



PATIENT	PRESENTING CLINICAL SIGNS
Leo Redmon	History of on/off bouts of vomiting and diarrhea, followed by constipation with hairballs.
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Feline	Urinary System
BREED	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra 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.
DLH	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 4.5 cm in length.
SEX	The area of the aortic trifurcation was free of pathology.
MN	Adrenal Glands
AGE	The left and right adrenal glands were not definitively visualized.
9yr	Spleen
WEIGHT	The spleen exhibited normal size and contour with subtle parenchymal heterogeneity likely consistent with patient variant or mild benign splenic parenchymal changes. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.73 cm in width at the level of the hilus.
13.75	Liver
INTERPRETED BY	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.
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.
IMAGING PERFORMED BY	Gastrointestinal
Dr. Ellen Puthoff	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of hairball density, retained fluid, ileus, obstruction or foreign material. The gastric body wall measured 0.26 cm in width.
HOSPITAL NAME	Small Intestine
Kings Veterinary Hospital	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio to the level of the ileocolic junction. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum measured 0.25 cm in width. The jejunum measured 0.26 cm in width. The ileocolic wall was free of pathology measuring 0.30 cm in width.
REFERRING VET	Large Intestine
Dr. Ellen Puthoff	Normal visible colon wall layers were present with apparent formed to semi formed feces in lumen. No evidence of shadowing colon echoes as with hairball density were noted.
INVOICE	Pancreas
11640ag	
DATE	
09/16/2022	



PATIENT

Leo Redmon

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

DLH

ULTRASONOGRAPHIC FINDINGS

Primary

SEX

MN

- Nonspecific mild chronic renal changes
- Mild urinary bladder sediment
- Overtly normal GI tract/colon

AGE

9yr

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

WEIGHT

13.75

The appearance of the gastrointestinal tract was non-specific with considerations including dietary intolerance / food hypersensitivity, dysbiosis, occult parasitism if the patient is indoor/outdoor, inflammatory bowel disease without evidence of mural changes, mild to low grade pancreatitis or less likely early infiltrative neoplasia. A GI panel to include PLI/TLI/Cobalamin/Folate, fresh fecal analysis to assess for parasitic ova / Giardia.

INTERPRETED BY

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

Empirically, a limited antigen or hydrolyzed diet trial with potential long term dietary therapy, prophylactic deworming and hairball therapy if clinically indicated, high colony count probiotic (Proviabio or Visbiome), and as needed gastrointestinal support with assessment of clinical response may prove beneficial. Intestinal biopsies may be indicated if GI signs continue despite empirical therapy.

IMAGING PERFORMED BY

Dr. Ellen Puthoff

HOSPITAL NAME

Kings Veterinary
Hospital

REFERRING VET

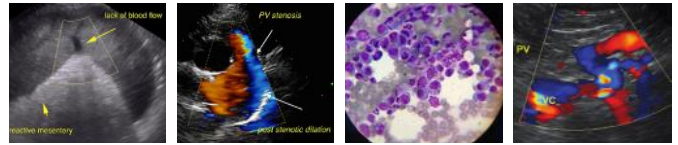
Dr. Ellen Puthoff

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PATIENT

Leo Redmon

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

9yr

WEIGHT

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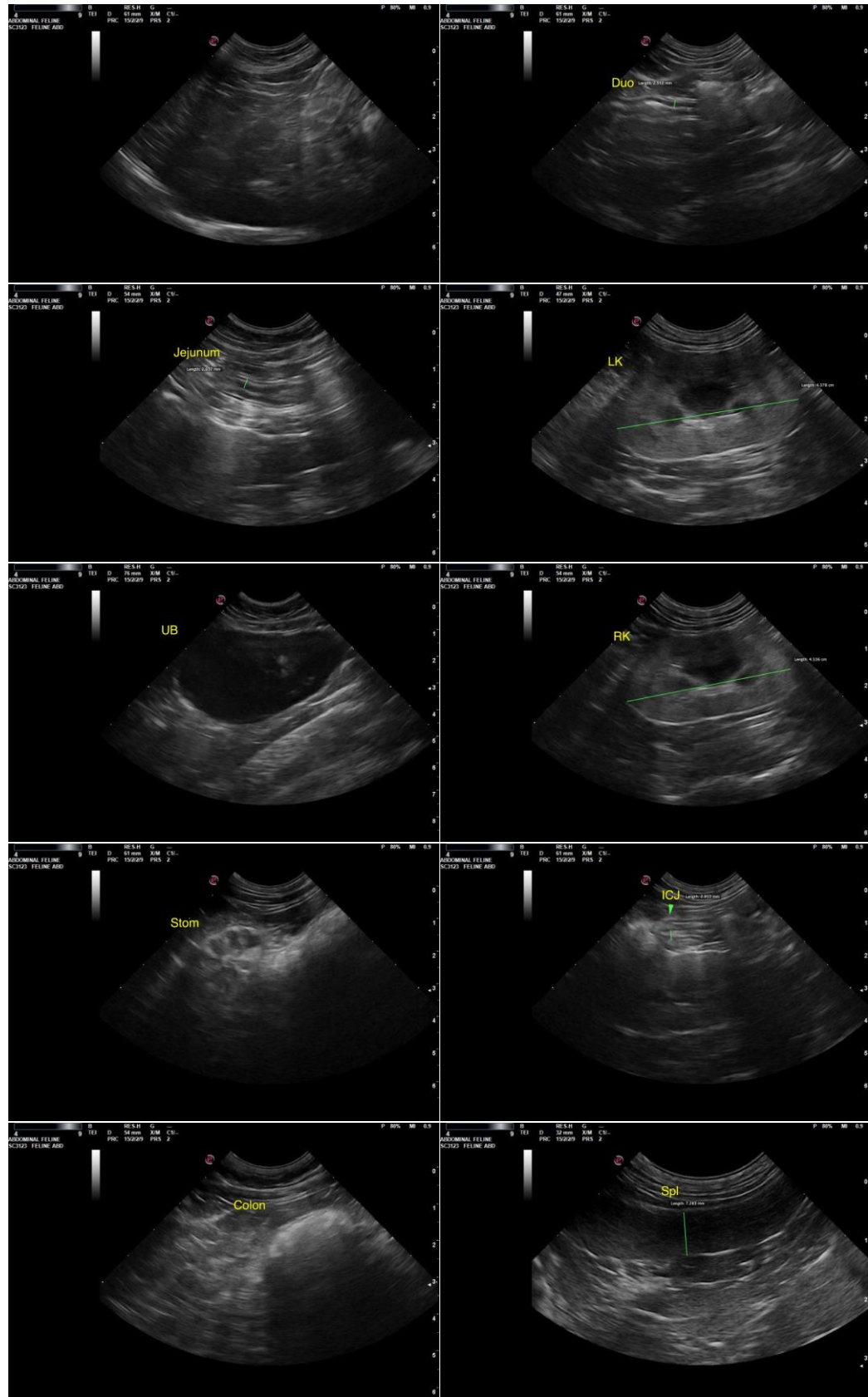
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PATIENT

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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.

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

BREED

DLH

info@SonoPath.com

SEX

MN

AGE

9yr

WEIGHT

13.75

INTERPRETED BY

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

**IMAGING
PERFORMED BY**

Dr. Ellen Puthoff

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