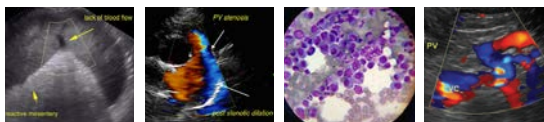


<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Harvey McClarnan	Anorexia, vomiting approx 1 week duration. Mildly dehydrated, abdomen non-painful.
<b>SPECIES</b>	Abnormal PE/Chem/CBC/UA Results: ABNORMAL Laboratory Findings ALP 507 (other liver enzymes WNL), CK 556. U/A SG 1.055 pH 6.5 Protein 2+ Current Medications 16mg Cerenia SID Radiographic Findings None
Feline	
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
DSH	<b>Urinary System</b>
<b>SEX</b>	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.
Neutered Male	
<b>AGE</b>	The area of the aortic trifurcation was free of pathology.
5 Years	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 4.4 cm. The right kidney measured 4.8 cm.
<b>WEIGHT</b>	<b>Adrenal Glands</b>
14.8 Pounds	No overt pathology in the area of the left and right adrenal glands. The left adrenal gland subjectively measured 0.34 cm. The right adrenal gland subjectively measured 0.33 cm.
<b>INTERPRETED BY</b>	<b>Spleen</b>
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.
<b>IMAGING PERFORMED BY</b>	<b>Liver</b>
Sara Hansen	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.
<b>HOSPITAL NAME</b>	<b>Gastrointestinal</b>
Cottage Grove VH	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild luminal gas, with no signs of ileus, obstruction or foreign material.
<b>REFERRING VET</b>	<b>INVOICE</b>
Dr. Damewood	44853
	The small intestine presented generalized intact wall layering with 1:3 muscularis/mucosa ratio. Mild segmental jejunal ileus present and focal areas of non-specific, non-obstructive hyperechoic jejunal ingesta along with segmental subjectively mildly increased intestinal gas pattern.
	<b>DATE</b>
	8/22/23
	Normal visible colon wall layers were present with subjective semiformal to soft fecal matter in the proximal colon.



**PATIENT** *Pancreas*

Harvey McClarnan

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.

**SPECIES**

Feline

**Free Abdomen**

**BREED**

DSH

Focal to intermittent mildly prominent mesenteric lymph nodes were present in the mid abdomen, exhibiting mild irregular contour and homogeneous hypoechoic parenchyma compared to adjacent minor increased perilymphatic omental echogenicity.

**SEX**

Neutered Male

No evidence of peritoneal effusion.

**AGE**

5 Years

**WEIGHT**

14.8 Pounds

**ULTRASONOGRAPHIC FINDINGS**

- Sonographically unremarkable stomach and pancreas
- Enteritis pattern exhibiting mild segmental non-obstructive intestinal ileus and minor hyperechoic ingesta.
- Soft fecal matter in the proximal colon
- Suspect focal to intermittent minor mesenteric lymphadenitis – likely secondary to inflammatory bowel episode.
- Sonographically unremarkable liver – consistent with benign hepatopathy.

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No overt evidence of gastrointestinal obstructive criteria or definitive foreign body. Technically, the possibility of small amounts of non-obstructive to passing hairball density or similar possible if clinical history of hairballs. No overt indication for immediate surgical intervention.

**IMAGING PERFORMED BY**

Sara Hansen

Gastrointestinal support, empirical therapy for suspect mild mesenteric lymphadenitis, which may include Doxycycline or Doxycycline/Metronidazole combination +/- hairball therapy, if clinically indicated, would be reasonable. Sonographic reassessment recommended if persistent/progressive gastrointestinal signs.

**HOSPITAL NAME**

Cottage Grove VH

**REFERRING VET**

Dr. Damewood

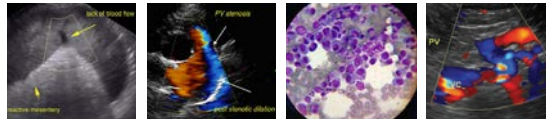
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**PATIENT**

Harvey McClarnan

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

5 Years

**WEIGHT**

14.8 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Cottage Grove VH

**REFERRING VET**

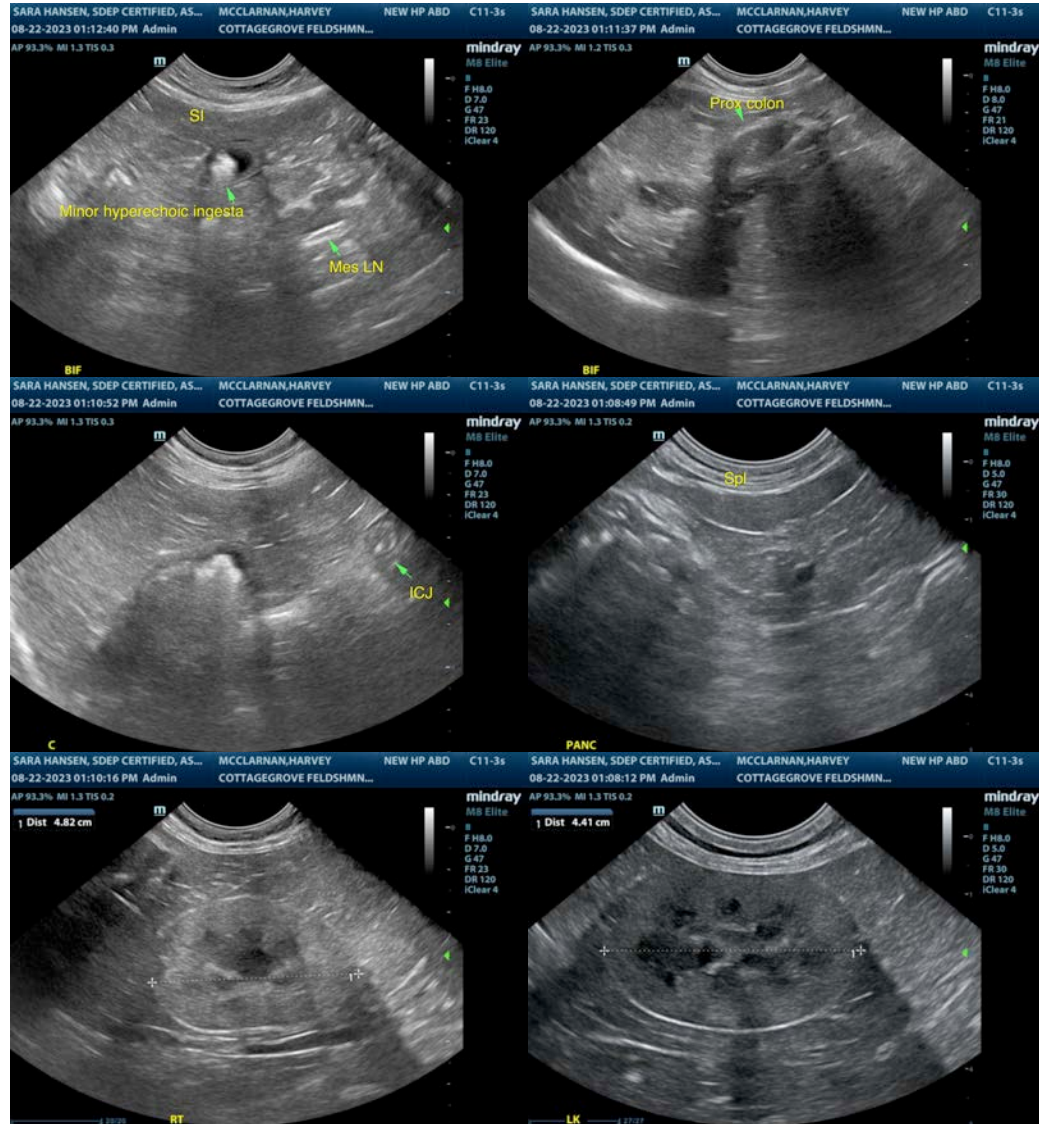
Dr. Damewood

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44853

**DATE**

8/22/23



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