



PATIENT

Harlow Tarrant

PRESENTING CLINICAL SIGNS

History: Decreased appetite x 2 months while gaining weight. Vomiting intermittently 1.5 years. Currently eating Hill's GI Biome free fed, O noticing more food left in bowl daily.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: BCS 9/9, grade 1 pddz, BW NSF including UA

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

BREED

DLH

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 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.

SEX

FS

Normal size and margination was 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. Minor bilateral nonobstructive medullary mineral was present. No evidence of pelvic dilation was present. The left kidney measured 3.9 cm in length. The right kidney measured 4.3 cm in length.

AGE

14yr

The area of the aortic trifurcation was free of pathology.

WEIGHT

8.1kg

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 cm width.

INTERPRETED BY

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

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 1.1 cm in width at the level of the hilus.

IMAGING PERFORMED BY

Wendy Turner

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.

HOSPITAL NAME

Pennsauken Animal
Hospital

REFERRING VET

Kristen Mitchell

Gastrointestinal

The stomach presented subjective gas distention with intact wall layering with a normal wall layer ratio. The gastric body wall measured 0.20 cm in width.

INVOICE

11326ag

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. Small intestinal wall width of 0.23 cm.

DATE

08/08/2022

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

Pancreas



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The pancreas base and right pancreas limb exhibited normal size with areas of minor capsule asymmetry and nonhomogeneous to hypoechoic parenchyma compared to adjacent omental fat.

Free Abdomen

SPECIES

Feline

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

Significant amount of intra-abdominal fat was present.

BREED

DLH

ULTRASONOGRAPHIC FINDINGS

- Mild chronic renal changes with minor pinpoint medullary mineral
- Subjective gas distended stomach
- Overtly normal small bowel
- Heterogeneous to mildly hypoechoic right pancreas

SEX

FS

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No overt evidence of significant abdominal visceral pathology was present in this study. Potential for low grade to chronic active pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a spec fPL could be considered. Hydrolyzed diet trial and as needed gastric protectant protocol with assessment of clinical response could be considered.

AGE

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WEIGHT

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INTERPRETED BY

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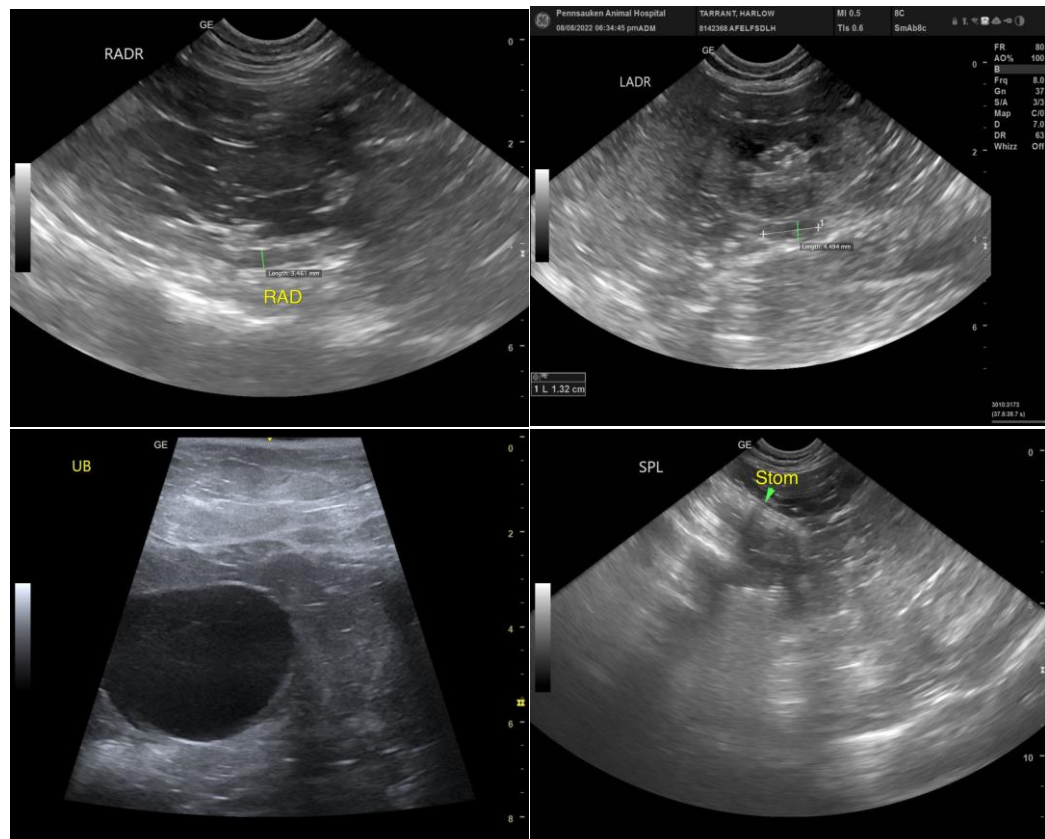
Kristen Mitchell

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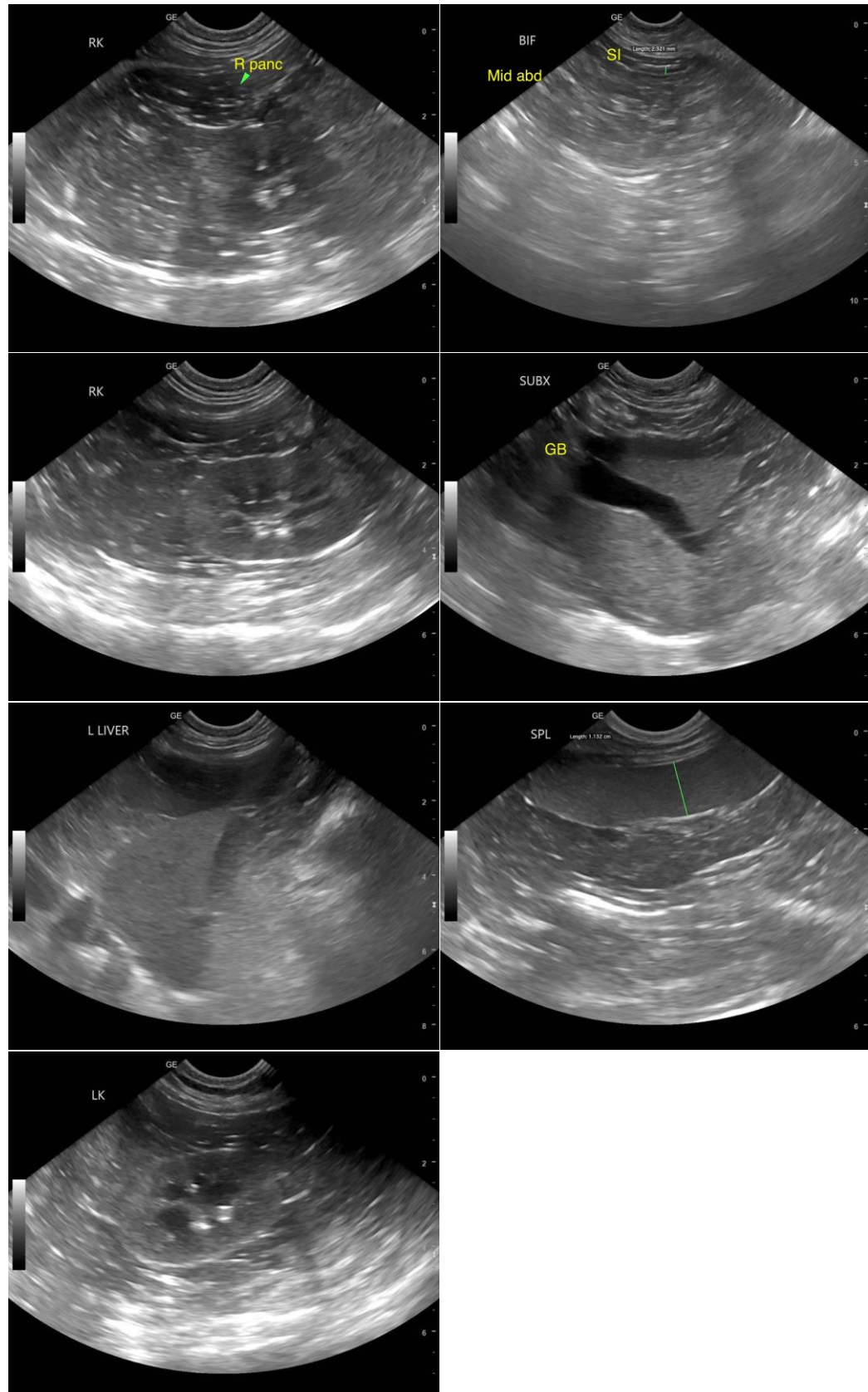
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PATIENT

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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.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

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info@SonoPath.com

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