



PATIENT

Shirley Jeffers

PRESENTING CLINICAL SIGNS

Chronic coughing daily (CXR pending - radiopaque lesions cranial chest seen) - improved on preds, now off pred and started vomiting. No weight loss as of 6/30.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Possibly painful neck. Thoracic lesions (CXR pending). Abdominal palpation wnl. R/O GIT/pancreatic, cholangiohepatic concurrent dz. Chest pathology of main concern and a radiologist is currently reviewing this.

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DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

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

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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 minor loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Minor medullary mineral was present, more prominent in the right kidney. The left kidney measured 4.6 cm in length. The right kidney measured 3.9 cm in length.

AGE

12yr

WEIGHT

12lb

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

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

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.

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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. A solitary subtle non-disruptive cyst was present measuring 0.36 cm in diameter. Normal vascular volume. 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 with mild echogenic non-mineralized debris. The cystic and common bile ducts were normal.

REFERRING VET

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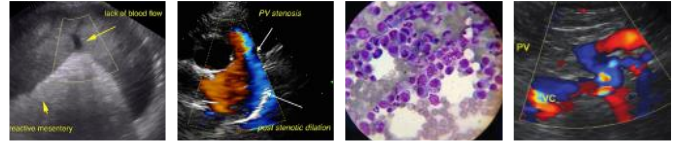
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Gastrointestinal

The stomach presented intact borderline prominent wall layering owing to a prominent submucosa layer in the gastric body. This is non-specific and may indicate age related variant, possible mural fat

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08/09/2023



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deposition or low grade gastritis. No evidence of gastric neoplastic criteria. The lumen of the stomach contained moderate non-shadowing ingesta sonographically suggestive of food with no signs of ileus, obstruction or foreign material.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained mild segmental similar appearing non-shadowing ingesta with no signs of ileus, obstruction or foreign material.

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

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Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

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Free Abdomen

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

AGE

12yr

ULTRASONOGRAPHIC FINDINGS

- Chronic renal changes with mild medullary mineral.
- Small hepatic intraparenchymal cyst/cystic nodule-benign, possible small cystic biliary adenoma.
- Gallbladder debris (non-mucocele).
- Mild heterogenous pancreas.
- Suspect mild gastritis with non-shadowing ingesta.
- Unremarkable small bowel.

WEIGHT

12lb

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(Canine and Feline)

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, there is no overt evidence of significant abdominal visceral pathology as a definitive cause of the patient's clinical signs. No evidence of intra-abdominal neoplastic criteria.

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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. The sonographic presentation of the ingesta was most consistent with food, without evidence of foreign material.

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Assessment for evidence of cranial abdominal/subxiphoid discomfort on palpation which may allude to low grade pancreatitis is recommended.

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A full CBC/chemistry panel and UA is recommended if not recently done.

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Canned hydrolyzed diet trial, as needed gastroprotectants and monitoring for evidence of persistent gastric stasis if clinically indicated is recommended.

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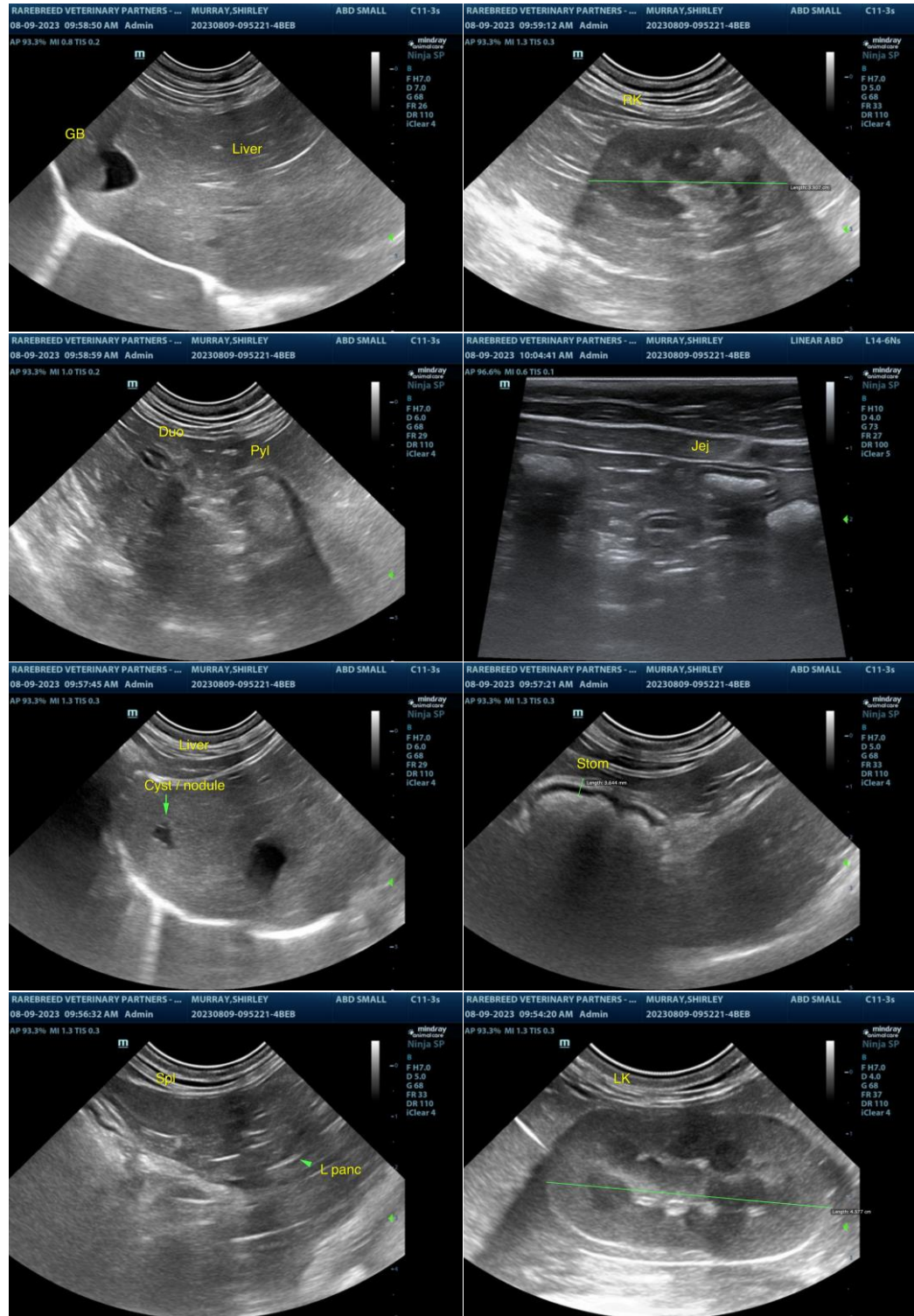
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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