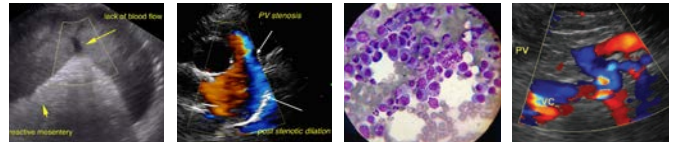


<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Migalha Martins	weight loss, decreased app no vomiting Abnormal PE/Chem/CBC/UA Results: PE- wound by her nasal philtrum, weight loss Creat 2.5, Bun 50 but USG 1.040 chest rads WNL some improvement after SQ fluids/cerenia/famotidine and mirtazipine
<b>SPECIES</b>	
Feline	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
<b>BREED</b>	<b>Urinary System</b>
DSH	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present. Minor focal areas of dependent mineral noted in the lumen. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.
<b>SEX</b>	
Female	The kidneys were normal in size. Asymmetrical lateral left kidney margination noted, likely owing to infarcts. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The kidneys measured 3.7 cm each.
<b>AGE</b>	
15 Years	<b>Adrenal Glands</b>
<b>WEIGHT</b>	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm in width. No overt pathology in the area of the right adrenal gland.
11 Pounds	<b>Spleen</b>
<b>INTERPRETED BY</b>	The spleen was subnormal in size, potentially owing ot volume contraction. The spleen measured 0.42 cm in width. It 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.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
<b>IMAGING PERFORMED BY</b>	<b>Liver</b>
Dr. Scott	The liver was normal in size. The parenchyma of the liver was subjectively increased in echogenicity compared to the spleen and renal cortices. The echotexture of the liver parenchyma was uniform with a mild coarse echotexture. The capsule of the liver was symmetrical in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.
<b>HOSPITAL NAME</b>	<b>Gastrointestinal</b>
Ho-Ho-Kus VH	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, nonshadowing ingesta/chyme most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. Gastric body wall measured 0.30 cm.
<b>REFERRING VET</b>	
Dr. Scott	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. Jejunum wall measured 0.22 cm.
<b>INVOICE</b>	
25356	Normal visible colon wall layers were present with apparent formed feces in lumen.
<b>DATE</b>	
9/13/21	



**PATIENT**

Migalha Martins

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female

**AGE**

15 Years

**WEIGHT**

11 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Scott

**HOSPITAL NAME**

Ho-Ho-Kus VH

**REFERRING VET**

Dr. Scott

**INVOICE**

25356

**DATE**

9/13/21

**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.

**Free Abdomen**

No evidence of intraabdominal masses, lymphadenopathy or effusion.

**ULTRASONOGRAPHIC FINDINGS**

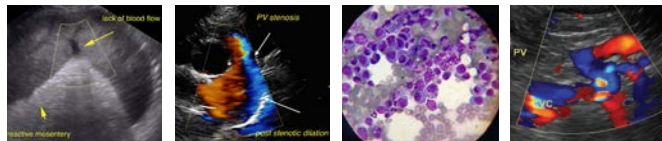
- Focal minor urinary bladder mineral
- Mild chronic renal changes with asymmetrical left kidney margination – suspect left kidney infarcts
- Mild retained echogenic non-shadowing gastric ingesta
- Sonographically unremarkable small bowel and colon
- Echogenic liver – non-specific, vacuolar hepatopathy, cholangiohepatitis, emerging lipidosis, fibrosis, or less likely neoplasia.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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.

Given the patient's weight loss and decreased appetite, underlying inflammatory gastrointestinal process without evidence of mural changes is possible, dietary indiscretion/food intolerance, or occult parasitism if the patient is indoor/outdoor. Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

The appearance of the liver was non-specific given the lack of reported hepatic enzyme elevations. Continued monitoring for evidence of hepatic enzyme elevations suggested +/- hepatic FNA pending additional diagnostics and/or continued weight loss. 3-view chest radiographs recommended to rule out occult thoracic pathology. Continued as-needed gastrointestinal support is suggested. Reassessment of BUN/Creatinine suggested following fluid therapy given the abnormal specific gravity. Subjectively the kidneys did not appear to be end stage.



**PATIENT**

Migalha Martins

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Female

**AGE**

15 Years

**WEIGHT**

11 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Scott

**HOSPITAL NAME**

Ho-Ho-Kus VH

**REFERRING VET**

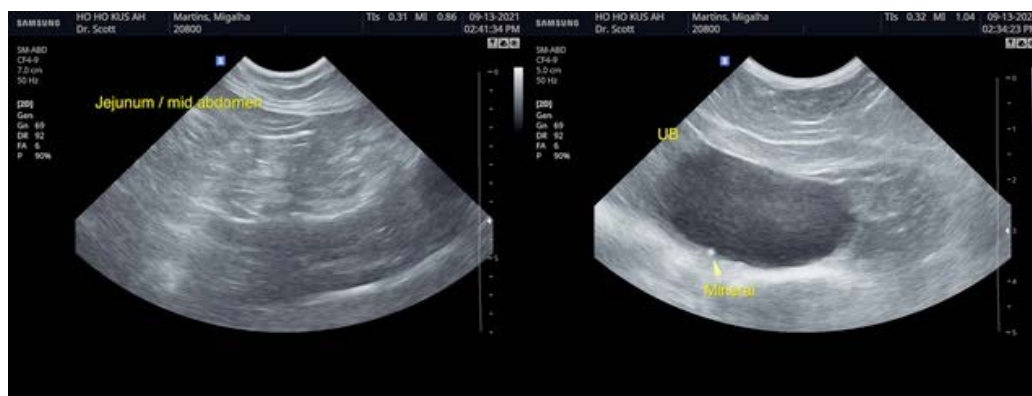
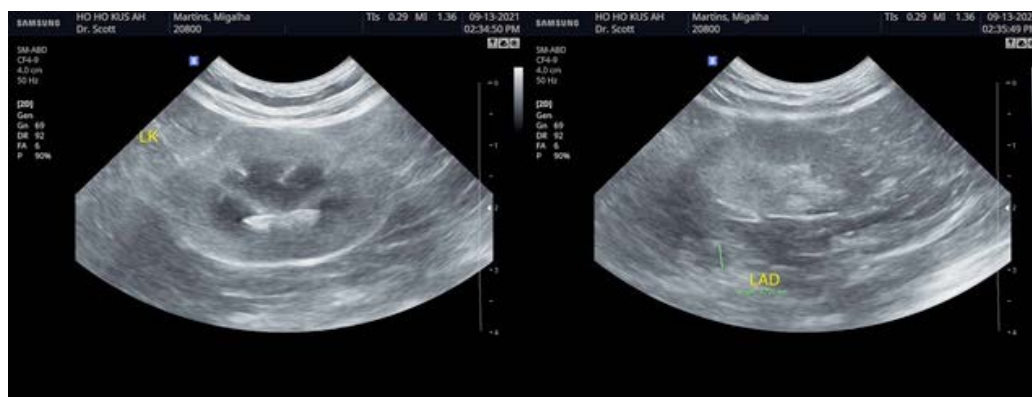
Dr. Scott

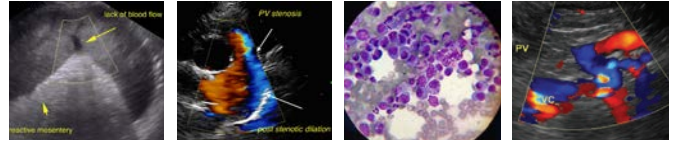
**INVOICE**

25356

**DATE**

9/13/21





**PATIENT**

Migalha Martins

The information and recommendations provided are based on the images presented by the referring veterinarian. 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)**  
info@SonoPath.com

**BREED**

DSH

**SEX**

Female

**AGE**

15 Years

**WEIGHT**

11 Pounds

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Scott

**HOSPITAL NAME**

Ho-Ho-Kus VH

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