



PATIENT PRESENTING CLINICAL SIGNS

Bella Wendling 1 month duration decreased appetite, chronic sinusitis, recent glaucoma.
 Medication: Convenia, Baytril, cosopt, pred

SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Feline **Urinary System**

BREED 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, particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

DSH

SEX

FS The area of the aortic trifurcation was free of pathology.

AGE

2010 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint medullary mineral was noted. The left kidney measured 3.3 cm in length. The right kidney measured 3.5 cm in length.

WEIGHT

8.5

Adrenal Glands

The left and right adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.4 cm width and the right adrenal gland measured 0.35 cm width.

INTERPRETED BY

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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
 Rebekah Jakum, CVT
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HOSPITAL NAME

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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.

REFERRING VET

Dr. Filchner

Gastrointestinal

INVOICE

14855

The stomach presented intact overtly normal visualized wall layering. The stomach contained a mild amount of progressively shadowing ingesta and lumen gas in the area of the fundus and gastric body, along with nonshadowing echogenic ingesta / chyme in the pylorus. No evidence of mechanical pyloric outflow obstruction was noted. The gastric body wall width measured 0.32 cm.

DATE

8/17/23



PATIENT

Bella Wendling

The small intestine presented generalized intact wall layering and normal wall layer ratio. The duodenum wall measured 0.23 cm width. The jejunum wall measured 0.23 cm width. The ileocolic wall measured 0.41 cm width. The ileum appeared to be mildly distended with progressively shadowing nonspecific ingesta. There is no evidence of a small intestinal obstructive pattern.

SPECIES

Feline

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

Pancreas

BREED

DSH

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.

Free Abdomen

SEX

FS

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

ULTRASONOGRAPHIC FINDINGS

AGE

2010

- Mild urinary bladder sediment
- Mild chronic renal changes

WEIGHT

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- Structurally unremarkable gastrointestinal tract with mild progressively shadowing retained gastric and ileum ingesta
- Sonographically unremarkable pancreas

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, there is no sonographic evidence of significant visceral pathology, i.e., intrabdominal neoplastic criteria or gastrointestinal obstruction. The mild retained gastric and ileum ingesta is nonspecific. Correlation with most recent meal ingestion is recommended. The possibility of a small amount of nonobstructive gastric and ileum hairball density or similar is possible, although not definitive. There is no overt indication for immediate surgical intervention, given the lack of an obstructive pattern.

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 ARDMS/RVT

A GI panel to include PLI/TLI/Cobalamin/Folate and three-view chest radiographs if not done are warranted to rule out occult intestinal or intrathoracic pathology as a contributing factor. Potentially, Prednisolone therapy may be masking gastrointestinal mural changes. Empirically, as-needed gastrointestinal support and hairball therapy if clinically applicable, would be reasonable. Sonographic reassessment of the stomach and ileum is suggested if progressive gastrointestinal signs and/or weight loss are noted.

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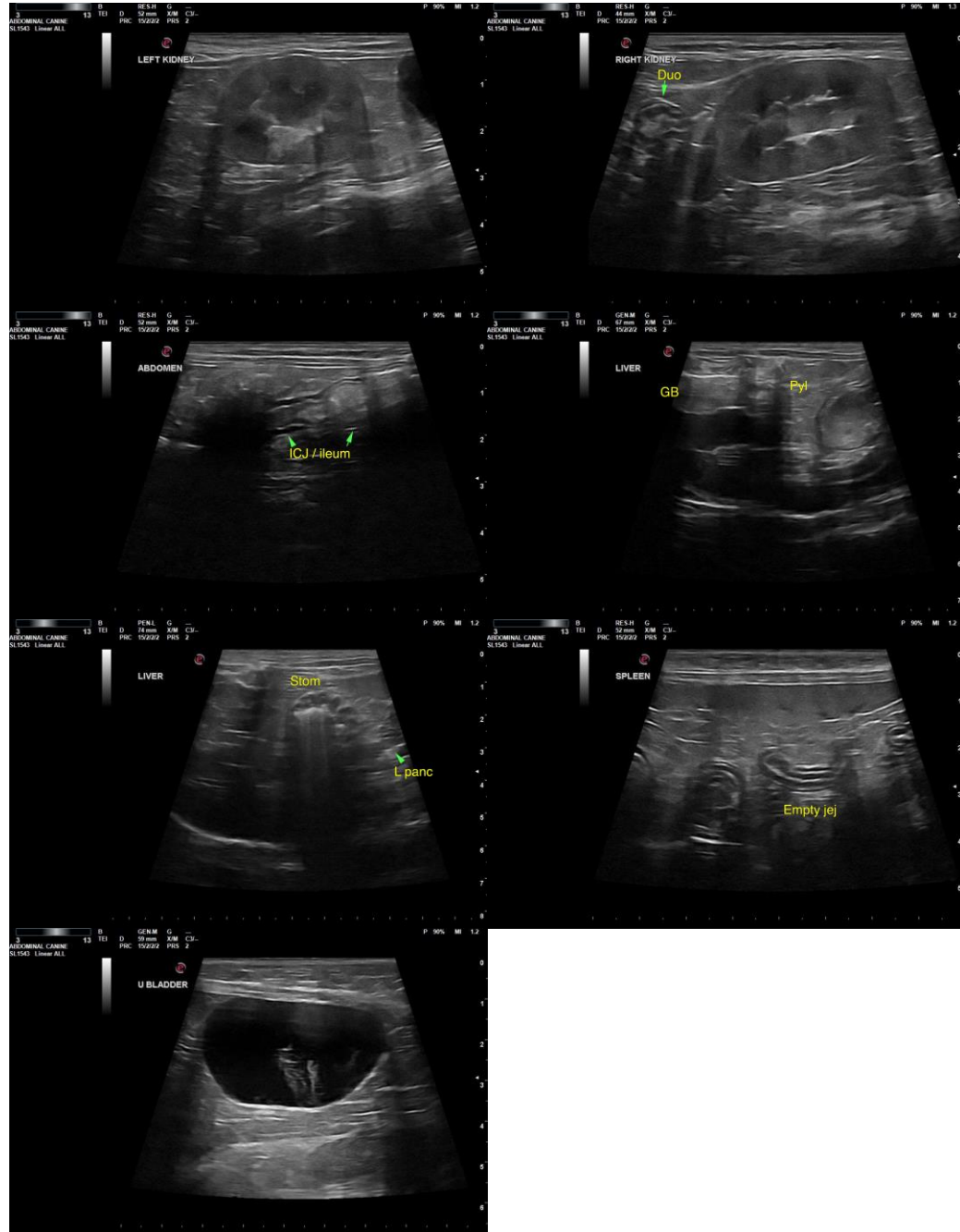
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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