



**PATIENT**

Ella Breckenridge

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

9yr

**WEIGHT**

5.06kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Evoniuk

**HOSPITAL NAME**

State Avenue Vet  
Clinic

**REFERRING VET**

Dr. Evoniuk

**INVOICE**

11500ag

**DATE**

08/30/2022

**PRESENTING CLINICAL SIGNS**

Last week she has been eating her food, biting down, then spitting it out. Only wanting soft food. Has now completely stopped eating. Just a couple bites last night. Trying to eat soft food. No drooling hard swallowing. Licking more than normal Otherwise she is healthy, first problem they have had. Litterbox is normal. Using the box well. Chomps on one side and then stops- if goes to the side of the mouth with the finger. If hold mouth back will bite it. Always done that Does vomit hair balls- one week 2x and then won't for 3 weeks. Her brother and her have hair balls Not a big water drinker.

Abnormal PE/Chem/CBC/UA Results: Chem ALB 4.5 Ca 13.6

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.

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. Mild pyelectasia was present in the right kidney. The left kidney measured 3.8 cm in length. The right kidney measured 3.9 cm in length.

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

No overt pathology in the area of the left or right adrenal glands.

**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.

**Liver**

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.

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild retained anechoic fluid with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.26 cm in width.

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 measured 0.21 cm in width. The jejunum measured 0.20 cm in width.



<b>PATIENT</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
Ella Breckenridge	<b>Pancreas</b>
<b>SPECIES</b>	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.
Feline	<b>Free Abdomen</b>
<b>BREED</b>	No omental masses, overt lymphadenopathy or peritoneal effusion was present.
DSH	<b>ULTRASONOGRAPHIC FINDINGS</b>
<b>SEX</b>	<b>Primary</b>
FS	<ul style="list-style-type: none"> <li>• Sonographically normal gastric walls with retained gastric fluid-possible hypomotile gastritis</li> <li>• Sonographically unremarkable small bowel</li> <li>• Mild right kidney pyelectasia</li> </ul>
<b>AGE</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
9yr	No obvious evidence of GI mural changes or pathology which may suggest underlying GI disease was observed. No evidence of pancreatic pathology was observed. Some degree of non-obstructive gastric hypomotility is suspected given the presence of retained fluid.
<b>WEIGHT</b>	The pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable), potential for low grade right pyelonephritis is considered less likely. Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.
5.06kg	
<b>INTERPRETED BY</b>	A GI panel to include PLI/TLI/Cobalamin/Folate may be considered to assess for occult pancreatic or GI disease.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Three view chest radiographs suggested if not done to assess for thoracic pathology.
<b>IMAGING PERFORMED BY</b>	A hydrolyzed diet trial with smaller more frequent feedings and gastric protectant protocol for potential gastritis/esophagitis may prove beneficial. Hairball therapy if clinically indicated would be appropriate.
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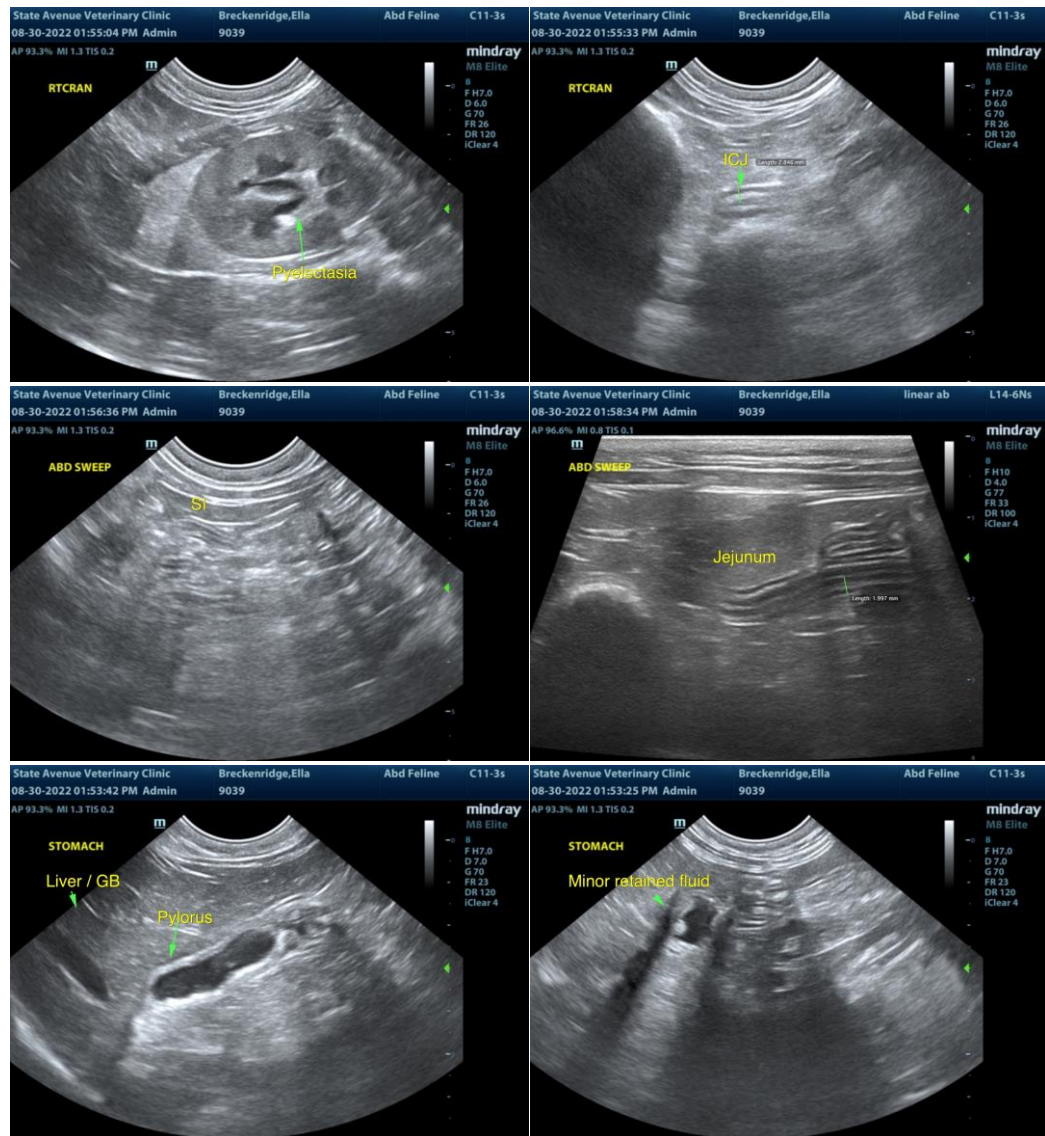
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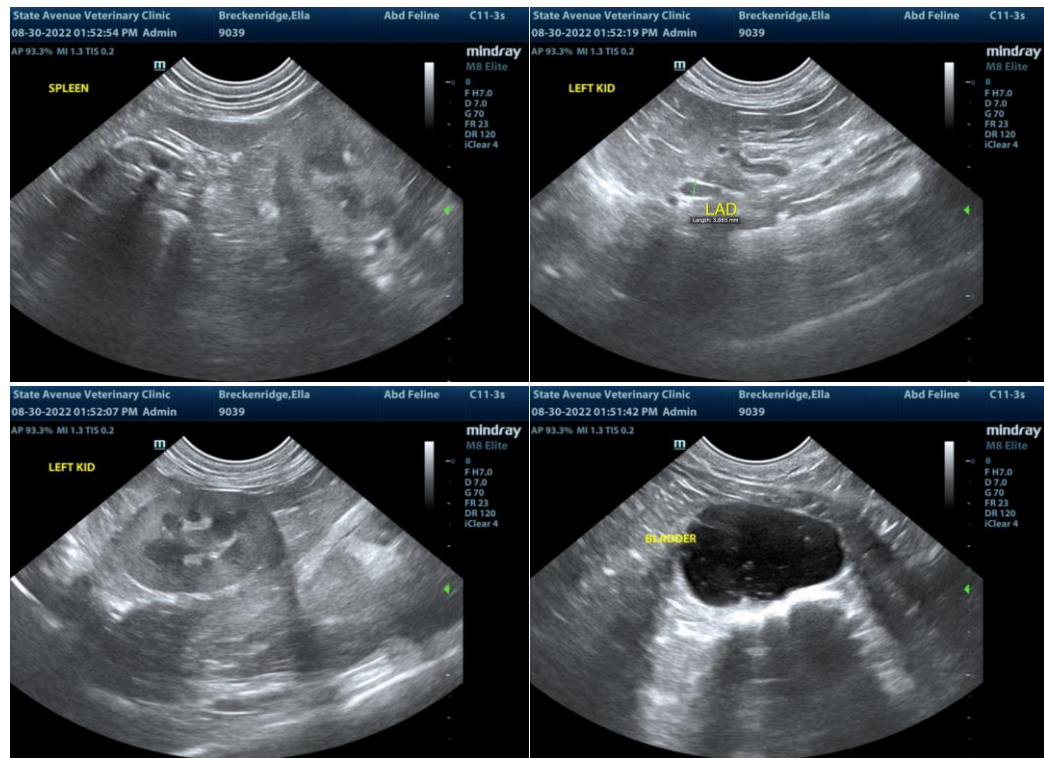
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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