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| PATIENT | PRESENTING CLINICAL SIGNS |
| Garfield So | Body score 4/5 lethargic with history of vomiting. Suspicious shadow on Ab x ray attending concerned about possible FB. On fluids since 8:30 am today, sedated for scan |
| SPECIES | |
| Feline | Abnormal PE/Chem/CBC/UA Results: Blood work non diagnostic no fPL done |
| BREED | ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN |
| DSH | Urinary System |
| SEX | The bladder was mildly distended in size. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited tone. Primarily anechoic urine was present in the lumen. |
| MN | Minor, 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 criteria, tumors, or neoplastic mural changes were noted. |
| AGE | |
| 8 | No evidence of pathology in the area of the aortic trifurcation. |
| WEIGHT | |
| 7 kg | 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. A hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. |
| INTERPRETED BY | Adrenal Glands |
| R. McKenzie Daniel, DVM, DABVP (Canine and Feline) | 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 0.30 cm width. |
| IMAGING PERFORMED BY | Spleen |
| Dr. Belan | The spleen was mildly enlarged in size with subtle medial capsule asymmetry yet maintained a finely textured homogeneous parenchyma with no masses or nodules noted. |
| HOSPITAL NAME | Liver/ Gallbladder |
| Legacy Vet Clinic | The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild gallbladder sediment. Minor cystic duct dilation was present. There was no overt common bile duct dilation noted. |
| REFERRING VET | |
| Dr. Jajouei | Gastrointestinal |
| INVOICE | |
| 14890 | The stomach presented intact, mid to moderately thickened wall layering exhibiting variable mural echogenicity and indistinct to loss of gastric wall layer detail. The stomach contained a mild amount of |
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| PATIENT | retained anechoic fluid. The gastric body wall width measured 0.62 cm. The jejunum wall measured 0.25 cm width. |
| Garfield So | |
| SPECIES | 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 ileocolic wall measured 0.36 cm width. The duodenum wall width measured 0.27 cm. |
| Feline | |
| BREED | Normal visible colon wall layers were present with apparent formed feces in lumen. |
| DSH | |
| SEX | Pancreas The pancreas base and left pancreatic limb exhibited moderate prominent size with capsule asymmetry and nonhomogeneous, hypoechoic parenchyma with mild pancreatic duct dilation. Mildly prominent hypoechoic right pancreatic limb was noted. |
| MN | |
| AGE | Free Abdomen Regional peripancreatic hyperechoic omentum was noted. A small pocket of scant free fluid was noted between right liver lobes. No omental masses or overt lymphadenopathy were noted. |
| 8 | |
| WEIGHT | ULTRASONOGRAPHIC FINDINGS |
| 7 kg | <ul style="list-style-type: none"> • Pancreatitis with regional peritonitis • Thickened variably echogenic gastric wall with minor retained fluid, sonographically unremarkable small bowel • Minor nonhomogeneous liver with mild gallbladder sediment - no evidence of post hepatic obstruction • Splenomegaly exhibiting homogeneous parenchyma • Bilateral nonspecific medullary rim sign • Minor urinary bladder sediment • Scant cranial abdominal free fluid |
| INTERPRETED BY | |
| R. McKenzie Daniel, DVM, DABVP (Canine and Feline) | |
| IMAGING PERFORMED BY | |
| Dr. Belan | |
| HOSPITAL NAME | INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS |
| Legacy Vet Clinic | There was no evidence of gastrointestinal obstructive criteria or foreign body. Active pancreatitis as a primary clinical player with secondary gastritis / gastroenteritis is probable. Potential for pancreatic or gastric infiltrative neoplasia is considered less likely yet cannot be definitively excluded. Suspect mild reactive splenitis with infiltrative splenic disease is considered unlikely. |
| REFERRING VET | |
| Dr. Jajouei | |
| INVOICE | A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Empirical therapy for pancreatitis with as-needed gastrointestinal support and ideally sonographic monitoring of the pancreas and stomach is recommended. Monitoring for evidence of hypothermia or hypocalcemia going forward is suggested as these may be negative prognostic indicators in cats with pancreatitis. |
| 14890 | |
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PATIENT

Garfield So

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

8

WEIGHT

7 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Belan

HOSPITAL NAME

Legacy Vet Clinic

REFERRING VET

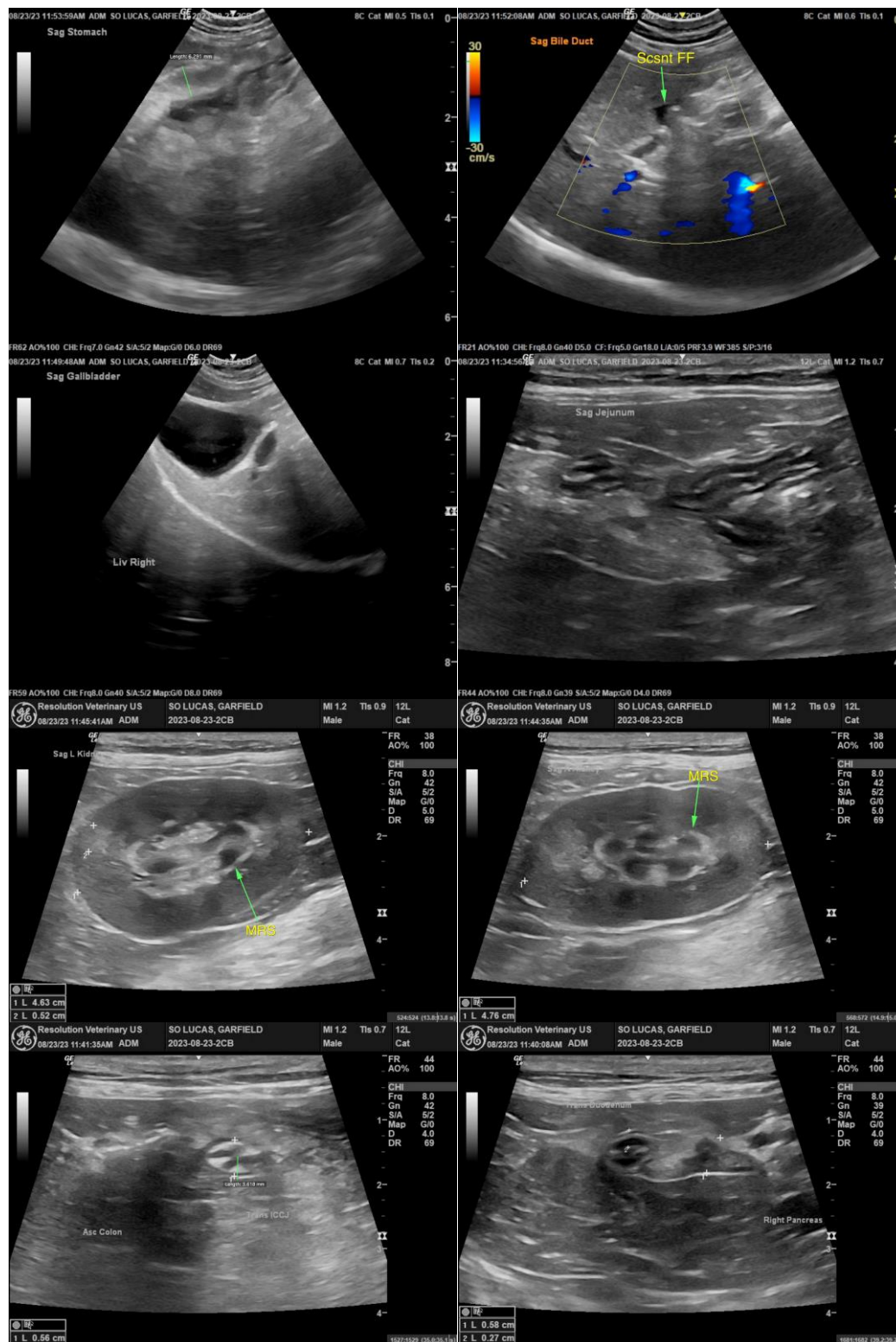
Dr. Jajouei

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SPECIES

Feline

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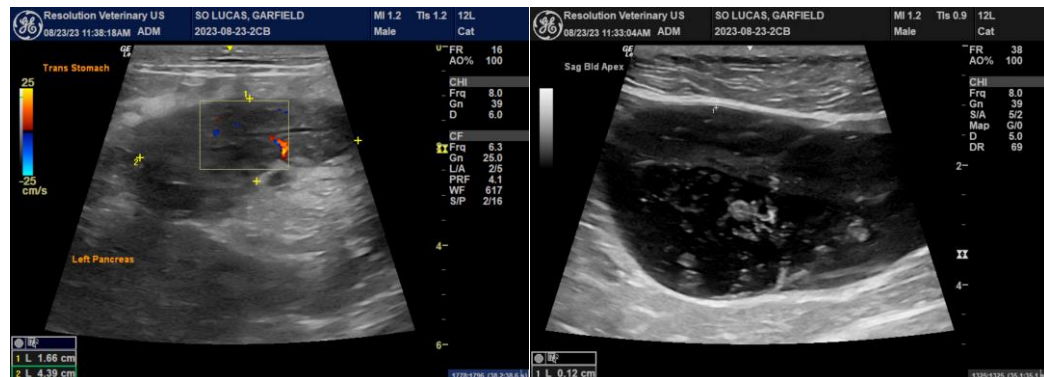
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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