



PATIENT	PRESENTING CLINICAL SIGNS
Zoey Davidson	On Famotidine every 12 hours. Suspect IBD. Recently repeated vomiting episodes and unable to keep food down.
SPECIES	Abnormal PE/Chem/CBC/UA Results: No Recent bloodwork. Last done in March.
Feline	
BREED	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Cornish Rex	Urinary System
SEX	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. Mild nondependent to particulate sediment was present without evidence of calculus formation, which may indicate mild cellular debris / protein, crystalline debris, mucus, or lipid. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.
FS	
AGE	The area of the aortic trifurcation was free of pathology.
4 years	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 pelvic dilation. The left kidney measured 4.0 cm in length. The right kidney measured 3.7 cm in length.
WEIGHT	
5.8 kg	
INTERPRETED BY	Adrenal Glands
R. McKenzie Daniel, DVM, DABVP	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.30 cm width.
IMAGING PERFORMED BY	Spleen
Crystal Hill	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.
HOSPITAL NAME	Liver/ Gallbladder
Sixteen Mile VC	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	
Gibbs	
INVOICE	Gastrointestinal
14444	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 0.25 cm.
DATE	
7/28/22	



PATIENT

Zoey Davidson

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 0.23 cm width. The jejunum wall measured up to 0.26 cm width. The ileocolic junction measured 0.30 cm width.

SPECIES

Feline

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

Pancreas

BREED

Cornish Rex

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.

SEX

FS

Free Abdomen

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

AGE

4 years

ULTRASONOGRAPHIC FINDINGS

Primary Findings

- Sonographically unremarkable gastrointestinal tract
- Normal pancreas
- Mild urinary bladder sediment

WEIGHT

5.8 kg

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

No evidence of overt abdominal, specifically gastrointestinal or pancreatic, pathology as an obvious cause of the patient's clinical signs. Dietary intolerance / food hypersensitivity, occult parasitism if the patient is indoor/outdoor, structurally insignificant inflammatory gastroenteropathy or low-grade pancreatitis (both of which may present as sonographically normal,) are possible.

IMAGING PERFORMED BY

Crystal Hill

Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. Three-view chest radiographs, if not done, are suggested to rule out occult thoracic or esophageal pathology as a contributing factor. Correlation with recheck lab work is warranted.

HOSPITAL NAME

Sixteen Mile VC

As-needed gastrointestinal support, as well as novel protein or hydrolyzed diet trial and empirical deworming if clinically indicated, would be reasonable. If persistent or progressive gastrointestinal signs, recheck sonogram to assess for progressive gastrointestinal or pancreatic changes is recommended.

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**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Sixteen Mile VC

REFERRING VET

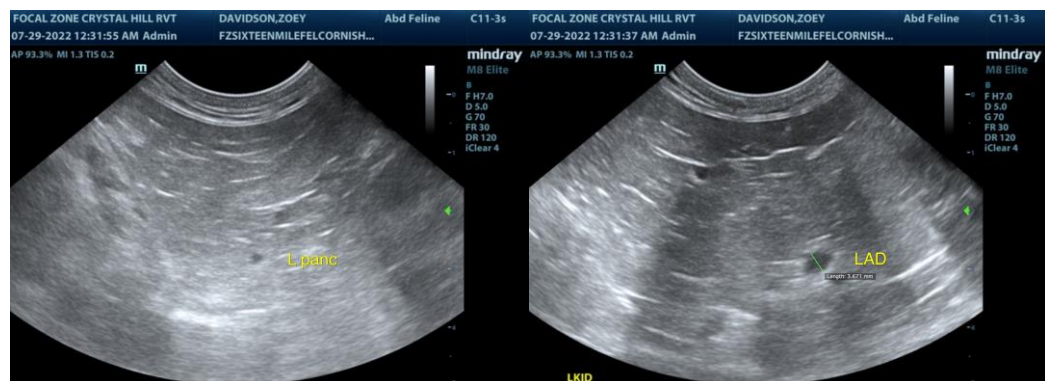
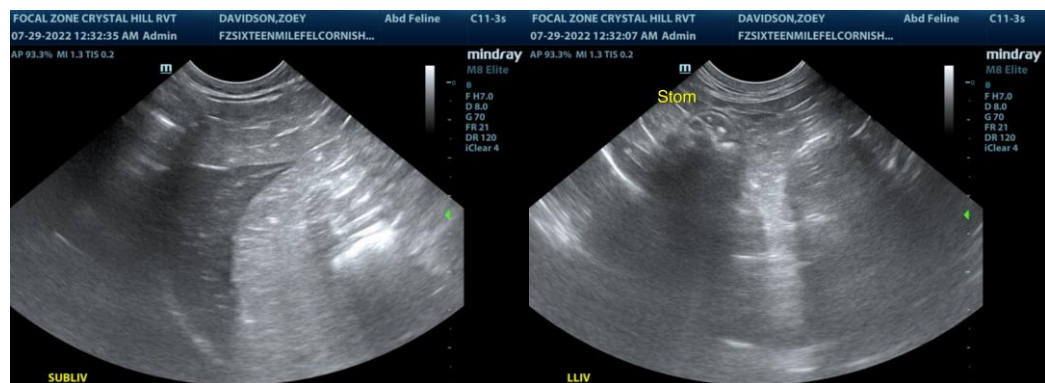
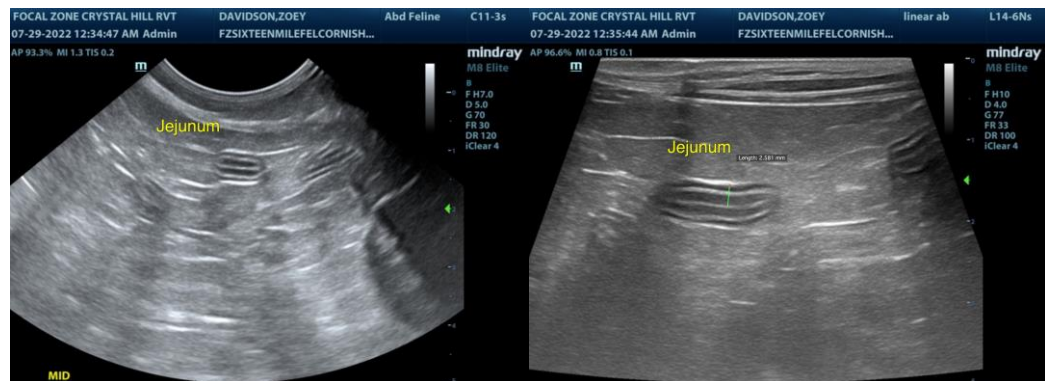
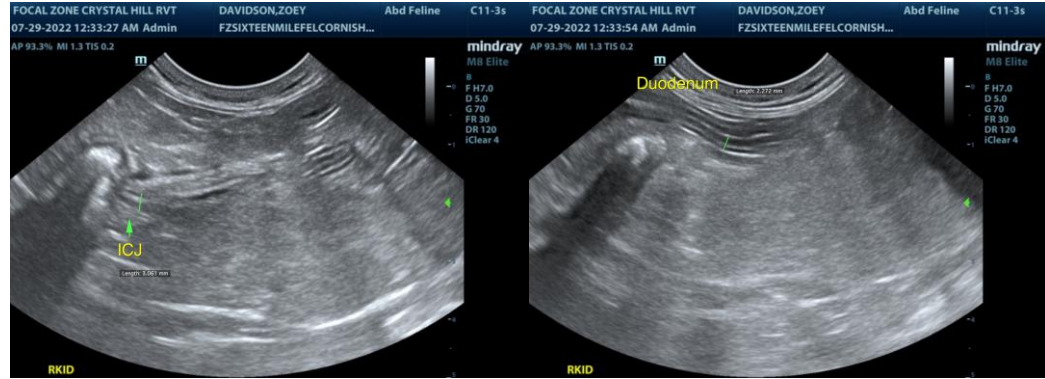
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PATIENT

Zoey Davidson

SPECIES

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BREED

Cornish Rex

SEX

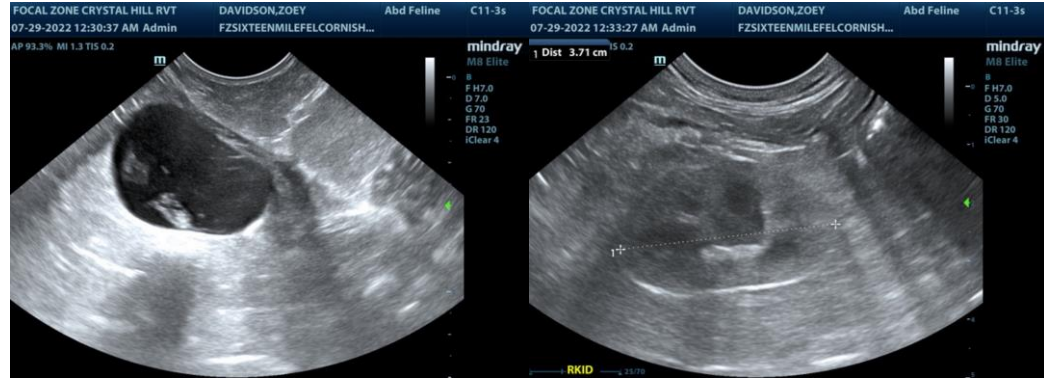
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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