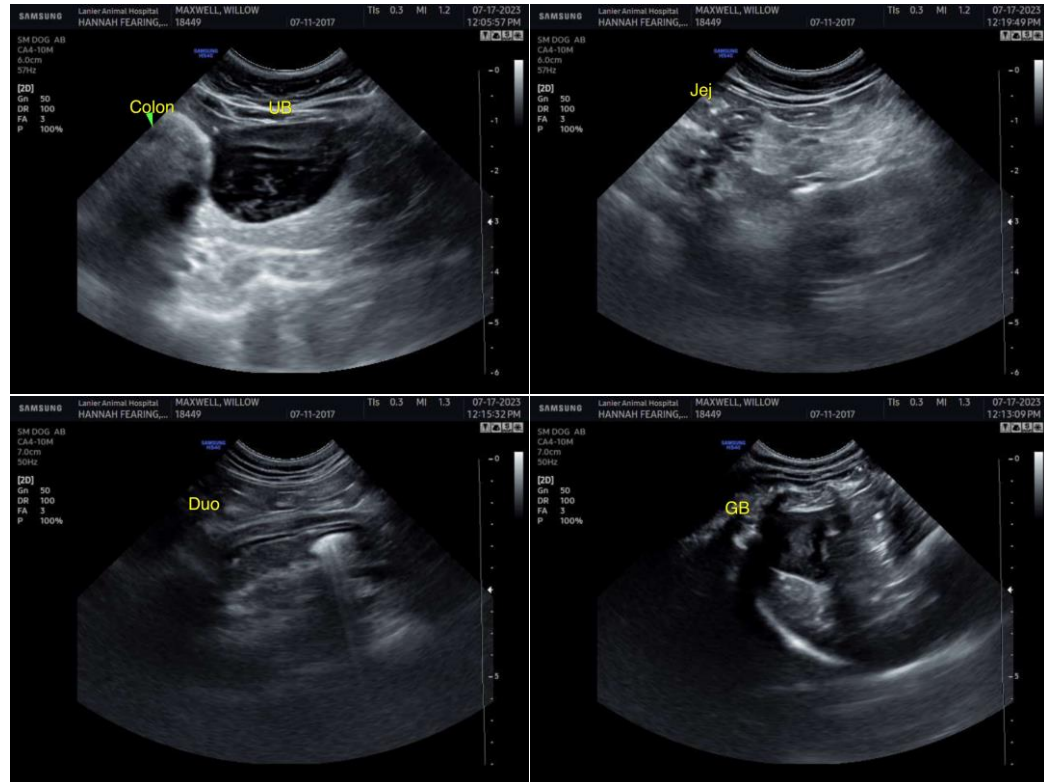
FS

AGE

6yr

WEIGHT

11.3



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IMAGING PERFORMED BY

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HOSPITAL NAME

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PATIENT

Willow Maxwell

SPECIES

Feline

BREED

DLH

SEX

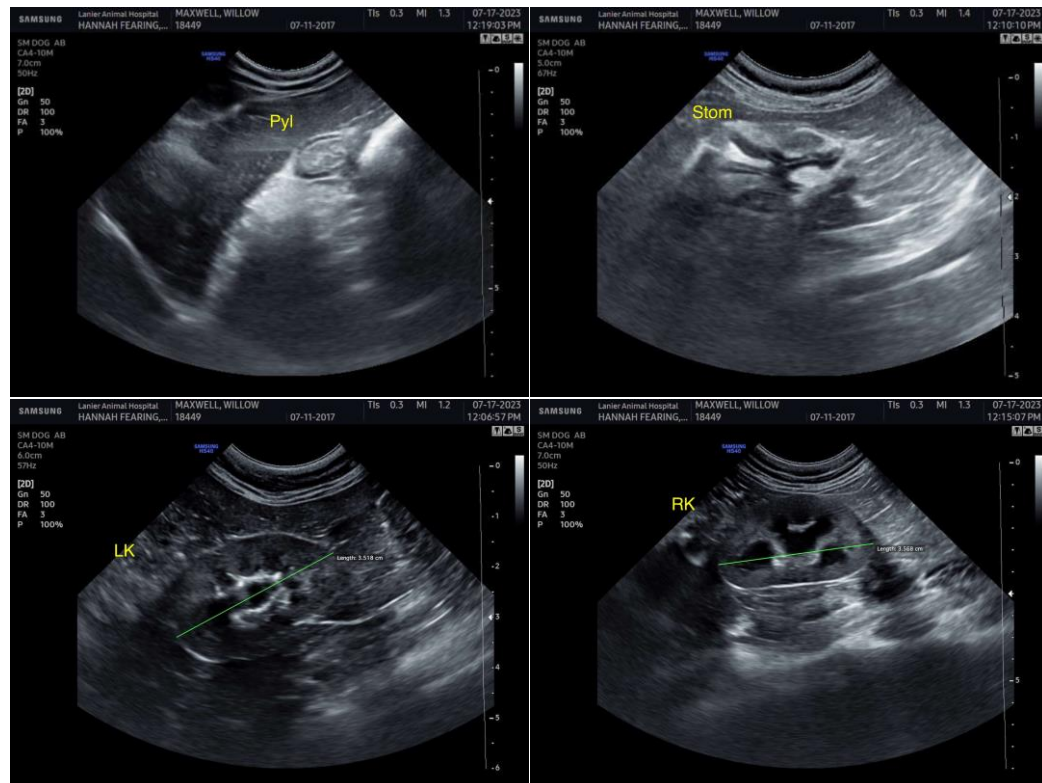
FS

AGE

6yr

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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)
info@sonopath.com