



PATIENT

Gizmo Santelli

PRESENTING CLINICAL SIGNS

inappetence, weight loss, constipation, hx urinating stones Current meds: cerenia, famotidine

Abnormal PE/Chem/CBC/UA Results: wnl ua: 3+ blood, 1+ Protein

SPECIES

Feline

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

BREED

DLH

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

MN

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.3 cm in length. The right kidney measured 3.6 cm in length.

AGE

14yr

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

WEIGHT

14.5lb

The left adrenal gland was overtly normal in size, position and shape. The left adrenal gland measured 0.49 cm width. No overt pathology was present 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.

IMAGING PERFORMED BY

Val Shumskaya

Liver/Gallbladder

HOSPITAL NAME

Pompton Lakes
Animal Hospital

The liver presented normal in size. The parenchyma of the liver was subjectively normal to mildly increased in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture and minor parenchyma remodeling. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content and mild non-organized sediment. The cystic and common bile ducts were normal.

REFERRING VET

Dr. McConnell

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.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained minor non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material.

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Normal visible colon wall layers were present with formed feces in lumen. No obvious evidence of colon distention although mild distal descending colon distention with shadowing fecal matter is possible.

Pancreas

BREED

DLH

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.

SEX

MN

Free Abdomen

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

AGE

14yr

ULTRASONOGRAPHIC FINDINGS

WEIGHT

14.5lb

- Sonographically unremarkable GI tract.
- Subjective potential mild distal descending colon distention with formed shadowing feces.
- Mild chronic renal changes.
- Sonographically unremarkable urinary bladder- no evidence of current mineral/calculi.
- Mild gallbladder sediment.

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Largely a geriatric abdomen with no overt evidence of significant abdominal visceral pathology as a definitive cause of the patient's clinical signs. 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. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. As needed constipation therapy is suggested if clinically indicated.

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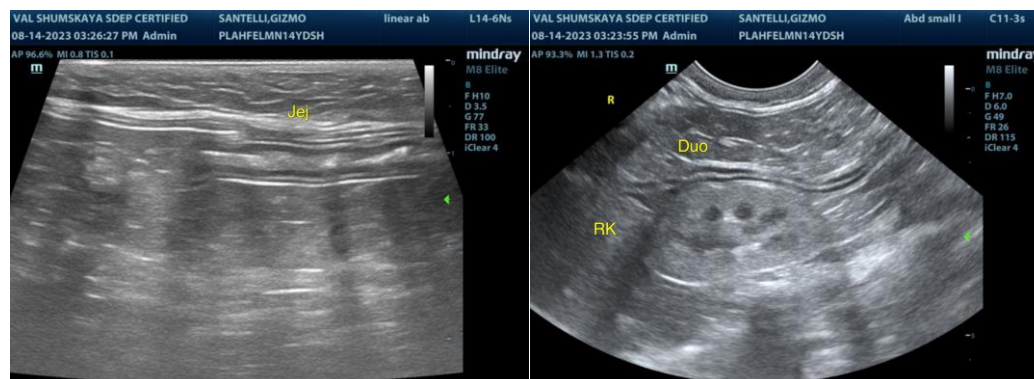
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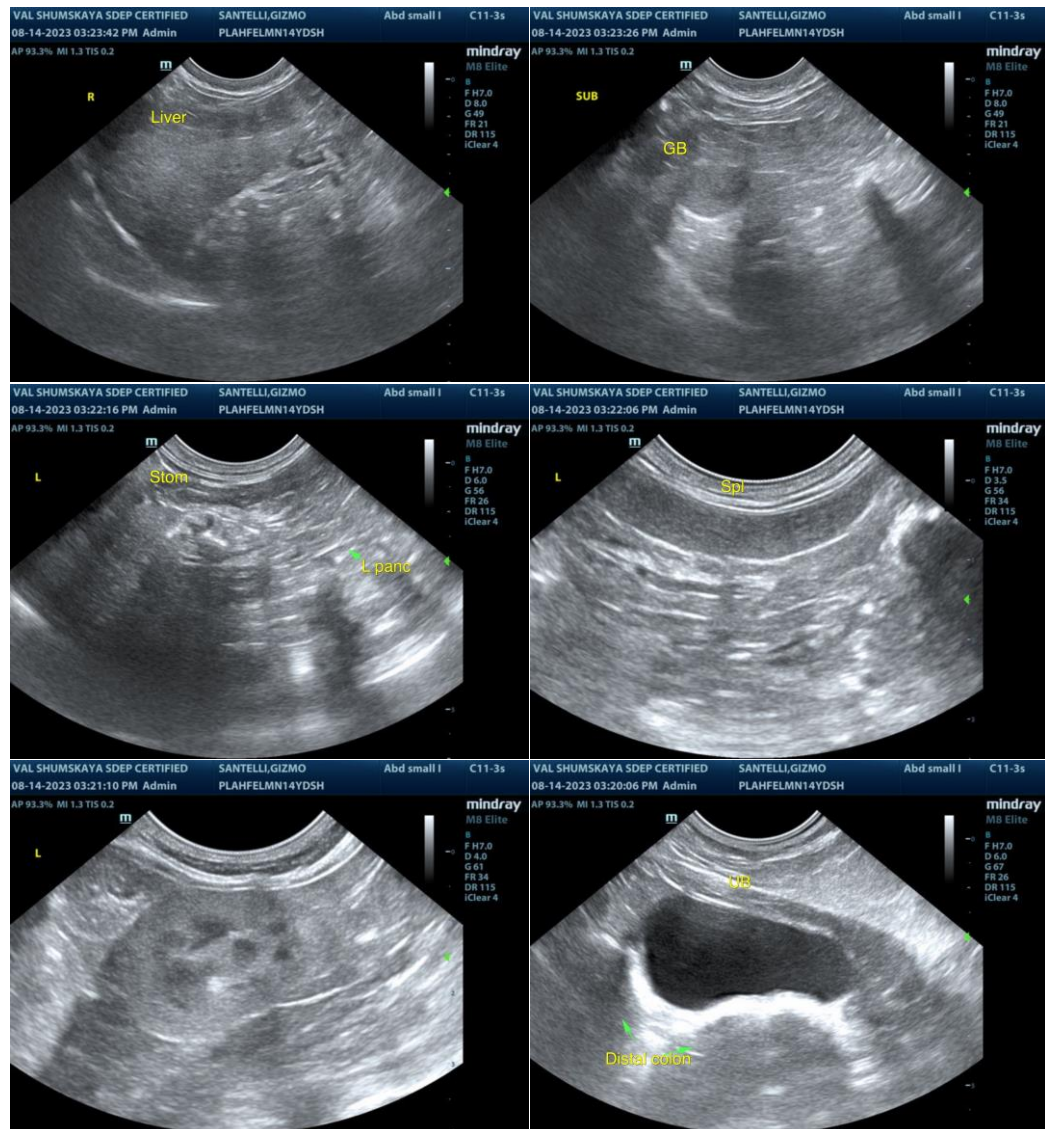
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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