



**PATIENT**

Ori Oehler -  
Fitzgerald

**SPECIES**

Feline

**BREED**

DLH

**SEX**

FS

**AGE**

5 yrs

**WEIGHT**

6.06 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Jenna Walsh, CVT

**HOSPITAL NAME**

Santa Clara AH

**REFERRING VET**

Dr. Cone

**INVOICE**

14254

**DATE**

7/7/22

**PRESENTING CLINICAL SIGNS**

Indoor/outdoor cat, missing for several days. Returned home 5 days ago and has not eaten since. Intermittent vomiting. Physical exam: dehydration, thin body condition (1 lb weight loss), normal abdominal palpation with increased gut sounds. Current Medications Cerenia today. Barium on 7/5. Radiographic Findings Barium study was performed on 7/5 and showed barium reaching the colon. Radiographs repeated on 7/7 showed ileus and some barium still remaining in the colon. Primary Question/Differential to Be Answered in This Exam Rule out GI blockage and determine cause of ileus. Abnormal PE/Chem/CBC/UA Results: Labwork on 7/5: mild elevations in ALP, glucose, total protein, and BUN. Mild lymphopenia. Labwork 7/7: normal

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and cystourethral junction 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 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 3.6 cm in length. The right kidney measured 4.0 cm in length.

**Adrenal Glands**

The bilateral adrenal glands were mildly prominent in size yet without evidence of pathology, likely indicating a normal patient variant. The left adrenal gland measured 0.51 cm width. The right adrenal gland measured 0.60 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 0.54 cm width at the level of the hilus.

**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 in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.



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**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 0.25 cm.

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 0.21 cm width. No overt pathology was noted in the area of the ileocolic junction.

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

**Pancreas**

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

**Free Abdomen**

No omental masses, lymphadenopathy or peritoneal free fluid was present.

**ULTRASONOGRAPHIC FINDINGS**

- Suspect low-grade to mild pancreatitis
- Sonographically unremarkable gastrointestinal tract and colon

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, no overt evidence of significant abdominal visceral pathology, specifically no evidence of structural gastroenterocolic pathology, i.e., mechanical / metabolic ileus, altered or loss of gastroenterocolic wall layering, or intraabdominal / gastroenterocolic neoplastic criteria.

Potentially, the patient's clinical signs may be owing to low-grade pancreatitis. Further assessment may include Spec fPL or ideally, a GI panel to include PLI/TLI/Cobalamin/Folate, given the patient's mild weight loss. The potential for structurally insignificant gastrointestinal disease which can present sonographically normal cannot be excluded.

Three view chest radiographs are suggested to assess for or rule out concurrent thoracic pathology. Continued as-needed GI supportive care and monitoring of body weight are recommended. Recheck retroviral status is suggested.



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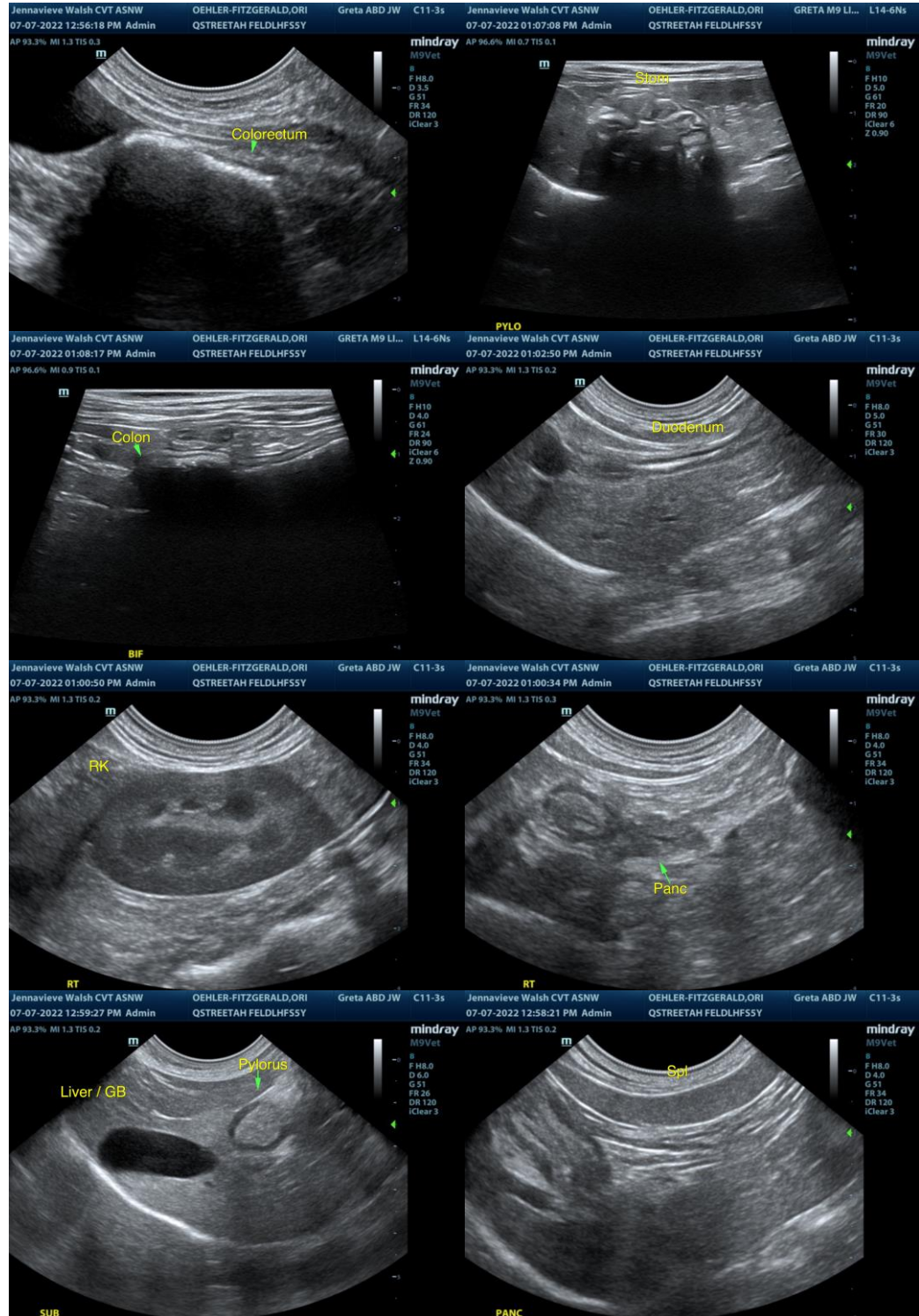
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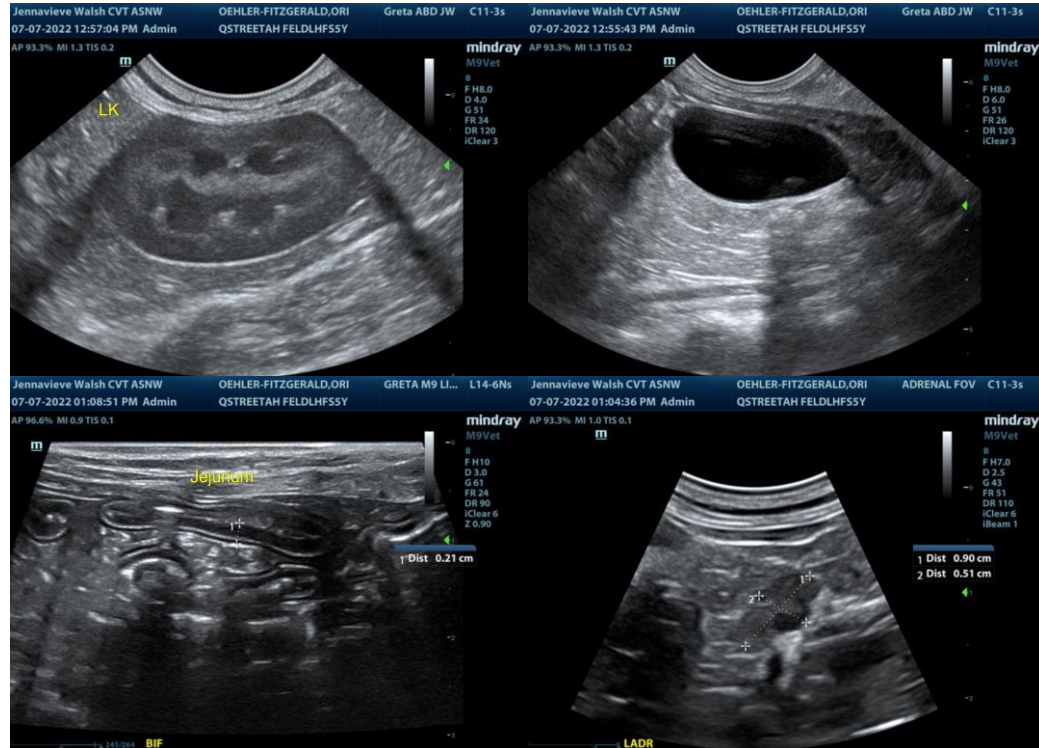
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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