



**PATIENT PRESENTING CLINICAL SIGNS**

Matches Myers Weight loss, increased appetite, history of urinary crystals  
 Unremarkable CBC/Chemistry Panel

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

DSH

**Urinary System**

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. Minor, non-dependent to hyperechoic sediment, which may indicate cellular debris / protein, crystalline debris, in line with the history, lipid, or mucus, 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.

**SEX**

MN

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2007

The area of the aortic trifurcation was free of pathology.

**WEIGHT**

9.6

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 minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.7 cm in length. The right kidney measured 3.8 cm in length.

**Adrenal Glands**

**INTERPRETED BY**

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

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.31 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.37 cm width.

**IMAGING**

**PERFORMED BY**  
 Rebekah Jakum, CVT  
 ARDMS/RVT

**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. The spleen measured 0.66 cm width at the level of the hilus.

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**Liver/ Gallbladder**

**REFERRING VET**

Dr. Thompson

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.

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**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained anechoic pyloric fluid was present in the stomach. The pylorus wall width measured 0.33 cm.

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8/24/22



**PATIENT**

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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 duodenum wall measured 0.28 cm width. The jejunum wall measured 0.25 cm width. No overt pathology was noted in the area of the ileocolic junction.

**SPECIES**

Feline

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

***Pancreas***

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The pancreas exhibited subjective mild prominent size in the left pancreatic limb. Areas of minor capsule asymmetry were noted. Nonuniform echogenic pancreatic parenchyma was present. No overt evidence of regional peripancreatic omental inflammation was noted.

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***Free Abdomen***

No omental masses or lymphadenopathy were noted. A small pocket of very scant free fluid was noted between the liver and gallbladder. This may be physiologic assuming normal albumin levels. No evidence of peritonitis was evident.

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**ULTRASONOGRAPHIC FINDINGS**

- Age-related kidneys
- Overtly normal gastrointestinal tract with minor anechoic pyloric fluid
- Mildly prominent to nonuniformly echogenic pancreas

**WEIGHT**

9.6

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**INTERPRETED BY**

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

Overall, largely mild age-related abdomen without evidence of significant visceral pathology as a definitive cause of the patient's weight loss.

The pancreatic presentation is nonspecific and may indicate age-related pancreatic changes, although remodeling owing to previous inflammatory episode or chronic pancreatitis is possible. Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation in the area of the pancreas is recommended.

No evidence of intraabdominal neoplastic criteria was noted.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
 ARDMS/RVT

**HOSPITAL NAME**

Pocono Peak VC

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.

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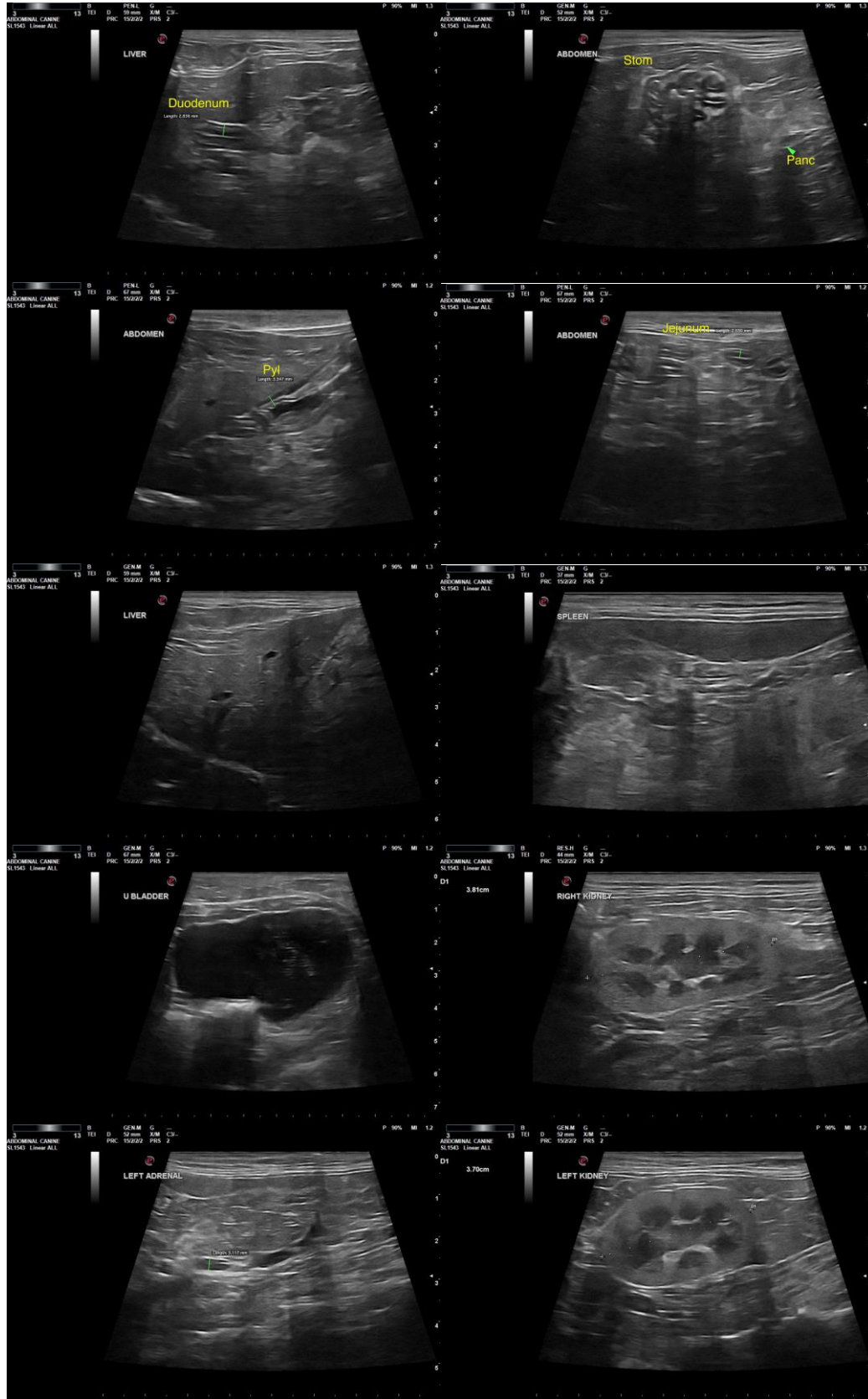
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**PATIENT**

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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.

**SPECIES**

Feline

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.

**BREED**

DSH

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