



**PATIENT**

Cali Bogert

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

4 yrs

**WEIGHT**

10.6 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Ramapo Valley AH

**REFERRING VET**

Dr. Katara

**INVOICE**

14840

**DATE**

9/13/22

**PRESENTING CLINICAL SIGNS**

Chronic vomiting becoming increasingly worse, vomiting at least 2 x weekly or more now. Looking for evidence of mechanical obstruction, hypomotility, IBD, neoplasia etc.

Abnormal PE/Chem/CBC/UA Results: Bloods WNL (4/30/22).

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

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 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 was noted.

The area of the aortic trifurcation was free of pathology.

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. A hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 3.7 cm in length. The right kidney measured 3.7 cm in length.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.20 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.

**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 0.85 cm width at the level of the hilus.

**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. 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.



**PATIENT**

***Gastrointestinal***

Cali Bogert

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material. The gastric body wall width measured 0.24 cm.

**SPECIES**

Feline

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 duodenum wall measured 0.22 cm width. The jejunum wall measured 0.21 cm width. No overt pathology was noted in the area of the ileocolic junction, although indistinctly visualized.

**BREED**

DSH

**SEX**

FS

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

**AGE**

4 yrs

***Pancreas***

The pancreas base and right pancreatic limb exhibited discrete prominent size with subtle asymmetrical capsule contour, as well as minor uniform hypoechoic parenchymal compared to adjacent nonreactive or inflamed peripancreatic omentum.

**WEIGHT**

10.6 lbs.

***Free Abdomen***

No evidence of significant lymphadenopathy, omental masses or peritoneal free fluid was present.

**INTERPRETED BY**

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

**ULTRASONOGRAPHIC FINDINGS**

- Bilateral nonspecific renal medullary rim sign - likely incidental
- Overtly normal gastrointestinal tract - no sonographic evidence of inflammatory / neoplastic criteria or mechanical / metabolic ileus
- Possible low-grade chronic to chronic active pancreatitis

**IMAGING PERFORMED BY**

Kelly Vazquez

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, no overt evidence of significant abdominal visceral pathology. Considerations, given the patient's vomiting, may include dietary intolerance / food allergy, occult parasitism if the patient is indoor/outdoor including possible heartworm disease, structurally insignificant inflammatory gastroenteropathy, or low-grade pancreatitis, both of which may present as essentially sonographically normal. Potential for low-grade pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation.

**HOSPITAL NAME**

Ramapo Valley AH

**REFERRING VET**

Dr. Katara

Correlation with a spec fPL or evidence of weight loss, a GI panel to include Cobalamin/Folate to rule out occult small intestinal disease, are warranted. Broad spectrum deworming i.e., even if fecal testing is negative, +/- heartworm antigen / antibody test if clinically indicated, hydrolyzed diet trial, and as-needed gastrointestinal support with an assessment of clinical response would be reasonable.

**INVOICE**

14840

**DATE**

9/13/22



**PATIENT**

Cali Bogert

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

4 yrs

**WEIGHT**

10.6 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Ramapo Valley AH

**REFERRING VET**

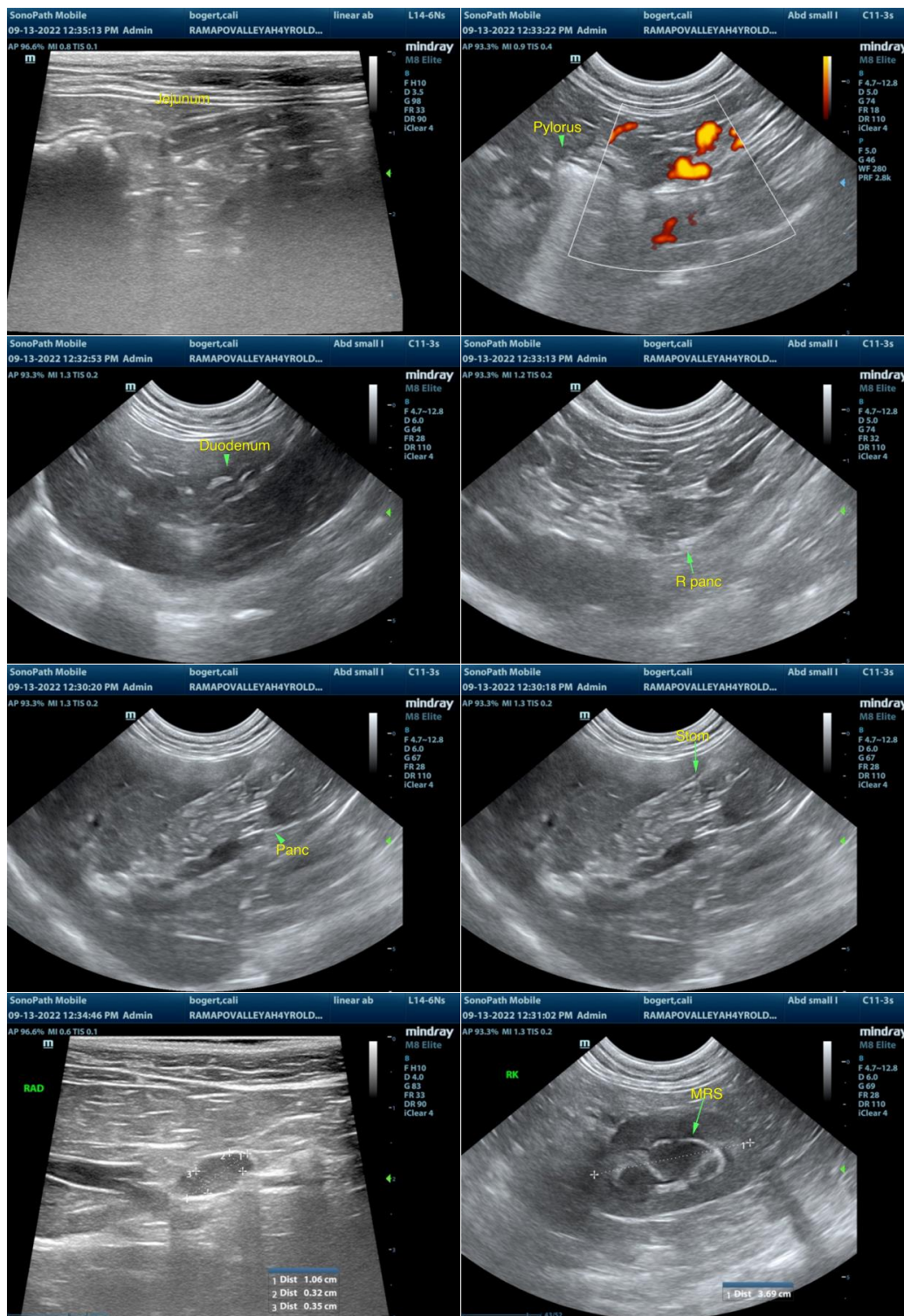
Dr. Katara

**INVOICE**

14840

**DATE**

9/13/22





**PATIENT**

Cali Bogert

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

4 yrs

**WEIGHT**

10.6 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Kelly Vazquez

**HOSPITAL NAME**

Ramapo Valley AH

**REFERRING VET**

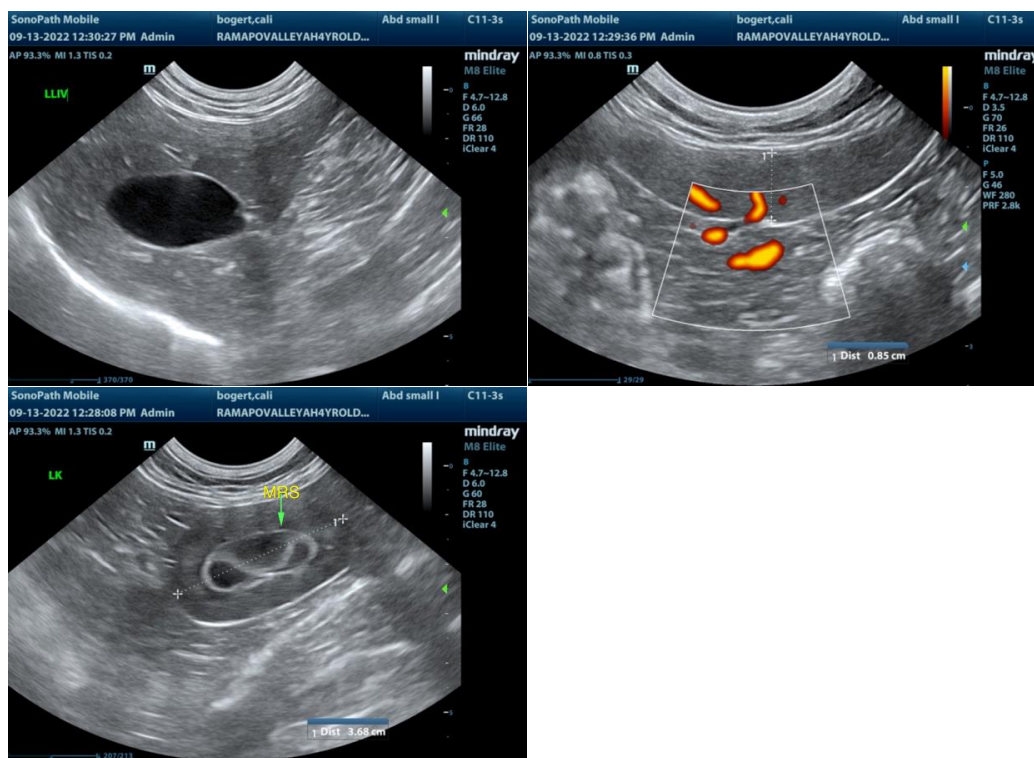
Dr. Katara

**INVOICE**

14840

**DATE**

9/13/22



**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.**

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