



**PATIENT**

Gracie Bryant

**PRESENTING CLINICAL SIGNS**

History of variable appetite, suspected IBD +/- pancreatitis

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: CBC, chem, T4 all WNL, elevated fPL when last evaluated 2/23

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

DSH

**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 mild non-dependent particulate 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 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 3.8 cm in length. The right kidney measured 3.7 cm in length.

**AGE**

5yr

The area of the aortic trifurcation was free of pathology.

**WEIGHT**

10.7lb

**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. No overt pathology in the area of the right adrenal gland.

**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.

**IMAGING PERFORMED BY**

Sarah Green

**Liver/Gallbladder**

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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with mild to moderately thickened hyperechoic wall. Primarily anechoic luminal content was present. The cystic and common bile ducts were normal.

**HOSPITAL NAME**

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**REFERRING VET**

Sarah Green

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate ingesta exhibiting mild near field hyperechogenicity with progressive distal acoustic shadowing and no signs of ileus, obstruction or foreign material. The ventral gastric body wall measured 0.23 cm in width.

**INVOICE**

14534ag

**DATE**

08/08/2023



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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 small intestinal wall measured 0.20 cm in width. The ileocolic wall measured 0.34 cm in width.

**SPECIES**

Feline

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

**Pancreas**

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.

**BREED**

DSH

**Free Abdomen**

No omental masses or peritoneal effusion was present.

**SEX**

FS

Minor benign/reactive colic lymph nodes adjacent to the ileocolic junction were present.

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

5yr

- Mild urinary bladder sediment.
- Progressively shadowing gastric ingesta.
- Sonographically unremarkable small bowel/pancreas.
- Thickened hyperechoic gallbladder wall- nonspecific, potential for mild chronic cholecystitis if previous history of hepatic enzyme elevation.

**WEIGHT**

10.7lb

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, there is no overt evidence of significant abdominal visceral pathology. The presence of gastric ingesta is nonspecific and likely indicates post-prandial presentation. Correlation with most recent meal ingestion is recommended. If documented NPO prior to the ultrasound, the presence of gastric ingesta may indicate some degree of gastric hypomotility or metabolic stasis. Potential for hairball density is possible if clinical history of hairballs.

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No sonographic evidence of active pancreatitis, although low grade/chronic pancreatitis may present sonographically normal. Correlation with recheck fPL is recommended. No overt evidence of IBD or neoplastic criteria.

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Empirically as needed GI support, hairball therapy if clinically indicated and potential supportive care for chronic pancreatitis if persistent elevated fPL would be reasonable.

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**SEX**

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**AGE**

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**WEIGHT**

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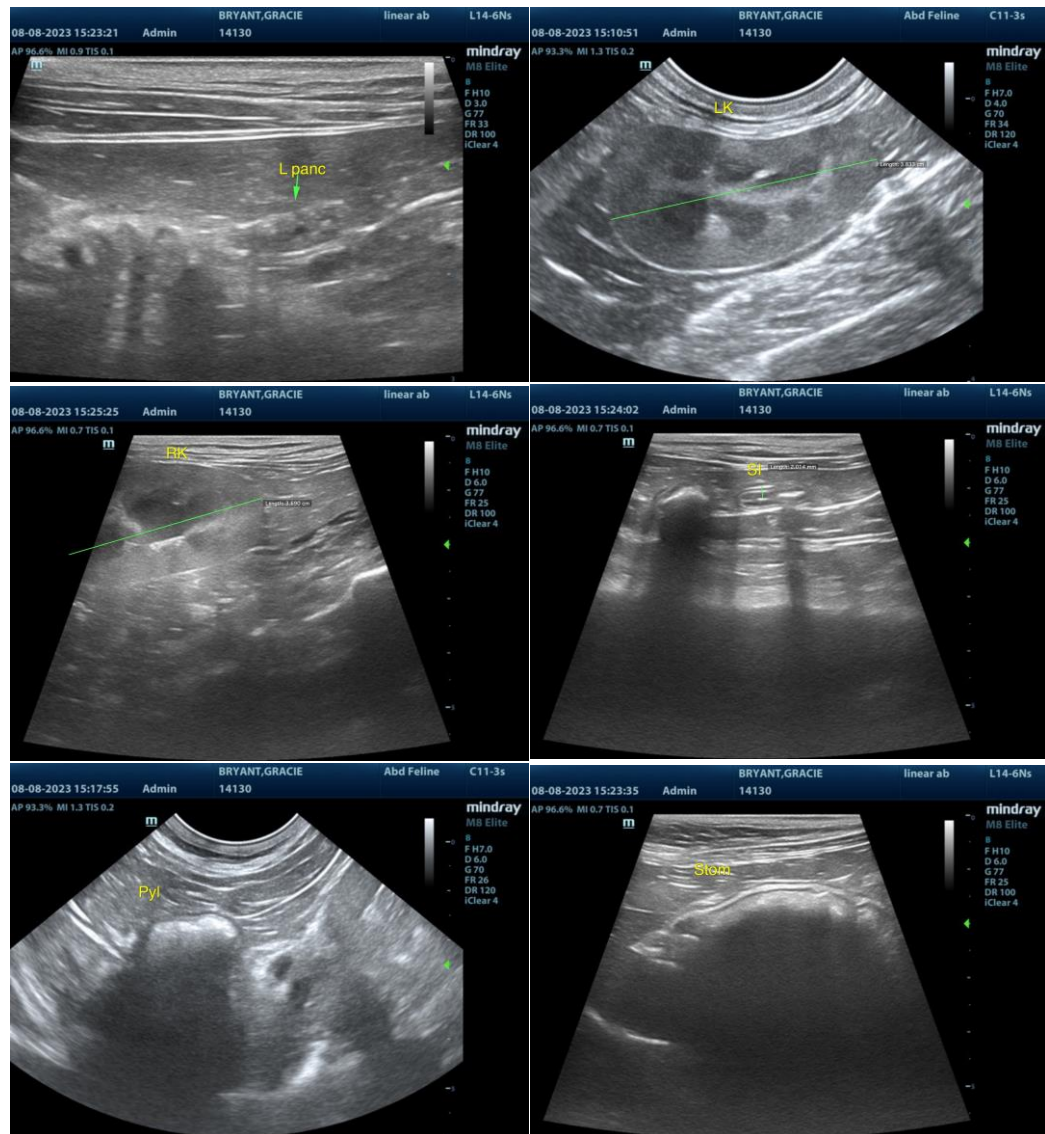
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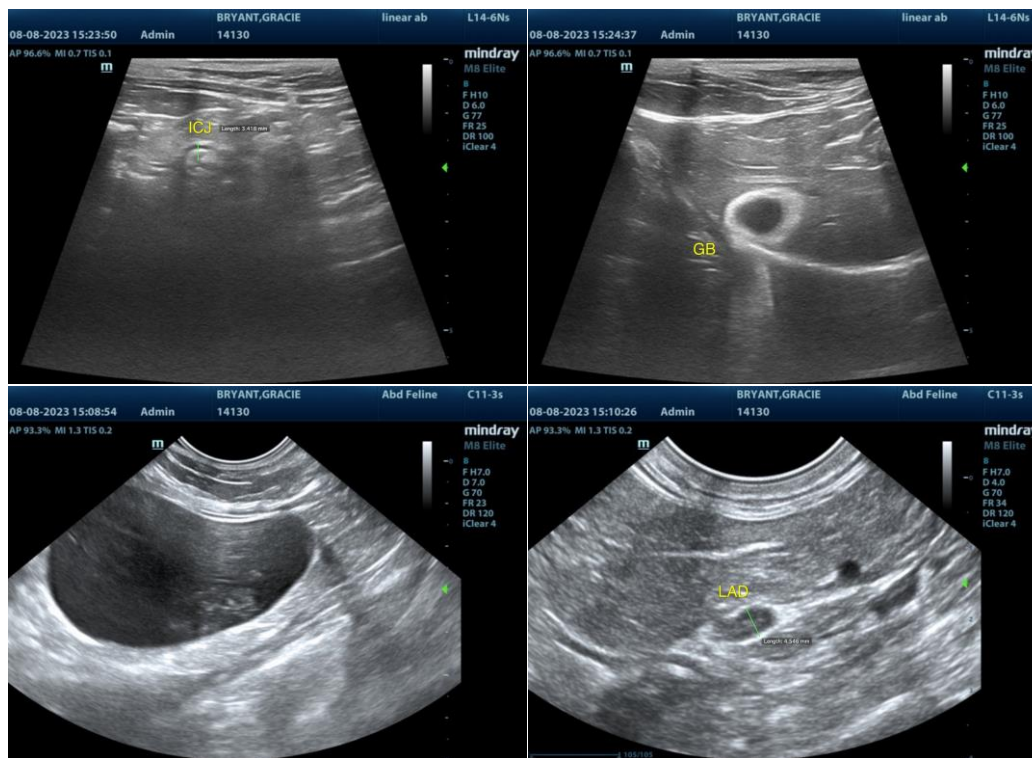
FS

**AGE**

5yr

**WEIGHT**

10.7lb



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.

**INTERPRETED BY**

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DVM, DABVP  
(Canine and 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.

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Sarah Green

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Wellness

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Sarah Green

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