



**PATIENT PRESENTING CLINICAL SIGNS**

Betty Schaffer History: Weight loss, chronic vomiting Prednisolone 5mg SID

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Feline Urinary System**

Feline The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 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.

**BREED** Siamese

**SEX** FS 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 mild loss of corticomedullary symmetry and definition expected for the age of the patient. Pinpoint areas of medullary mineral were present. No evidence of pelvic dilation was present. The left kidney measured 3.5 cm in length. The right kidney measured 3.8 cm in length.

**AGE** The area of the aortic trifurcation was free of pathology.

**2012 Adrenal Glands**

**WEIGHT** 11.18 The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.34 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.30 cm width.

**Spleen**

**INTERPRETED BY** 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. The spleen measured 1.0 cm in width at the level of the hilus.

**IMAGING PERFORMED BY Liver**

Rebekah Jakum, CVT ARDMS/RVT 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.

**HOSPITAL NAME** Pottstown Animal Wellness Services The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content with moderate nondependent hyperechoic luminal debris. The cystic and common bile ducts were normal.

**REFERRING VET Gastrointestinal**

Dr. DiBuono The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.28 cm in width. The pylorus wall measured 0.30 cm in width.

**INVOICE** 11271ag 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 in width. The jejunum wall measured 0.21 cm in width.

**DATE** 08/05/2022 Normal visible colon wall layers were present with apparent formed feces in lumen.



**PATIENT** *Pancreas*

Betty Schaffer The pancreas was mildly prominent in size in the area of the pancreas base with mixed echogenic hepatic parenchyma ranging from nonuniform hyperechoic parenchyma in the right limb to mildly hypoechoic parenchyma present in the pancreas base.

**SPECIES** *Free Abdomen*

Feline No omental masses, overt lymphadenopathy or peritoneal effusion was present.

**BREED** **ULTRASONOGRAPHIC FINDINGS**

Siamese

- SEX**
- Overtly normal GI tract
  - Possible chronic to chronic active pancreatitis
  - Mild age related kidney changes
  - Possible emerging mineralized gallbladder debris

FS

**AGE** **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

2012 No sonographic evidence of structural GI pathology or altered wall layer ratio present in this study. The current prednisolone use in this patient may be masking intestinal mural changes.

**WEIGHT** Chronic pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a spec fPL or a GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

11.18

**INTERPRETED BY**

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

Recheck full CBC/Chem/UA to assess for evidence of hepatic enzyme elevation or cholestasis which may suggest triad disease is recommended. Three view chest radiographs recommended if not done to rule out occult thoracic disease.

A hydrolyzed diet trial +/- prophylactic deworming if the patient is indoor/outdoor may prove beneficial.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT



**HOSPITAL NAME**

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Wellness Services

**REFERRING VET**

Dr. DiBuono

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**PATIENT**

Betty Schaffer

**SPECIES**

Feline

**BREED**

Siamese

**SEX**

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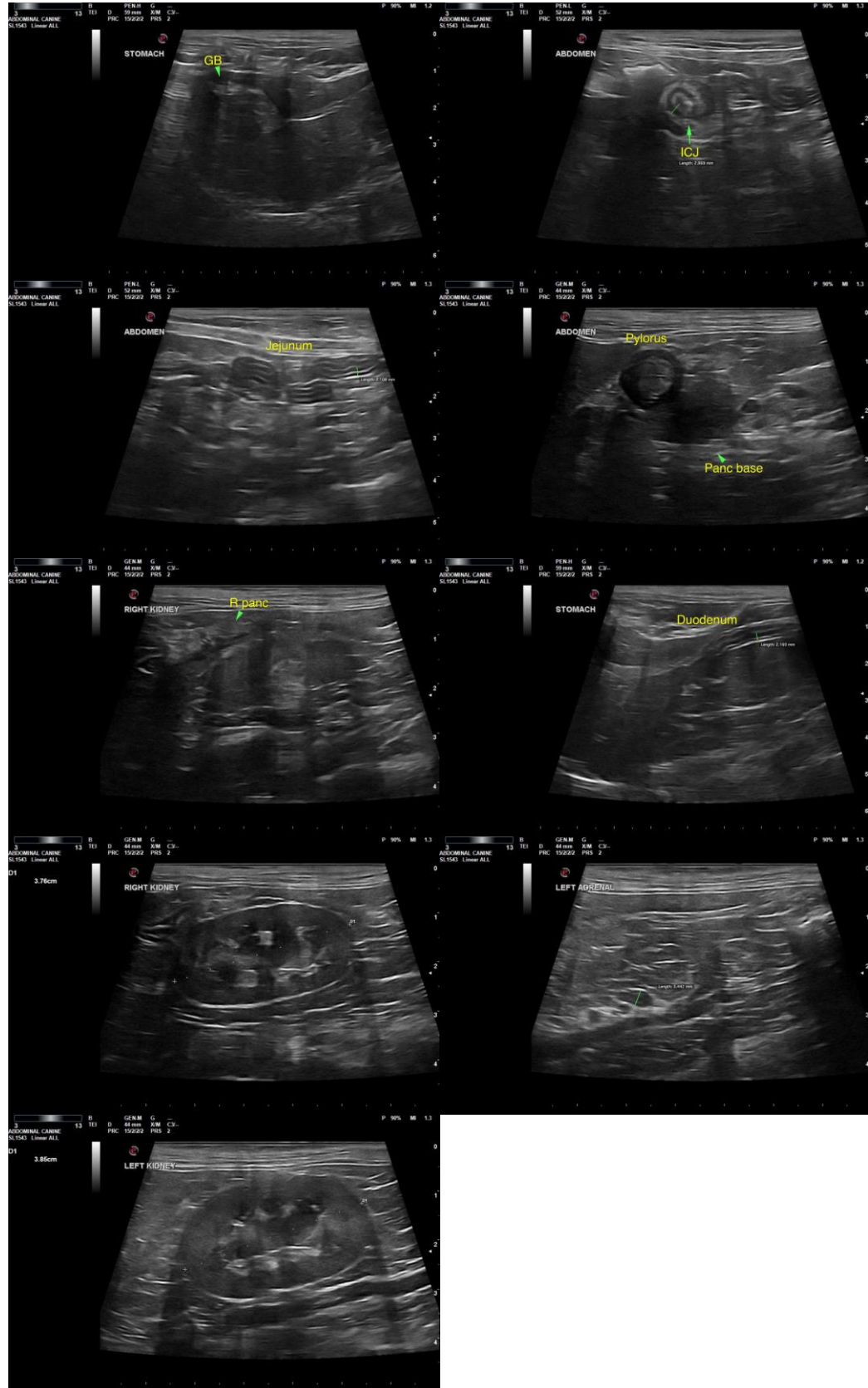
Dr. DiBuono

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**PATIENT**

Betty Schaffer

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**

Siamese

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**SEX**

FS

**AGE**

2012

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