



PATIENT PRESENTING CLINICAL SIGNS

Apricat Hart Significant URI, doughy abdomen, anorexia, vomiting, diarrhea Azithromycin, Mirtazapine
 FeLV/FIV - Negative, WBC 21, Albumin: Globulin ratio- 0.4

SPECIES

Feline

Previous abdominocentesis: total protein on acquired fluid - 2.0

Previous radiographs revealed severe aerophagia of the esophagus and stomach

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

FS

The urinary bladder was normal in size and tone containing anechoic urine primarily with mild dependent hyperechoic sediment, which may indicate crystalline debris, cellular debris / protein, mucus, or lipid. The urethra was normal to 2.0 cm. No evidence of inflammatory or neoplastic mural changes was noted, as well as no evidence of macro calculi.

AGE

2017

The area of the aortic trifurcation was free of pathology including no evidence of medial Iliac or sublumbar lymphadenopathy.

WEIGHT

5.4

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 renomegaly, medullary rim signs, or pyelectasia. The left kidney measured 3.4 cm in length. The right kidney measured 3.6 cm in length.

INTERPRETED BY

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

Adrenal Glands

No overt pathology was noted in the area of the left or right adrenal glands.

IMAGING PERFORMED BY

Rebekah Jakum, CVT
 ARDMS/RVT

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 criteria, or benign parenchyma changes were not noted. The spleen measured 0.88 cm width at the level of the hilus.

HOSPITAL NAME

White Haven VH

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 normal in appearance without signs of congestion. The gallbladder was non-distended containing anechoic content with very minor echogenic luminal debris. The common bile duct was normal. The gallbladder debris is suspected to be secondary to fasting and likely incidental.

REFERRING VET

Dr. Wentz

INVOICE

14431

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.

DATE

7/27/22



PATIENT

Apricat Hart

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 small Intestinal wall width measured 0.24 cm. No overt pathology was noted In the area of the ileocolic junction. The ileocolic junction measured 0.28 cm width.

SPECIES

Feline

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

Pancreas

BREED

DSH

The pancreas was normal in size and contour with mild uniform hypoechoic parenchyma compared to adjacent omentum.

Free Abdomen

SEX

FS

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted at the time of the ultrasound.

AGE

2017

ULTRASONOGRAPHIC FINDINGS

- Urinary bladder sediment
- Overtly normal gastrointestinal tract - no evidence of persistent aerophagia or overt gastrointestinal and mural pathology
- Mild hypoechoic pancreas - nonspecific

WEIGHT

5.4

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

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

Overall, no overt evidence of significant abdominal visceral pathology at the time of the ultrasound. No obvious sonographic abnormalities which would suggest FIP, as well as no overt evidence of intraabdominal neoplastic criteria.

IMAGING

PERFORMED BY
Rebekah Jakum, CVT
ARDMS/RVT

The mildly hypoechoic pancreas is nonspecific with potential for patient variant. Potential for low-grade pancreatitis could be possible and may be considered if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a Spec fPL could be considered.

HOSPITAL NAME

White Haven VH

Continued monitoring for recurrent clinical signs, peritoneal effusion, or aerophagia with potential recheck sonogram, if these clinical signs are noted, Is recommended.

REFERRING VET

Dr. Wentz



INVOICE

14431

DATE

7/27/22



PATIENT

Apricat Hart

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

2017

WEIGHT

5.4

INTERPRETED BY

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

IMAGING PERFORMED BY

Rebekah Jakum, CVT
ARDMS/RVT

HOSPITAL NAME

White Haven VH

REFERRING VET

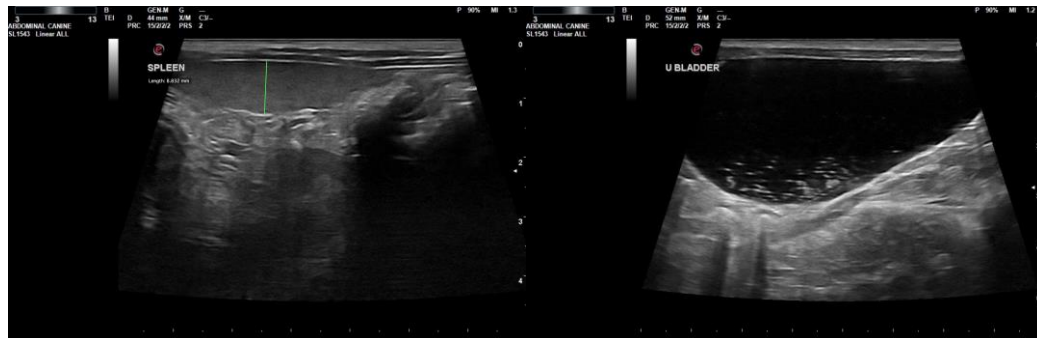
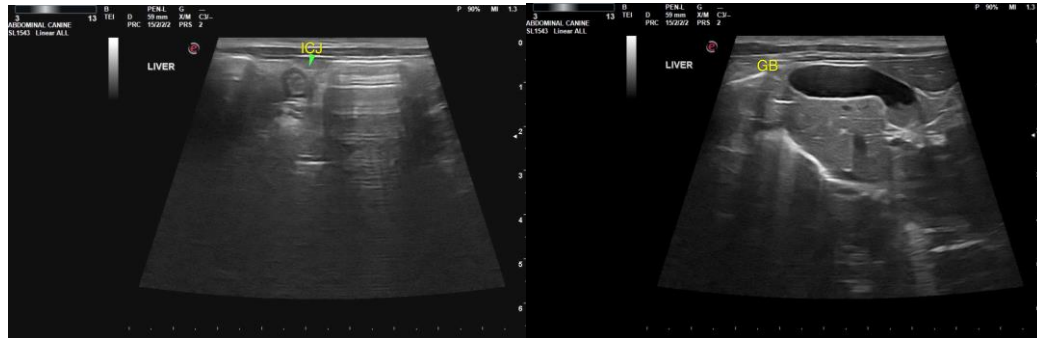
Dr. Wentz

INVOICE

14431

DATE

7/27/22



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)
mac.daniel@sonopath.com