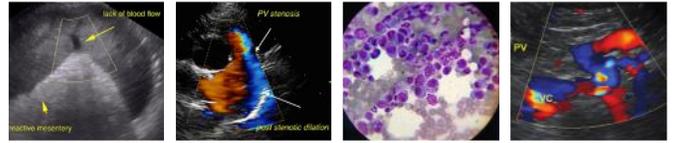


PATIENT	PRESENTING CLINICAL SIGNS
Cosmo Vandermeulen	Chronic intermit constipation with intermit vomiting and decreased appetite. U/S post enema Abnormal PE/Chem/CBC/UA Results: WNL
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Feline	Urinary System
BREED	The urinary bladder was normal in size and tone. A small homogeneous mass lesion was present in the area of the ventral trigone to urinary bladder neck measuring 1.4 cm x 0.74 cm. No evidence of associated mural mineralization was noted. The remainder of the urinary bladder walls were sonographically normal without evidence of additional lesions or inflammatory / neoplastic criteria. Anechoic urine with very minor nondependent particulate sediment, which may indicate minor cellular debris / protein, crystalline debris, or mucus. The urethra exhibited normal structure and tone to a depth of 2.0 cm.
DSH	The area of the aortic trifurcation was free of pathology.
SEX	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. Mild, nonuniformly increased cortex echogenicity with mild loss of corticomedullary border demarcation was present. Right kidney pinpoint medullary mineral was present. The left kidney measured 4.2 cm in length. The right kidney measured 4.1 cm in length.
MN	Adrenal Glands
AGE	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.42 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 cm width.
13 years	Spleen
WEIGHT	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.
9.6 lbs.	Liver/ Gallbladder
INTERPRETED BY	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 containing minor non-dependent, mildly echogenic luminal debris. The cystic and common bile ducts were normal.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Gastrointestinal
IMAGING PERFORMED BY	The stomach presented intact wall layering with a normal wall layer ratio. A mild amount of retained anechoic fluid was present.
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PATIENT
Cosmo
Vandermeulen

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 0.22 cm width. The jejunum wall measured 0.20 cm width.

SPECIES
Feline

The colon presented sonographically unremarkable wall layering. The colon contained both formed and semi-formed to nonformed fecal matter in the transverse and descending colon post enema.

BREED

Pancreas

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.

SEX

Free Abdomen

MN

No overt lymphadenopathy or peritoneal effusion was present.

AGE

13 years

ULTRASONOGRAPHIC FINDINGS

WEIGHT

9.6 lbs.

- Small mass lesion at the level of the ventral trigone / urinary bladder neck
- Nonspecific chronic renal changes
- Overtly normal gastrointestinal tract with mild retained gastric fluid - possible mild gastric hypomotility
- Sonographically unremarkable colon walls with variable non-formed to formed shadowing fecal matter (post enema)

INTERPRETED BY

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

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

IMAGING PERFORMED BY

A. Rodriguez

Considerations for the small mass lesion in the urinary bladder may include cystitis or potential emerging neoplastic mass i.e., transitional cell carcinoma. Cytospin cytology of free catch urine sample to assess for evidence of atypical transitional cells could be considered. Urine C/S is recommended if evidence of inflammatory sediment. Sonographic reassessment of the small mass in 1 month to assess for evidence of progression is recommended. Sampling of the mass is required for a definitive diagnosis.

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A GI panel to include PLI/TLI/Cobalamin/Folate could be considered to assess for occult intestinal or pancreatic disease as a contributing factor to the patient's gastrointestinal signs. Empirically, as-needed gastrointestinal support, conservative therapy for mild hypomotile gastritis, and as-needed therapy for constipation would be reasonable.

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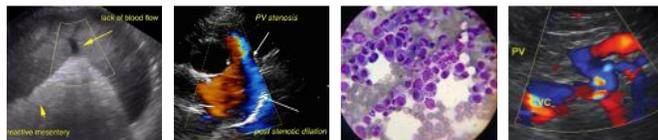
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PATIENT
Cosmo
Vandermeulen

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13 years

WEIGHT

9.6 lbs.

INTERPRETED BY

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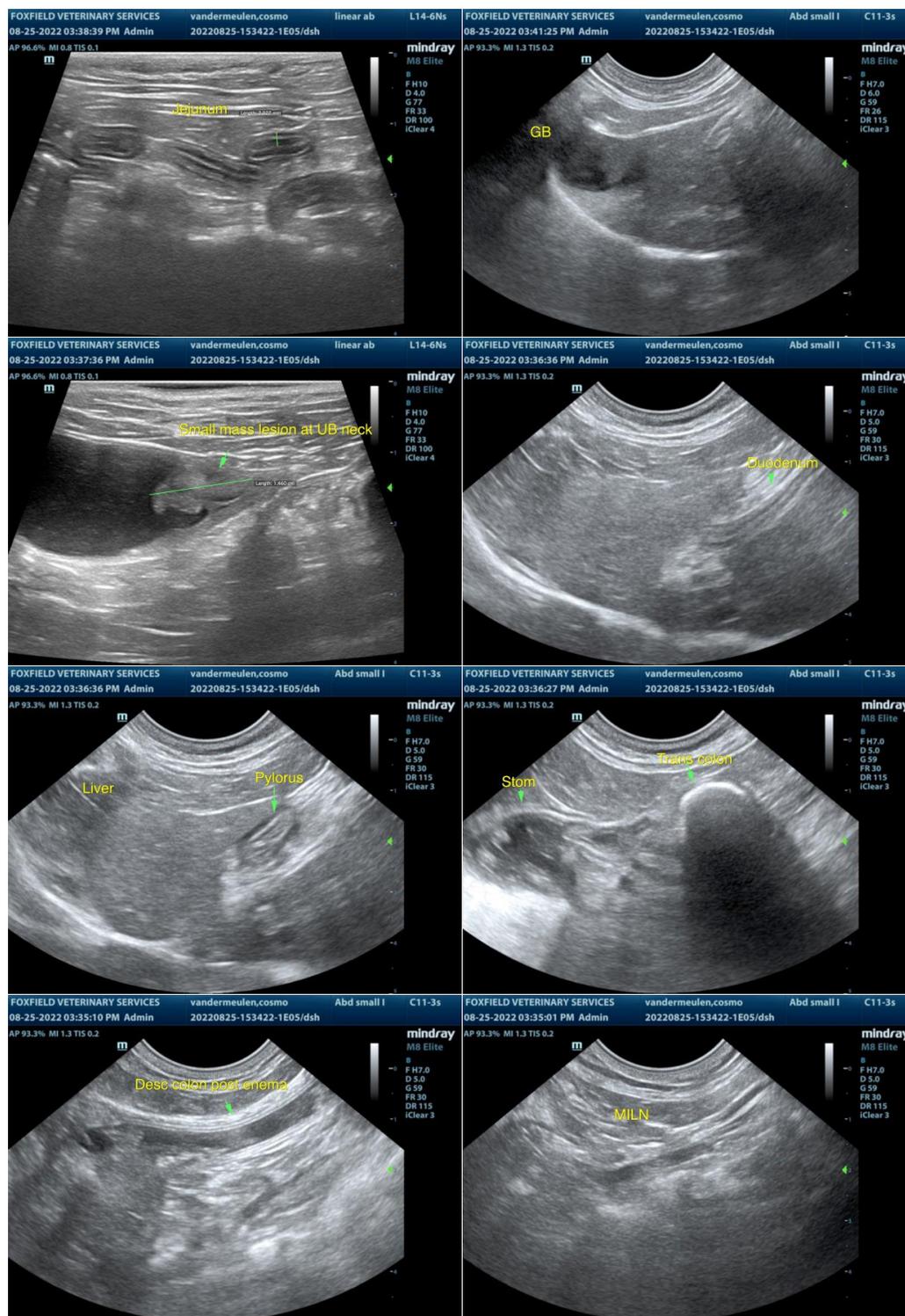
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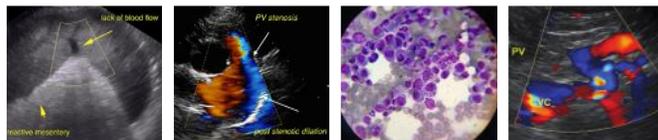
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PATIENT
Cosmo
Vandermeulen

SPECIES

Feline

BREED

DSH

SEX

MN

AGE

13 years

WEIGHT

9.6 lbs.

INTERPRETED BY

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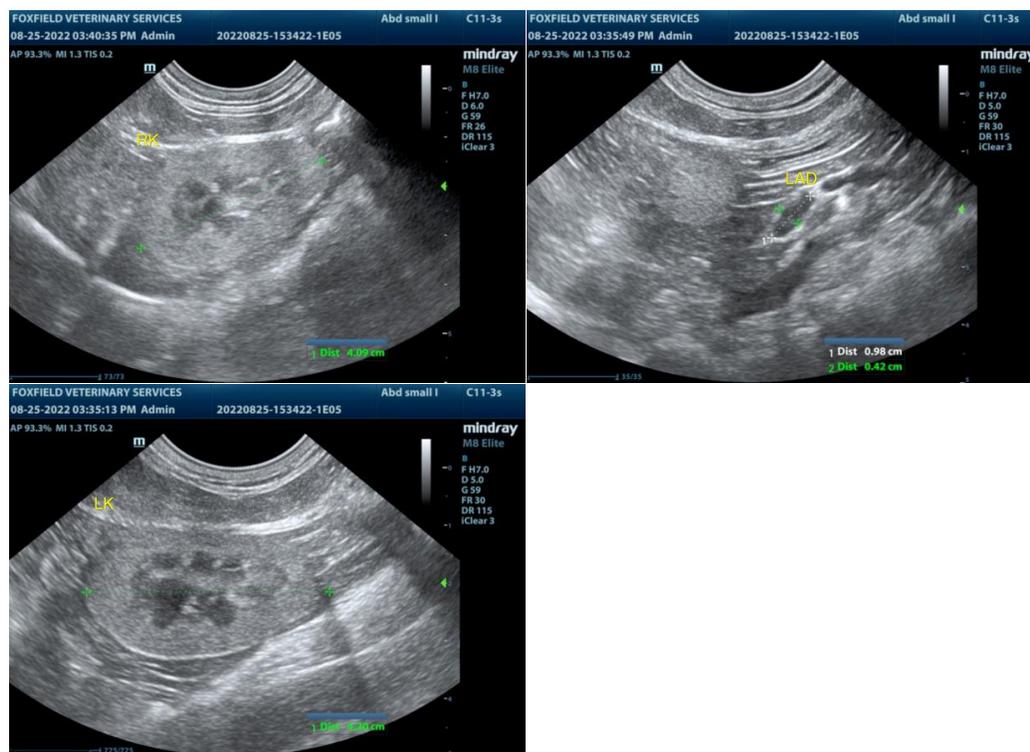
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com