



**PATIENT**

Sophie Barbour

**SPECIES**

Feline

**BREED**

DMG

**SEX**

FS

**AGE**

11 years

**WEIGHT**

12.56 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

VCA Salem AH

**REFERRING VET**

Dr. Hovenden

**INVOICE**

17294

**DATE**

7/19/23

**PRESENTING CLINICAL SIGNS**

Was seen here yesterday for vomiting x3d Treated with SQ fluids, Cerenia injection and sent home with oral Cerenia and transmucosal buprenorphine She ate about 2 tbs of canned food last night and she drank some water No additional vomiting but she is refusing to eat or drink anything today. The owner gave her a dose of oral Cerenia and buprenorphine at about 8am today. She is acting lethargic today.

Abnormal PE/Chem/CBC/UA Results: ABNORMAL Laboratory Findings Bloodwork showed mild dehydration but was otherwise unremarkable. FPL snap test was abnormal Current Medications Cerenia 16mg-1 tablet and Buprenorphine 0.3mg/ml: 0.3ml orally at about 8am today, Yesterday: 150ml SQ fluids and Cerenia 0.6ml (6mg) SQ Radiographic Findings No radiographs taken

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were 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 3.7 cm in length. The right kidney measured 4.1 cm in length.

**Adrenal Glands**

No overt pathology was noted in the area of the left adrenal gland. The right adrenal gland was overtly normal in size, position, and shape. The right adrenal gland subjectively measured 0.45 cm width.

**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 0.91 cm width at the level of the mid-spleen.

**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



**PATIENT**

Sophie Barbour

**SPECIES**

Feline

**BREED**

DMG

**SEX**

FS

**AGE**

11 years

**WEIGHT**

12.56 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

VCA Salem AH

**REFERRING VET**

Dr. Hovenden

**INVOICE**

17294

**DATE**

7/19/23

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.

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. minor retained anechoic pyloric fluid was noted with no signs of obstruction or foreign material.

The small intestine presented intact subjective borderline prominent wall layering and overall maintained wall layer detail and 1:3 muscularis/mucosa ratio. The duodenum wall width measured up to 0.30 cm. The jejunum wall width measured up to 0.30 cm.

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

**Pancreas**

The left pancreatic limb was normal in size and contour with isoechoic subtly nonhomogeneous to hypoechoic parenchyma compared to adjacent nonreactive omentum.

**Free Abdomen**

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

**ULTRASONOGRAPHIC FINDINGS**

- Mild chronic renal changes
- Intact subjective borderline prominent small bowel walls
- Minor retained pyloric fluid
- Suspect mild chronic pancreatitis, left limb

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Sonographically, there was no evidence of significant or definitive pathology as an obvious cause of the patient's gastrointestinal signs and inappetence.

Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation, which may correlate with suspect mild chronic pancreatitis, is recommended.

Although potential for a patient variant and nonspecific, given no evidence of reported weight loss or additional gastrointestinal signs, the small intestine exhibited borderline prominent wall layering which may potentially indicate inflammatory or less likely early neoplastic infiltrative criteria.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three view chest radiographs are suggested to rule out occult thoracic or esophageal pathology as a contributing factor. Empirically, as-needed gastrointestinal support which may include gastroprotectants, dietary therapy with an assessment of clinical response, and potential recheck sonogram if evidence of progressive gastrointestinal signs, weight loss, etc., would be reasonable.



**PATIENT**

Sophie Barbour

**SPECIES**

Feline

**BREED**

DMG

**SEX**

FS

**AGE**

11 years

**WEIGHT**

12.56 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

VCA Salem AH

**REFERRING VET**

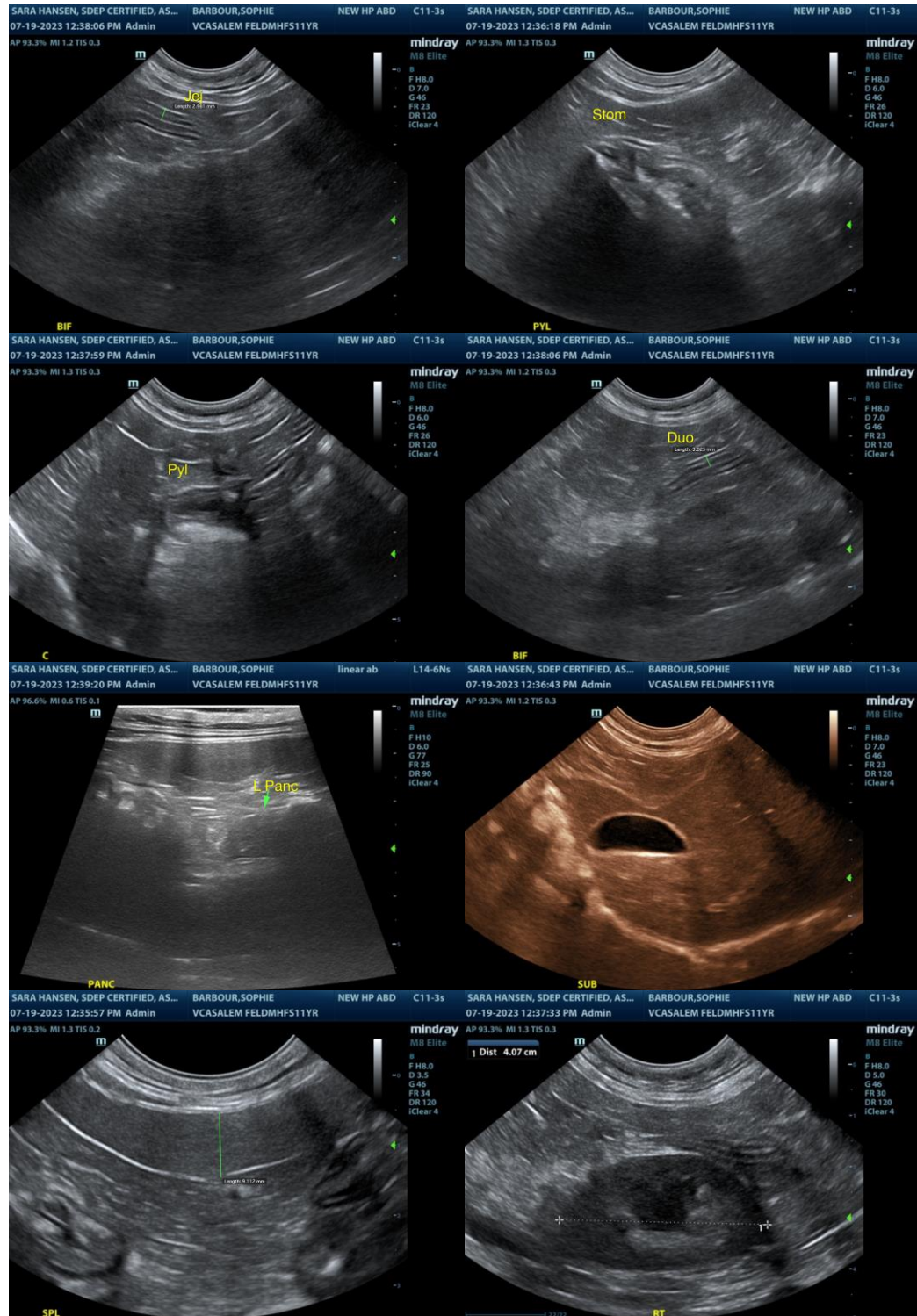
Dr. Hovenden

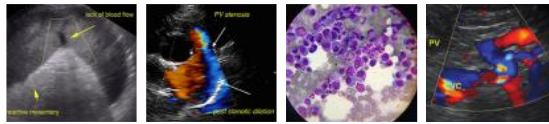
**INVOICE**

17294

**DATE**

7/19/23





**PATIENT**

Sophie Barbour

**SPECIES**

Feline

**BREED**

DMG

**SEX**

FS

**AGE**

11 years

**WEIGHT**

12.56 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

VCA Salem AH

**REFERRING VET**

Dr. Hovenden

**INVOICE**

17294

**DATE**

7/19/23



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