



**PATIENT PRESENTING CLINICAL SIGNS**

Levi Hulshizer Episode of disorientation, IBD.  
 Medication: Tylan, B12, antinol

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Feline **Urinary System**

**BREED** The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 was noted.

**SEX** The area of the aortic trifurcation was free of pathology.

**MN** Normal size and minor capsule asymmetry were present in the kidneys. Subtle cortical hypertrophy with mild increased cortex echogenicity was noted bilaterally with mildly indistinct corticomedullary border demarcation. Normal medullary volume was noted. No pyelectasia was noted. The left kidney measured 3.8 cm in length. The right kidney measured 4.4 cm in length.

**AGE**

2009

**Adrenal Glands**

**WEIGHT** The left and right adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm width and the right adrenal gland measured 0.32 cm width.

14.4

**INTERPRETED BY Spleen**

R. McKenzie Daniel, DVM, DABVP (Canine and Feline) 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 0.76 cm width at the level of the mid-spleen.

**IMAGING PERFORMED BY**  
 Rebekah Jakum, CVT  
 ARDMS/RVT

**Liver/ Gallbladder**

**HOSPITAL NAME** 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.

Community VP

**REFERRING VET Gastrointestinal**

Dr. Hulshizer 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 ventral gastric body wall width measured 0.24 cm.

**INVOICE**

17305 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 0.20 cm width. The ileocolic wall measured 0.30 cm width.

**DATE**  
 7/19/23



**PATIENT**

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

Levi Hulshizer

**Pancreas**

The pancreas was normal in size with minor capsule asymmetry and isoechoic to mildly heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

**SPECIES**

Feline

**Free Abdomen**

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

**BREED**

DSH

**ULTRASONOGRAPHIC FINDINGS**

**SEX**

- Mild chronic renal changes
- Sonographically unremarkable gastrointestinal tract
- Mild pancreatic remodeling

MN

**AGE**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

2009

Sonographically, there was no evidence of intraabdominal pathology.

**WEIGHT**

The gastrointestinal presentation was not overtly consistent with infiltrative enteropathy criteria. However, nonstructural intestinal disease, given the patient's history, is possible. Low-grade to chronic pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation.

14.4

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

**HOSPITAL NAME**

Community VP

**REFERRING VET**

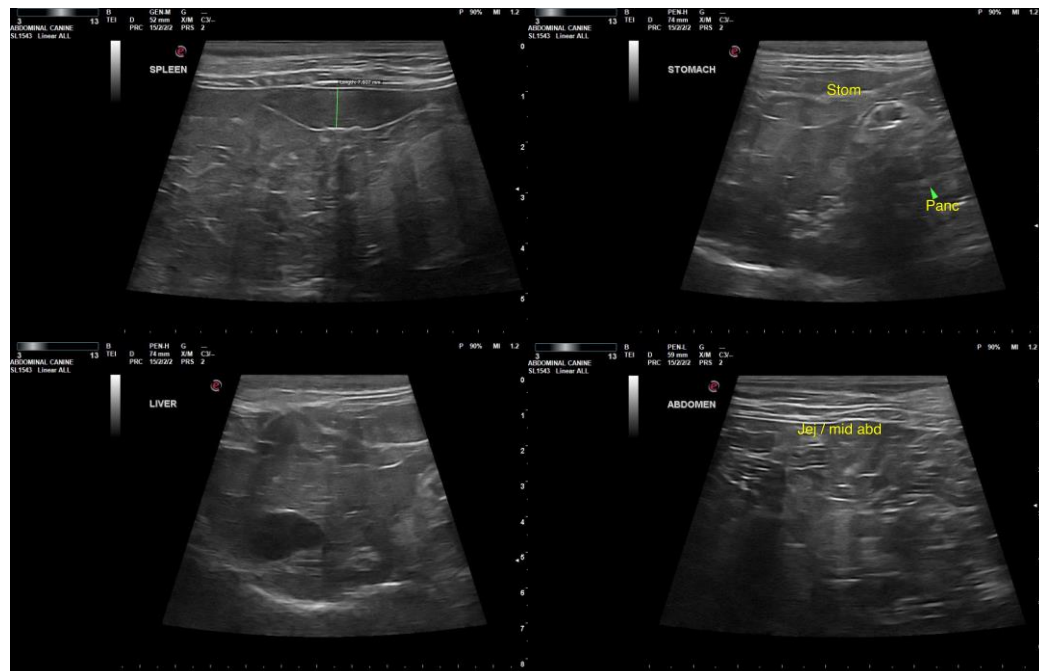
Dr. Hulshizer

**INVOICE**

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**PATIENT**

Levi Hulshizer

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

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**WEIGHT**

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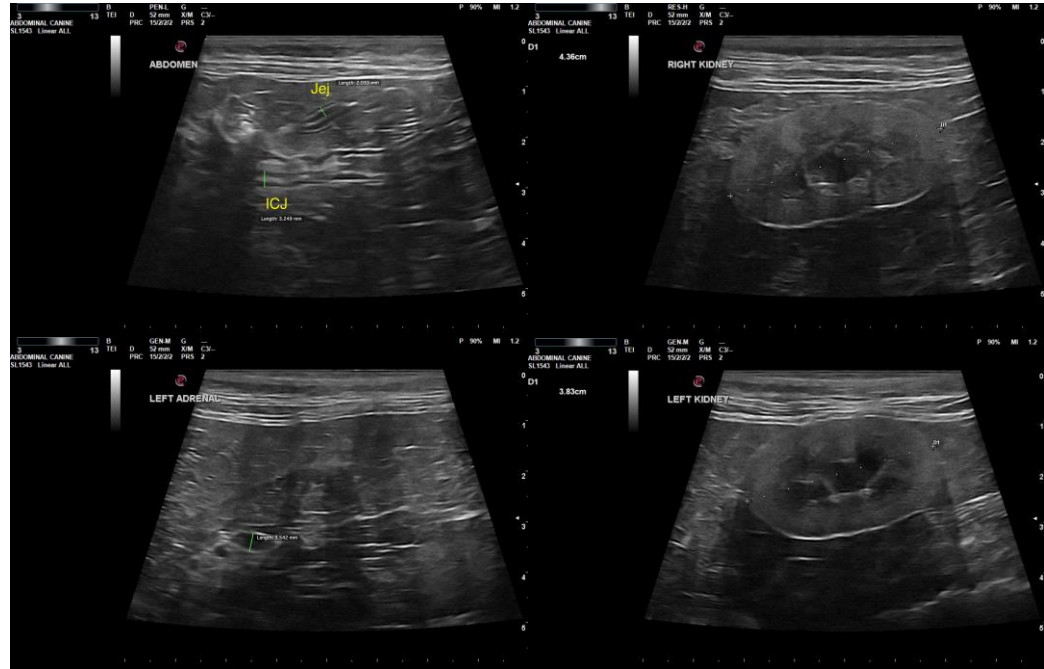
Dr. Hulshizer

**INVOICE**

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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.

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