

PATIENT	PRESENTING CLINICAL SIGNS
George Jerry	History: Recurrent vomiting over the last 2-3 weeks. Also decreased appetite reported. NSF on exam except obese with mild weight loss. Meds: Famotadine 10mg 1/2 PO SID Diet: W/D
SPECIES	Abnormal PE/Chem/CBC/UA Results: WBC= 3.08, Neuts= 1.67 (chronic, but progressed) Glucose-180, Fructosamine= 181 Snap fPL= abnormal T4/Free T4= WNL
Feline	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
BREED	Urinary System
DSH	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	
MN	Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 4.4 cm in length. The right kidney measured 4.7 cm in length.
AGE	The area of the aortic trifurcation was free of pathology.
15	Adrenal Glands
WEIGHT	The left and right adrenal glands were not definitively visualized.
18.8	Spleen
INTERPRETED BY	The spleen exhibited mild enlargement and primarily maintained symmetrical capsule contour with a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Multiple non disruptive uniform hyperechoic nodules were present. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The spleen measured 1.6 cm in width at the level of the hilus.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Liver
IMAGING PERFORMED BY	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.
Amy	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	Gastrointestinal
Long Valley Animal Hospital	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.
REFERRING VET	The small intestine presented intact wall layering with prominent segmental muscularis layer. Minor areas of small bowel nonobstructive ileus were present. The lumen of the small intestine was empty with no signs of obstruction or foreign material. The small intestine wall measured 0.3 cm in width.
Dr. Earl	Normal visible colon wall layers were present with apparent formed feces in lumen.
INVOICE	
11335ag	
DATE	
08/09/2022	



PATIENT

Pancreas

George Jerry

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.

SPECIES

Feline

Free Abdomen

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

BREED

DSH

A large amount of intra-abdominal fat was present.

SEX

MN

ULTRASONOGRAPHIC FINDINGS

- Nonspecific chronic renal changes with medullary mineral
- Mild splenomegaly with multiple hyperechoic parenchymal nodules
- Minor hepatic parenchyma remodeling
- Intact yet prominent small bowel walls with segmental ileus

AGE

15

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenomegaly may be a normal variant for this patient or potentially secondary to sedation. Assuming normal clotting status and using a 25g needle a screening splenic FNA for cytology could be considered.

WEIGHT

18.8

Although potential for patient variant the small intestine exhibited mild mural changes which are suggestive of underlying inflammatory enteropathy/IBD. This finding may be nonspecific. Minor potential for early neoplastic infiltrative enteropathy with round cells cannot be definitively excluded. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Potential for low grade to chronic pancreatitis possible yet sonographically normal. Empirically IBD and low grade pancreatitis protocol with as needed GI support with monitoring of clinical response would be reasonable

INTERPRETED BY

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

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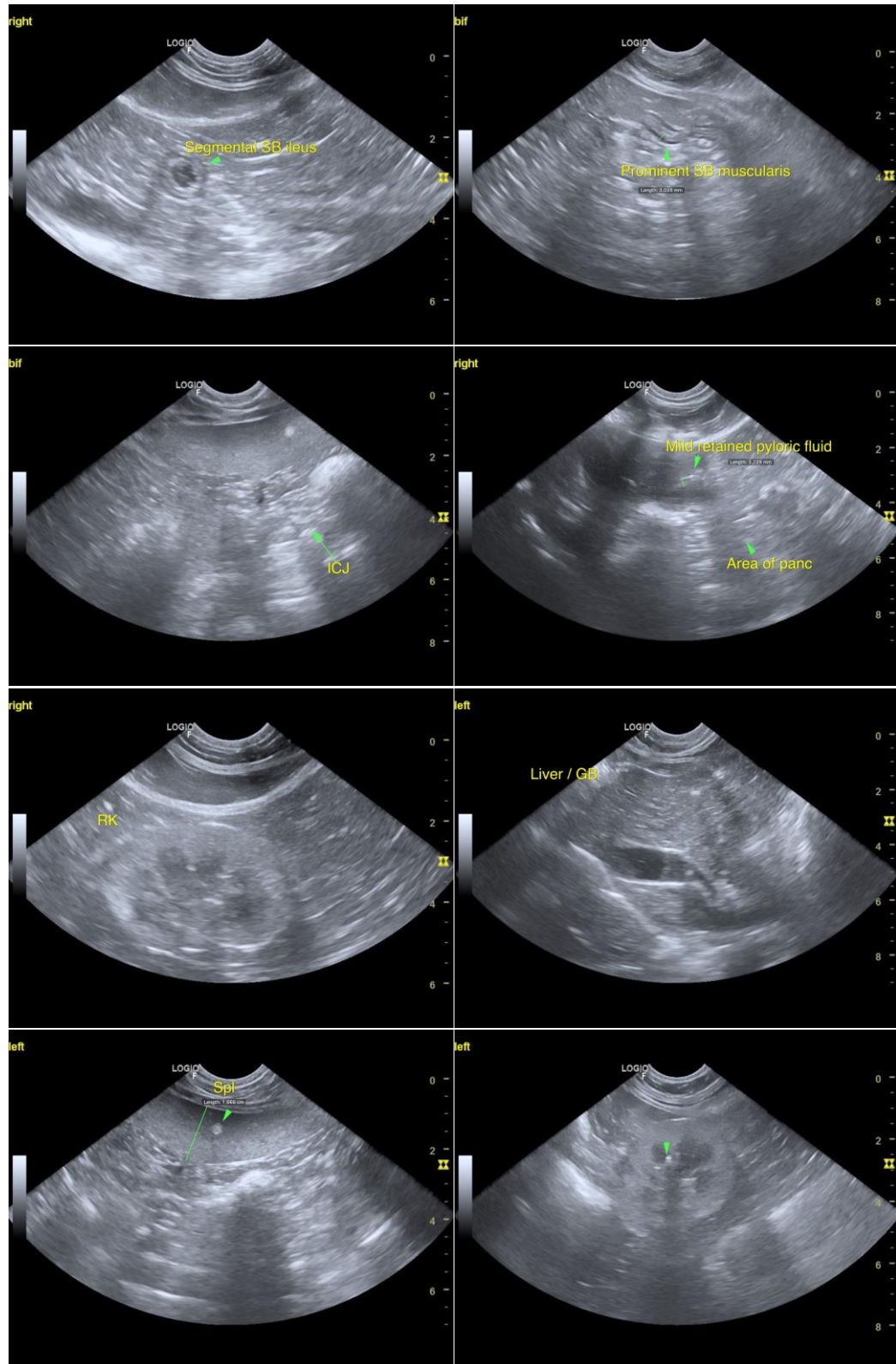
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not



PATIENT

visible in the image/video clips provided.

George Jerry

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.

SPECIES

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

Feline

info@SonoPath.com

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