



**PATIENT**

Miggy Elmy

**PRESENTING CLINICAL SIGNS**

Hx of good appetite with weightloss.

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: Normocytic normochromic nonregenerative anemia TP - 10.1 Globulin - 7.6 Amylase - 1955 Noticed stomatitis on exam today with one suspect tooth for extraction

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

DSH

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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 were noted.

**SEX**

FS

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 3.8 cm in length. The right kidney measured 3.6 cm in length.

**AGE**

6

The area of the aortic trifurcation was free of pathology.

**WEIGHT**

7.3

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.31 cm width. No overt pathology in the area of the right adrenal gland.

**INTERPRETED BY**

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

**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.

**IMAGING PERFORMED BY**

Torch River Vet  
mobile

**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. Normal vascular volume. 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 and minor echogenic sediment. The cystic and common bile ducts were normal.

**HOSPITAL NAME**

Torch Lake Veterinary  
clinic

**REFERRING VET**

A Waffle

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.24 cm.

**INVOICE**

14559ag

**DATE**

08/10/2023



**PATIENT**

Miggy Elmy

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 jejunum wall measured 0.20 cm width.

**SPECIES**

Feline

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

**Pancreas**

The left limb of the pancreas was normal in size and contour with subtle non-homogenous hypoechoic parenchyma compared to the adjacent omental fat.

**BREED**

DSH

**Free Abdomen**

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

**SEX**

FS

**ULTRASONOGRAPHIC FINDINGS**

- Sonographically unremarkable GI tract with minor non-shadowing gastric ingesta/chyme.
- Subtle hypoechoic non-homogenous left pancreatic limb.

**AGE**

6

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, there is no overt evidence of significant abdominal visceral pathology as a definitive cause of the patient's weight loss and lab work abnormalities. Assessment for evidence of cranial abdominal/subxiphoid discomfort on palpation which may allude to low grade pancreatitis is recommended.

**WEIGHT**

7.3

**INTERPRETED BY**

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

A GI panel to include PLI/TLI/Cobalamin/Folate as well as three view chest radiographs and neurological / musculoskeletal examination are recommended to assess for or rule out occult disease which may cause weight loss. A CBC path review +/- protein electrophoresis if progressive hyperglobulinemia may be considered. Assessment of caloric plane and/or competitive eating environment may be considered if clinically applicable.

**IMAGING PERFORMED BY**

Torch River Vet  
mobile

**HOSPITAL NAME**

Torch Lake Veterinary  
clinic

**REFERRING VET**

A Waffle

**INVOICE**

14559ag

**DATE**

08/10/2023



**PATIENT**

Miggy Elmy

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

6

**WEIGHT**

7.3

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Torch River Vet  
mobile

**HOSPITAL NAME**

Torch Lake Veterinary  
clinic

**REFERRING VET**

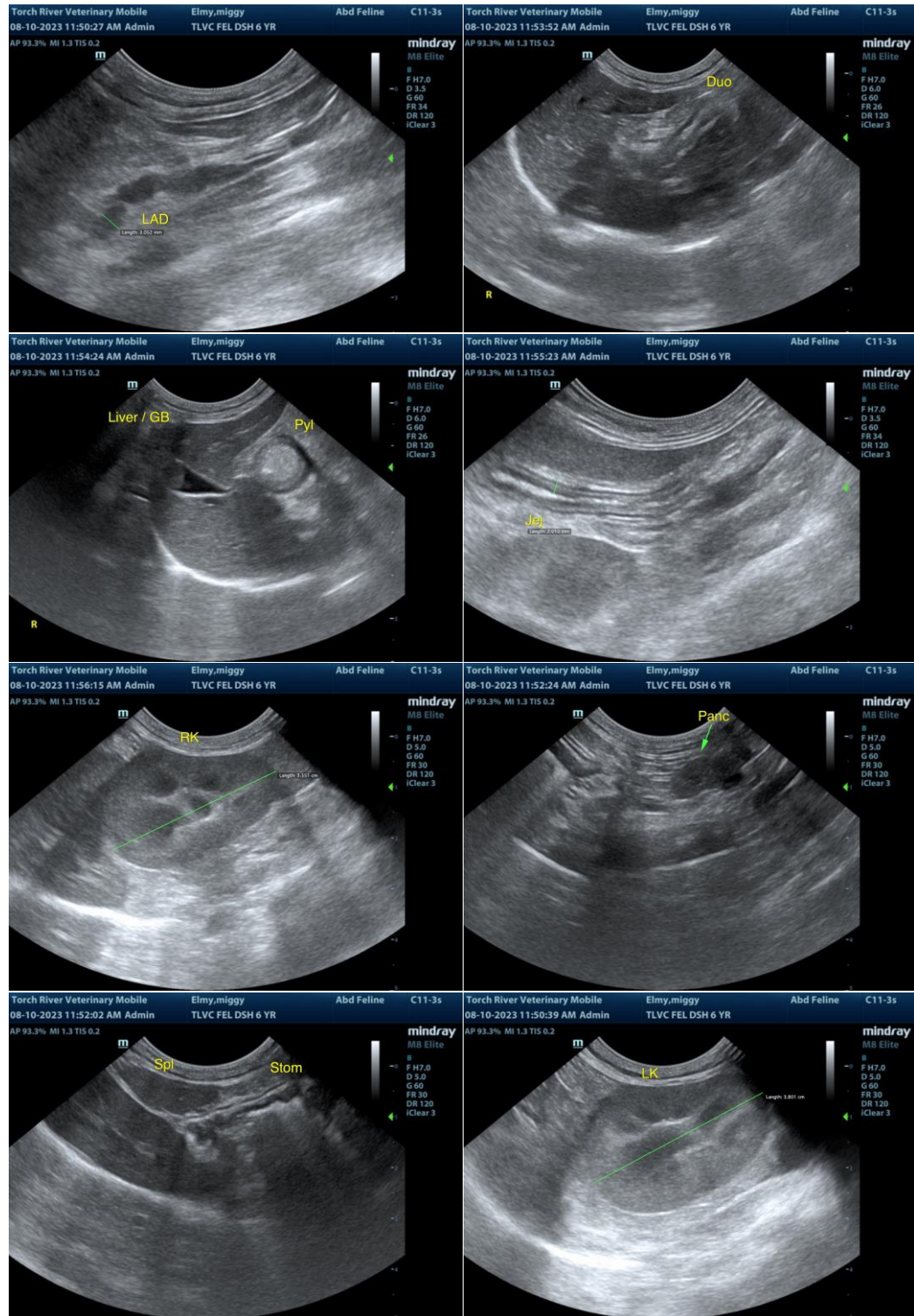
A Waffle

**INVOICE**

14559ag

**DATE**

08/10/2023





**PATIENT**

Miggy Elmy

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.

**SPECIES**

Feline

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.

**BREED**

DSH

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)

[info@sonopath.com](mailto:info@sonopath.com)

**SEX**

FS

**AGE**

6

**WEIGHT**

7.3

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Torch River Vet  
mobile

**HOSPITAL NAME**

Torch Lake Veterinary  
clinic

**REFERRING VET**

A Waffle

**INVOICE**

14559ag

**DATE**

08/10/2023