



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Rosebud Community Cat Club	P had litter of kittens ~6 weeks ago, stopped nursing yesterday per O. Has been vomiting once daily for last 10-14 days but eating well otherwise. Thickened tubular structure palpable caudal abdominal quadrants, nonpainful. RADIOGRAPH REPORT CONCLUSIONS AND RECOMMENDATIONS: The abdominal distention and poor serosal detail are compatible with the presence of peritoneal effusion. An abdominocentesis with fluid analysis or an abdominal ultrasound may be considered for further evaluation. The appearance of the stomach may be the result of functional ileus but the possibility of a proximal small intestinal obstruction cannot be ruled out. An ultrasound would be needed for differentiation. The sharply margined mineral opaque fragments observed throughout the gastrointestinal tract are compatible with previous dietary indiscretion.
<b>SPECIES</b>	
Feline	
<b>BREED</b>	
DSH	
<b>SEX</b>	
FI	
<b>AGE</b>	
~ 1 yr	
<b>WEIGHT</b>	
2.24	
<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<b>Urinary System</b>
	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.
	<b>Adrenal Glands</b>
	The area of the aortic trifurcation was free of pathology.
	The uterus was indistinctly visualized yet no overt evidence of uterine distention with luminal fluid or other pathology was present.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Michael Roppolo	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 0.65 cm in width at the level of the hilus.
<b>HOSPITAL NAME</b>	<b>Liver</b>
Pennsauken Animal Hospital and Urgent Care	The liver exhibited mild enlargement and normal hepatic parenchyma echogenicity with mild coarse echotexture. Evidence of hepatic vasculature congestion exhibited by prominent to mildly distended hepatic vessels was present.
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<b>INVOICE</b>	
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<b>DATE</b>	
08/16/2022	



<b>PATIENT</b>	The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
Rosebud Community Cat Club	<b>Gastrointestinal</b>
<b>SPECIES</b>	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild to moderate retained anechoic fluid with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.28 cm in width.
Feline	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Propensity for mildly echogenic mucosa along with segmental intestinal nonshadowing chyme was present. No signs of ileus, obstruction or foreign material. The duodenum wall measured 0.32 cm in width. The jejunum wall measured 0.22 cm in width.
<b>BREED</b>	Normal visible colon wall layers were present with apparent semi formed feces in lumen.
DSH	<b>Pancreas</b>
<b>SEX</b>	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.
FI	<b>Free Abdomen</b>
<b>AGE</b>	Mild volume anechoic peritoneal effusion was present.
~ 1 yr	
<b>WEIGHT</b>	
2.24	

**ULTRASONOGRAPHIC FINDINGS**

- Mild volume peritoneal free fluid
- Gastroenteritis pattern with mild gastric hypomotility
- Possible hepatic congestion
- Overtly normal uterus

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The overall appearance of the GI tract may suggest underlying inflammatory enteropathy. Abdominal effusion analysis +/- C/S could be considered for further assessment. Three view chest radiographs suggested if not done to assess for thoracic pathology. A definitive cause of the patient's CBC abnormalities was not overtly evident. Emerging FIP could technically be considered if persistent/progressive hyperglobulinemia or persistent peritoneal free fluid is present. A CBC pathology review is recommended.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Michael Roppolo

**HOSPITAL NAME**

Pennsauken Animal  
Hospital and Urgent  
Care

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**PATIENT**

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Cat Club

**SPECIES**

Feline

**BREED**

DSH

**SEX**

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**REFERRING VET**

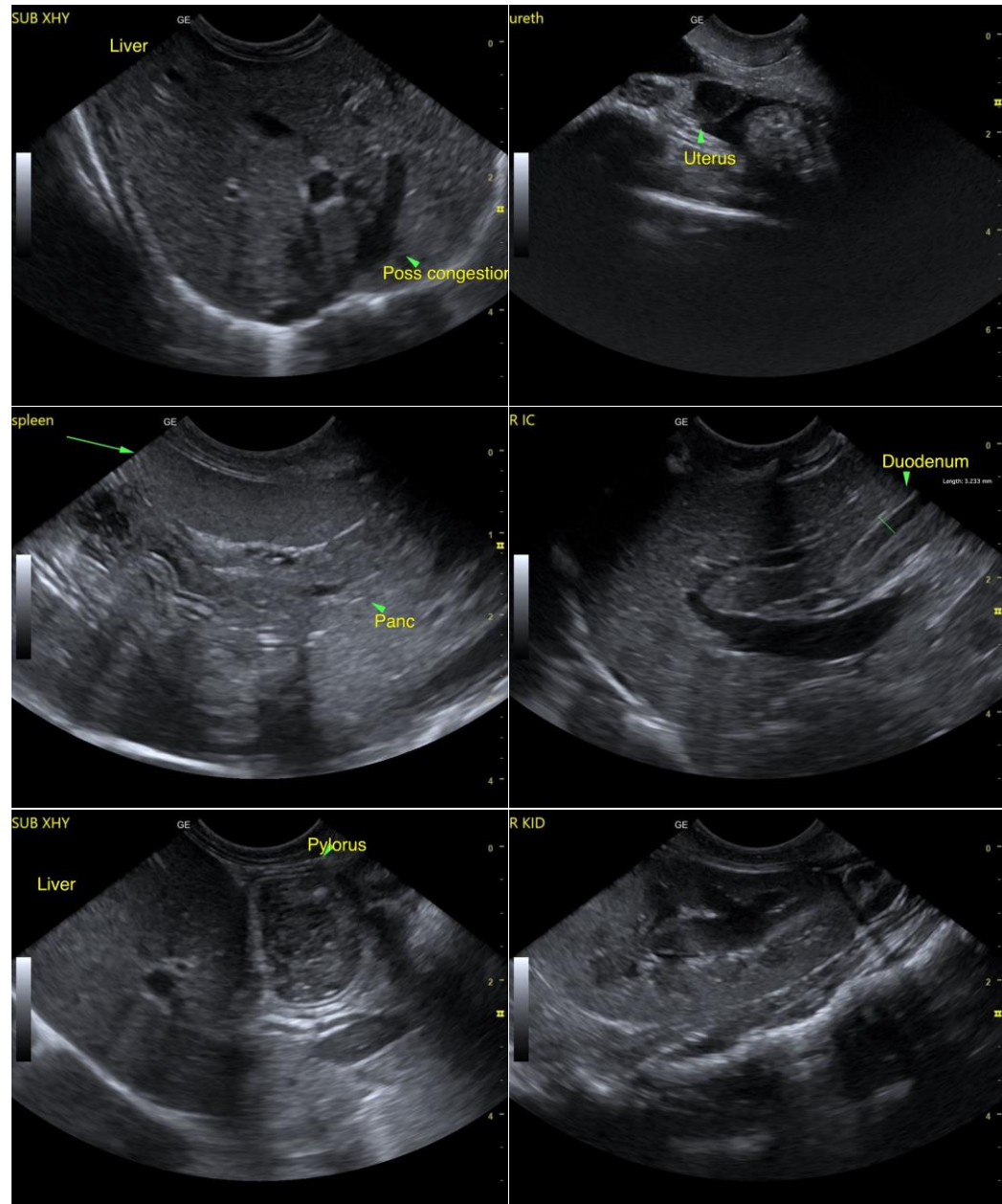
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Cat Club

**SPECIES**

Feline

**BREED**

DSH

**SEX**

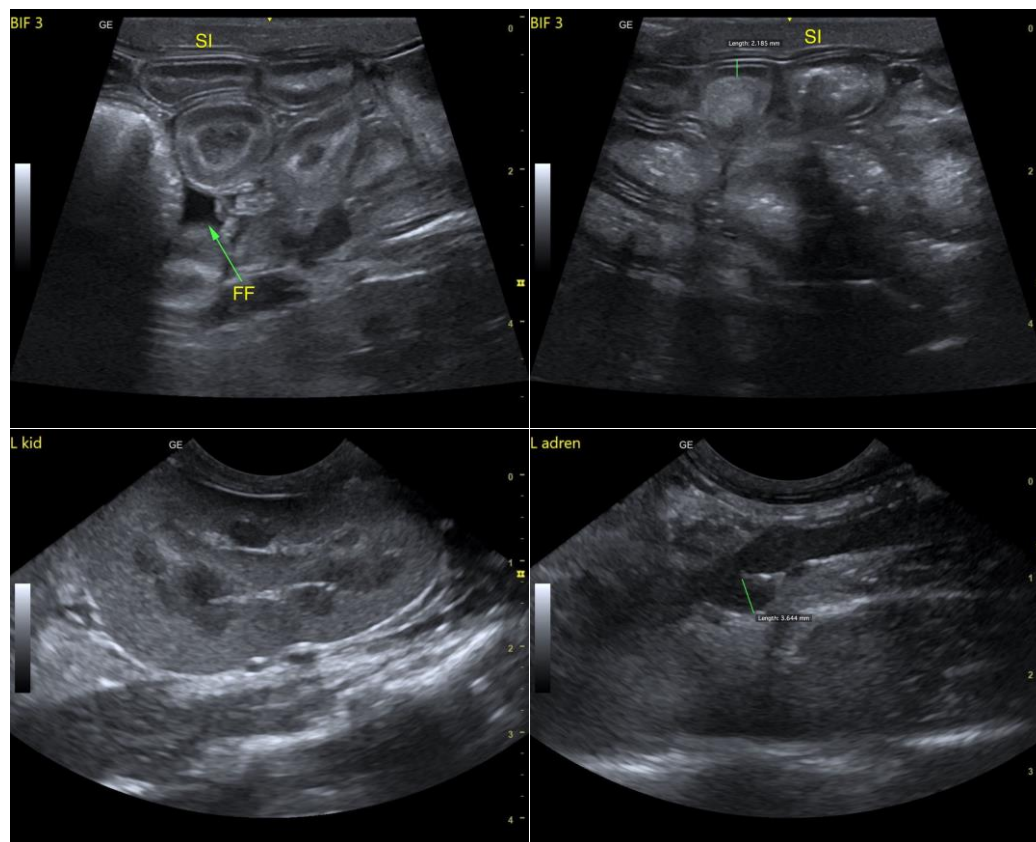
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)

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