



PATIENT PRESENTING CLINICAL SIGNS

PATIENT Abbey Vecoli
SPECIES Feline
HISTORY History: History IBD treated with Budesonide since April, 2021. BW in December: low neutrophil count; multiple rechecks, continues to hover around 2,000 k/ul. In June: urine culture = staph. pseudomonas. Treated with Zenoqin x 2 weeks with neutrophil count dropping to 1,554 k/ul. Weight maintains stable. No reported change in energy or appetite. Intermittent soft stools. Concerned that IBD may have developed into intestinal LSA.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED *Urinary System*

DSH The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild nondependent particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

SEX

FS

Normal size and 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 measured 3.5 cm in length. The right kidney measured 3.1 cm in length.

AGE

5yr

Adrenal Glands

WEIGHT

9.54lb

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm width. No overt pathology in the area of the right adrenal gland.

Spleen

INTERPRETED BY

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 0.83 cm at the level of the hilus.

IMAGING PERFORMED BY

Pamela Harrigan, RDMS

Liver

HOSPITAL NAME

Compassionate Care Veterinary Clinic

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.

REFERRING VET

Linda Farrington DVM

Gastrointestinal

INVOICE

11159ag

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.

DATE

07/23/2022

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 0.27 cm in width. The jejunum wall measured 0.24 cm in width.

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

Pancreas



PATIENT

Abbey Vecoli

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

Feline

Free Abdomen

No omental masses, lymphadenopathy or effusion was noted.

ULTRASONOGRAPHIC FINDINGS

BREED

DSH

- Sonographically unremarkable abdomen
- Mild urinary bladder sediment

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

SEX

FS

Overall, no evidence of abdominal specifically GI pathology was noted on this scan. The GI presentation was not sonographically suggestive of 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.

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WEIGHT

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

IMAGING PERFORMED BY

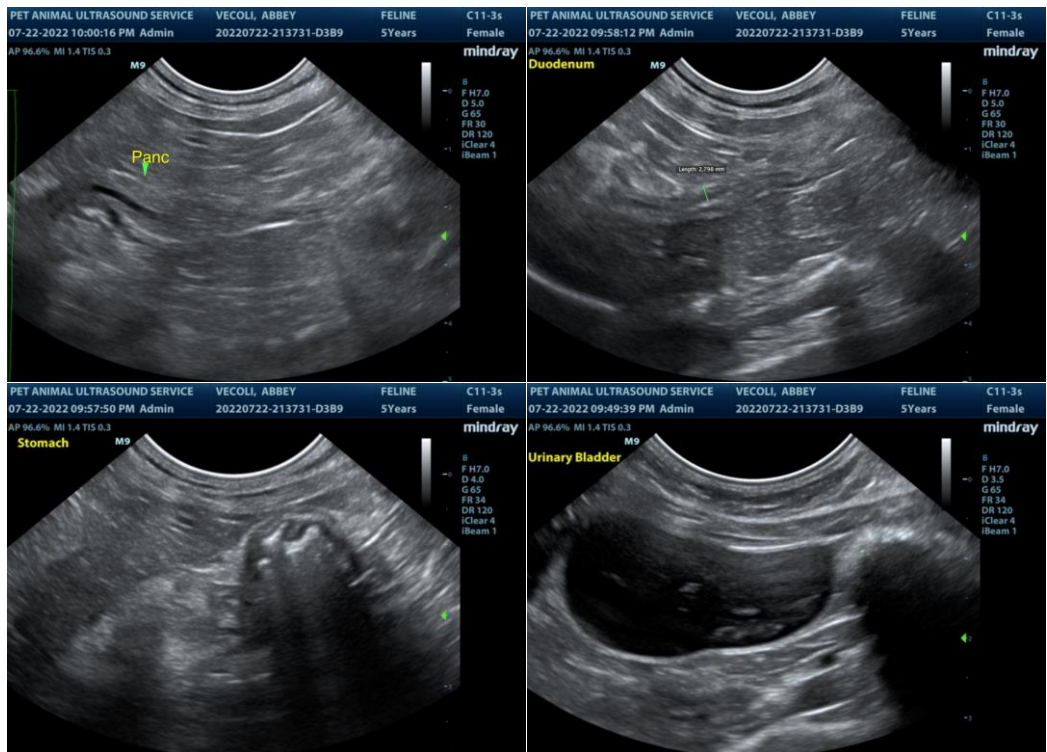
Pamela Harrigan, RDCS

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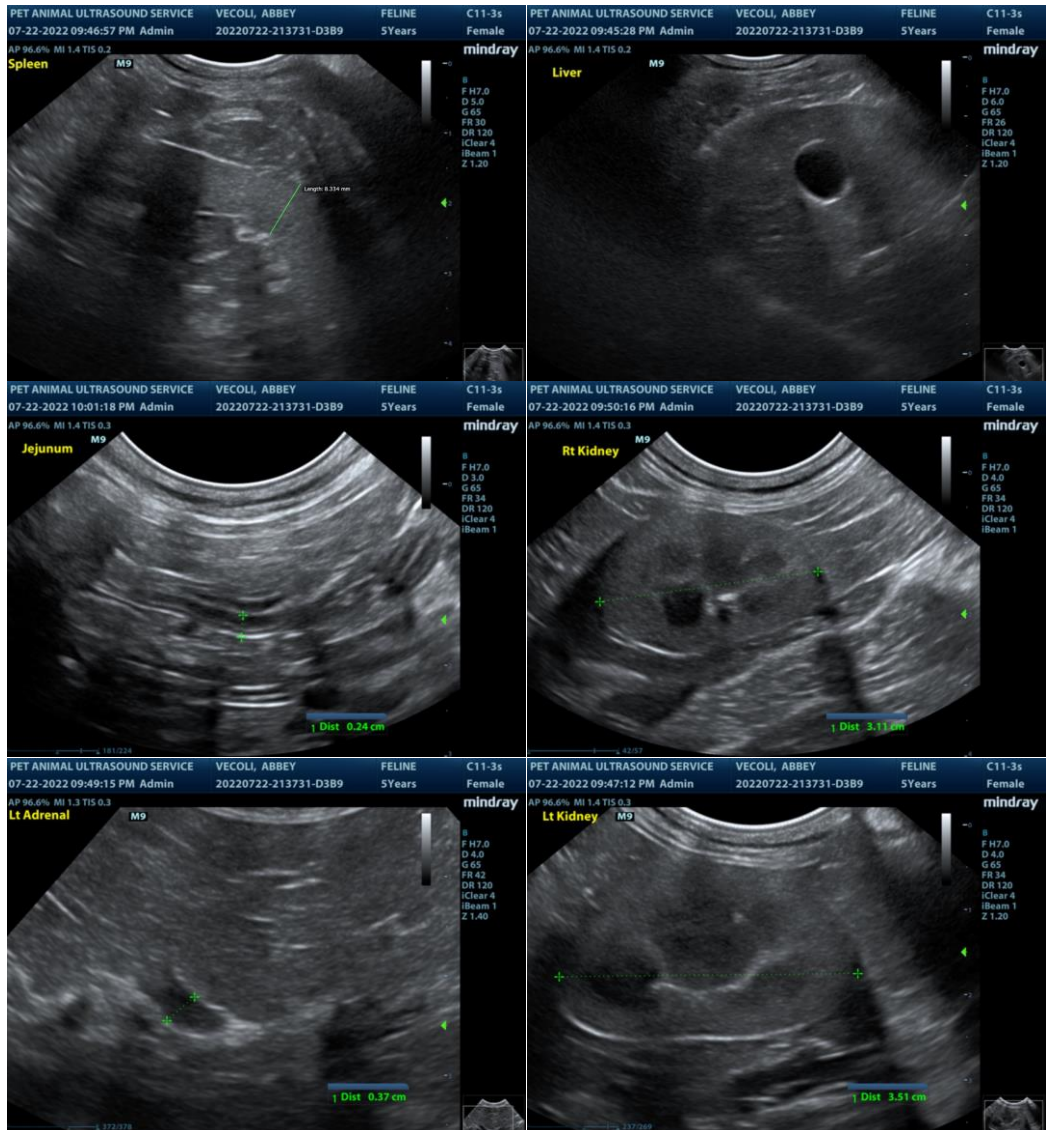
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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