



PATIENT	PRESENTING CLINICAL SIGNS
King Tut Cohen	7y/o FS DSH with chronic history of constipation managed on Cisapride 5mg PO BID PRN. Has had the need for deobstipation by enema thrice in the last 3 years. Seen at ER for recent obstipation episode last week. Had radiographs raising some new medical suspicions.
SPECIES	
Feline	Abnormal PE/Chem/CBC/UA Results: Exam last week at ER: -small kidneys -constipated colon. AXR Assessment: -bilateral chronic nephropathy -scan intestinal mineralized foreign debris, likely incidental given the small amount -small rounder soft tissue focus in the left abdomen, could be associated with the left pancreatic limb given the location and is non-specific -chronic lumbosacral intervertebral disc disease. Examination today: FAS 5/5 - sedated on the spot with dexmedetomidine and butorphanol IM - effective for the scan.
BREED	
DSH	
SEX	
FS	
AGE	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
7 years	Urinary System
WEIGHT	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Minor nondependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.
9.5 lbs.	
INTERPRETED BY	No evidence of pathology in the area of the aortic trifurcation.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Normal renal margination was 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 exhibited borderline subnormal size measuring 3.0 cm in length. The right kidney was of adequate size measuring 3.5 cm in length.
IMAGING PERFORMED BY	Adrenal Glands
Dr. Sorbo	The left and right adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.31 cm width and the right adrenal gland measured 0.44 cm width.
HOSPITAL NAME	Spleen
Cambridge Veterinary Care	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.
REFERRING VET	Liver/ Gallbladder
Dr. Sorbo	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.
INVOICE	
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DATE	
7/18/23	The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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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 width measured 0.24 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 jejunum wall measured 0.21 cm width. The ileocolic wall subjectively measured 0.30 cm width.

Normal visualized colon wall layers were present. The colon appeared to exhibit normal size containing formed fecal matter.

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 were evident.

Free Abdomen

Regional midabdominal subjective peri ileocolic hyperechoic omentum was present. No evidence of significant lymphadenopathy or peritoneal effusion was noted.

ULTRASONOGRAPHIC FINDINGS

- Minor urinary bladder sediment
- Borderline subnormal left kidney size
- Structurally unremarkable gastrointestinal tract / colon
- Normal pancreas
- Regional midabdominal / peri ileocolic hyperechoic omentum - reactive omentum, potential for regional nonspecific staititis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Sonographically, there was no evidence of significant visceral pathology, i.e., neoplastic criteria.

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

The midabdominal hyperechoic omentum and potential for staititis are of unclear clinical significance. Potential reactive omental changes secondary to distal small intestine or proximal colon mild inflammation could be considered if gastrointestinal signs or evidence of weight loss are noted. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate if clinical concern for intestinal disease or low-grade pancreatitis, which may present as sonographically normal.



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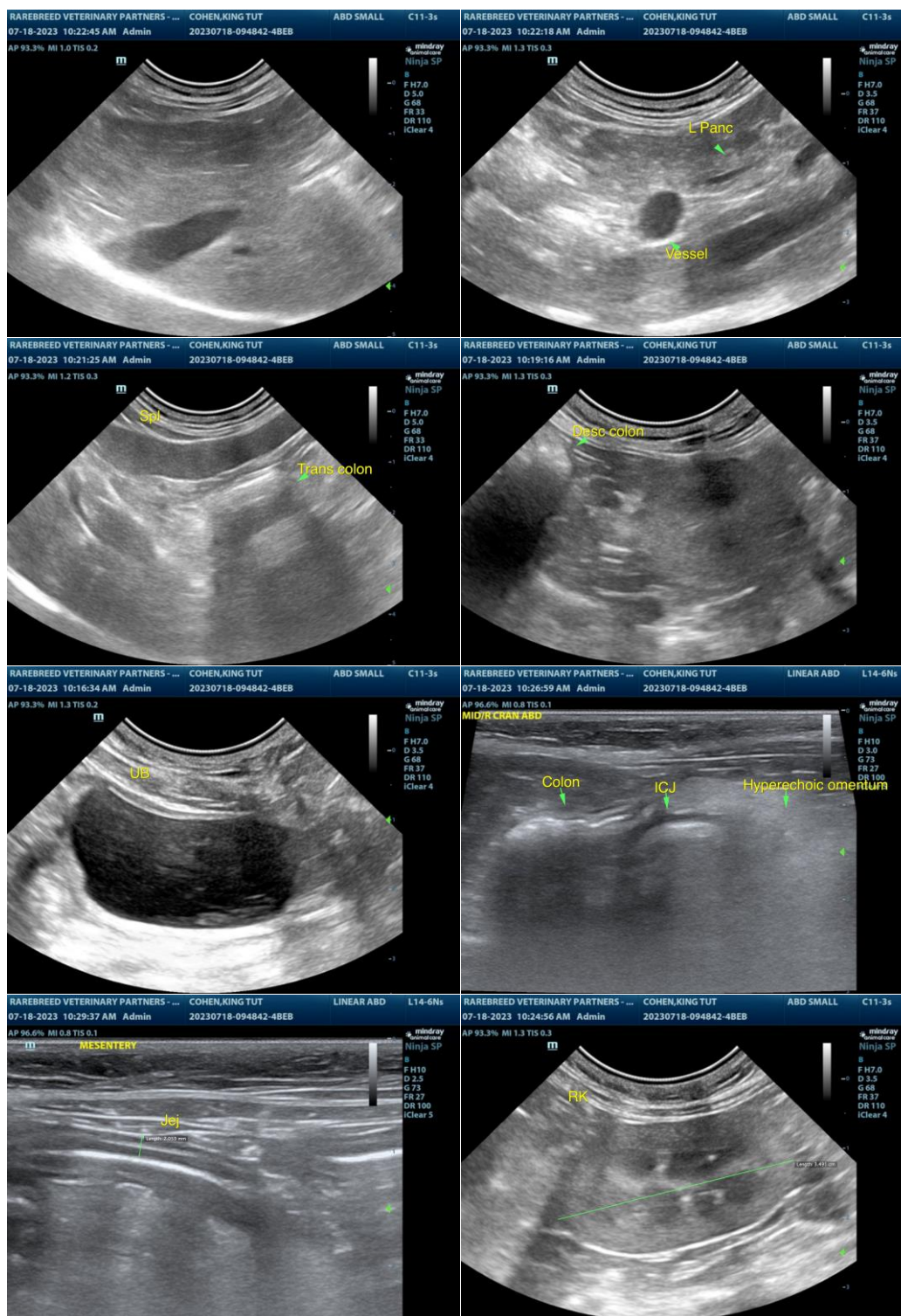
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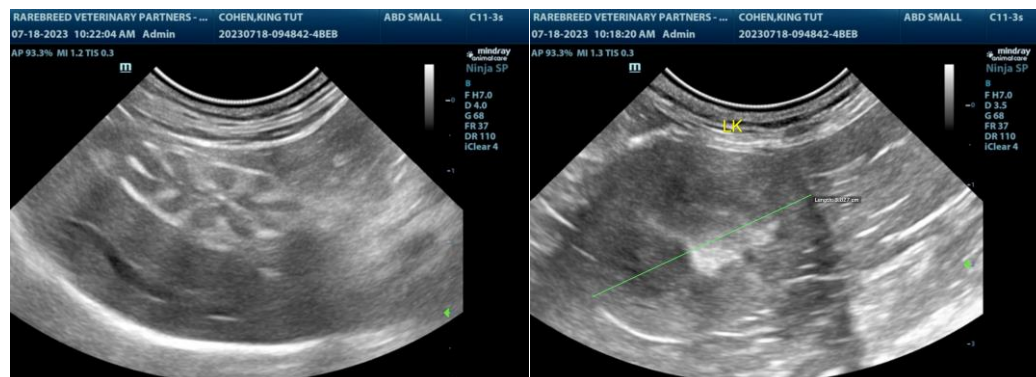
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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