



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Flower Macpherson	Chronic vomiting. Has history of suspect pancreatitis flare ups since 2017, but intermittent vomiting has increased in frequency in the last 8-10 months. Recently diagnosed with hyperthyroidism; most recent lab work performed 8/19/21 indicates thyroid disease is controlled. No change in vomiting frequency since starting thyroid medication. Vomiting is almost daily, but is responsive to Cerenia treatment.
<b>SPECIES</b>	
Feline	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>BREED</b>	<b>Urinary System</b>
DSH	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.
<b>SEX</b>	
Spayed Female	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 3.6 cm. The right kidney measured 4.3 cm.
<b>AGE</b>	
8 Years 10 Months	The area of the aortic trifurcation was free of pathology.
<b>WEIGHT</b>	<b>Adrenal Glands</b>
8 Pounds	The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.38 cm in width. The right adrenal gland measured 0.40 cm in width.
<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>
Dr. Emma Herdener	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>
Eastgate Vet Clinic	The stomach presented intact wall layering with a normal wall layer ratio. Mild to moderate retained anechoic fluid was present in the stomach lumen. No evidence of mechanical pyloric outflow obstruction. Both gastric and pylorus walls measured 0.30 cm.
<b>REFERRING VET</b>	
Dr. Emma Herdener	The small intestine presented intact wall layering with primarily 1:3 muscularis/mucosa ratio with subjective propensity for segmental to generalized, mildly prominent muscularis layer. No overt evidence of significant mural hypertrophy, loss of intestinal wall layering, or intestinal masses. Duodenum wall measured 0.26 cm. Jejunum wall measured 0.24-0.27 cm.
<b>INVOICE</b>	Ileocolic junction measured 0.36 cm wall width. Normal visible colon wall layers were present with apparent formed feces in lumen.
24927	
<b>DATE</b>	
8/25/21	



**PATIENT**

**Pancreas**

Flower Macpherson

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**

**Free Abdomen**

Feline

No evidence of intraabdominal masses, lymphadenopathy or effusion.

**BREED**

**ULTRASONOGRAPHIC FINDINGS**

DSH

- Gastric hypomotility
- Suspect inflammatory enteropathy

**SEX**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Spayed Female

The gastric hypomotility in this patient appears to be metabolic in nature, potentially owing to some degree of gastritis and without evidence of retained gastric ingesta or foreign material. Although not definitive, the small intestine exhibited subtle mural changes, which are suggestive of underlying inflammatory enteropathy or possible IBD. Potential early neoplastic infiltrative enteropathy with round cells such as lymphoma is possible, yet considered unlikely given the overall intact intestinal wall layering and lack of lymphadenopathy. Concurrently, there is a potential for low-grade or chronic pancreatitis, yet ultrasonographically normal.

**AGE**

8 Years 10 Months

Gastrointestinal biopsies would be required for definitive diagnosis. Empirically, continued as needed gastrointestinal support with consideration for hydrolyzed diet trial may be considered. Broad-spectrum deworming is suggested if the patient is indoor/outdoor, while heartworm antigen antibody testing may be considered if clinically indicated, as cats with heartworm disease often exhibited chronic vomiting.

**WEIGHT**

8 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Emma Herdener

**HOSPITAL NAME**

Eastgate Vet Clinic

**REFERRING VET**

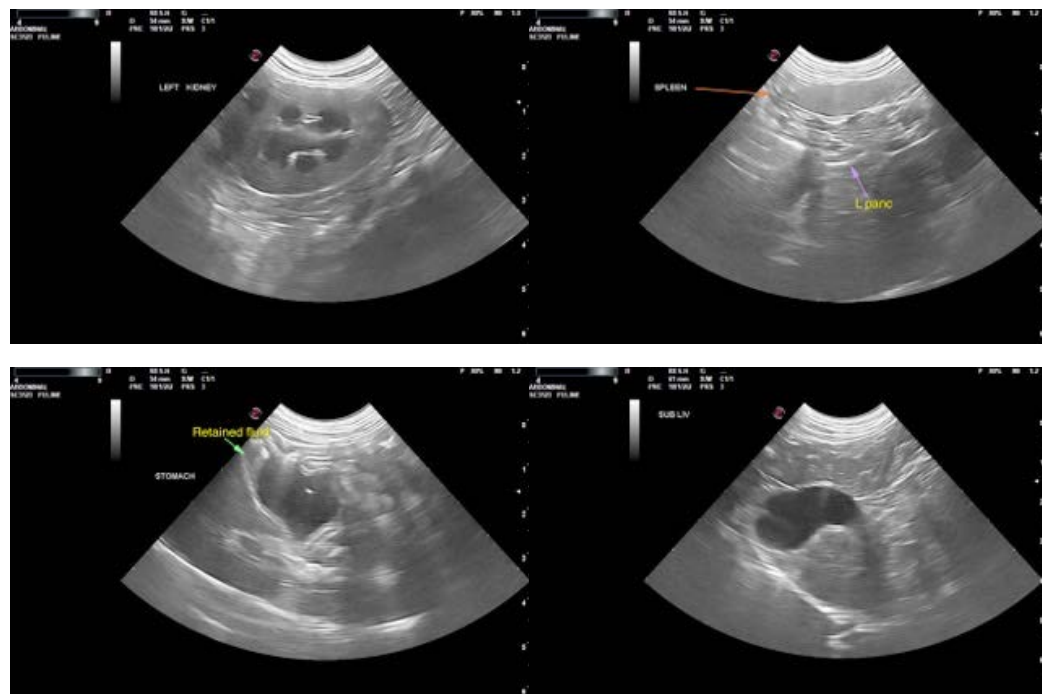
Dr. Emma Herdener

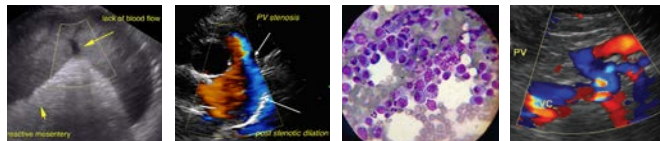
**INVOICE**

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**DATE**

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**PATIENT**

Flower Macpherson

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

8 Years 10 Months

**WEIGHT**

8 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Emma Herdener

**HOSPITAL NAME**

Eastgate Vet Clinic

**REFERRING VET**

Dr. Emma Herdener



The information and recommendations provided are based on the images presented by the referring veterinarian. 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

**INVOICE**

24927

**DATE**

8/25/21