



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Stanley Mitchell	Presented for chronic vomiting. Vomits 1-2 times per day for months PE-WNL Abnormal PE/Chem/CBC/UA Results: 9/4/2021-CBC/chem/T4 9/2020-FELV/FIV-neg/neg
<b>SPECIES</b>	
Feline	BUN 41, Creatinine 1.9, SDMA 18, Na/K ratio 32, Unremarkable CBC
<b>BREED</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
DSH	<b>Urinary System</b>
<b>SEX</b>	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.
Neutered Male	The area of the aortic trifurcation was free of pathology.
<b>AGE</b>	
15 months	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. The left kidney measured 3.6 cm in length. The right kidney measured 3.7 cm in length.
<b>WEIGHT</b>	
10.13 lbs	
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.33 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.36 cm width.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Jenna Walsh	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.
<b>HOSPITAL NAME</b>	<b>Liver/Gallbladder</b>
Bush AH	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.
<b>REFERRING VET</b>	
Dr. Yeager	
<b>INVOICE</b>	
12264	
<b>DATE</b>	
9/17/21	



<b>PATIENT</b>	<b><i>Gastrointestinal</i></b>
Stanley Mitchell	The stomach presented intact wall layering with a normal wall layer ratio. Minor retained pyloric anechoic fluid was present. The pylorus wall measured 0.24 cm width. The gastric body wall measured 0.24 cm width.
<b>SPECIES</b>	
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 0.20 cm width. The jejunum wall measured 0.23 cm width.
<b>BREED</b>	
DSH	Normal visible colon wall layers were present with apparent formed feces in lumen.
<b>SEX</b>	<b><i>Pancreas</i></b>
Neutered Male	The pancreas was primarily sonographically unremarkable. Focal area of hypoechoic to mildly prominent pancreatic parenchyma noted in the distal left pancreatic limb was present.
<b>AGE</b>	<b><i>Free Abdomen</i></b>
15 months	Intermittent, mid to cranial abdominal mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 0.5 cm diameter.
<b>WEIGHT</b>	
10.13 lbs	
<b>INTERPRETED BY</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	<b><i>Primary Findings</i></b>
<b>IMAGING PERFORMED BY</b>	<ul style="list-style-type: none"> <li>• Focally hypoechoic to prominent distal left pancreas - nonspecific, potential for focal low-grade pancreatitis</li> <li>• Mild retained pyloric fluid, sonographically unremarkable small bowel</li> <li>• Intermittent, minor, mid to cranial abdominal mesenteric lymphadenopathy - subjectively benign, lymphoid hyperplasia or immunologic immaturity likely</li> </ul>
Jenna Walsh	
<b>HOSPITAL NAME</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
Bush AH	The minor retained pyloric fluid is nonspecific yet may suggest some degree of metabolic pyloric hypomotility. Dietary intolerance / food hypersensitivity, occult parasitism, or emerging to low-grade Inflammatory gastroenteropathy without evidence of mural changes are possible. Correlation with a GI panel to include PLI/TLI/Cobalamin/Folate may be considered. Broad-spectrum deworming, as well as a limited antigen or hydrolyzed diet, as-needed GI protectants, and an assessment of clinical response, would be appropriate.
<b>REFERRING VET</b>	
Dr. Yeager	
<b>INVOICE</b>	
12264	Recheck sonogram is recommended to assess for progressive inflammatory pancreatic or gastrointestinal changes. Is suggested if vomiting is nonresponsive to conservative therapy.
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**PATIENT**

Stanley Mitchell

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

15 months

**WEIGHT**

10.13 lbs

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Jenna Walsh

**HOSPITAL NAME**

Bush AH

**REFERRING VET**

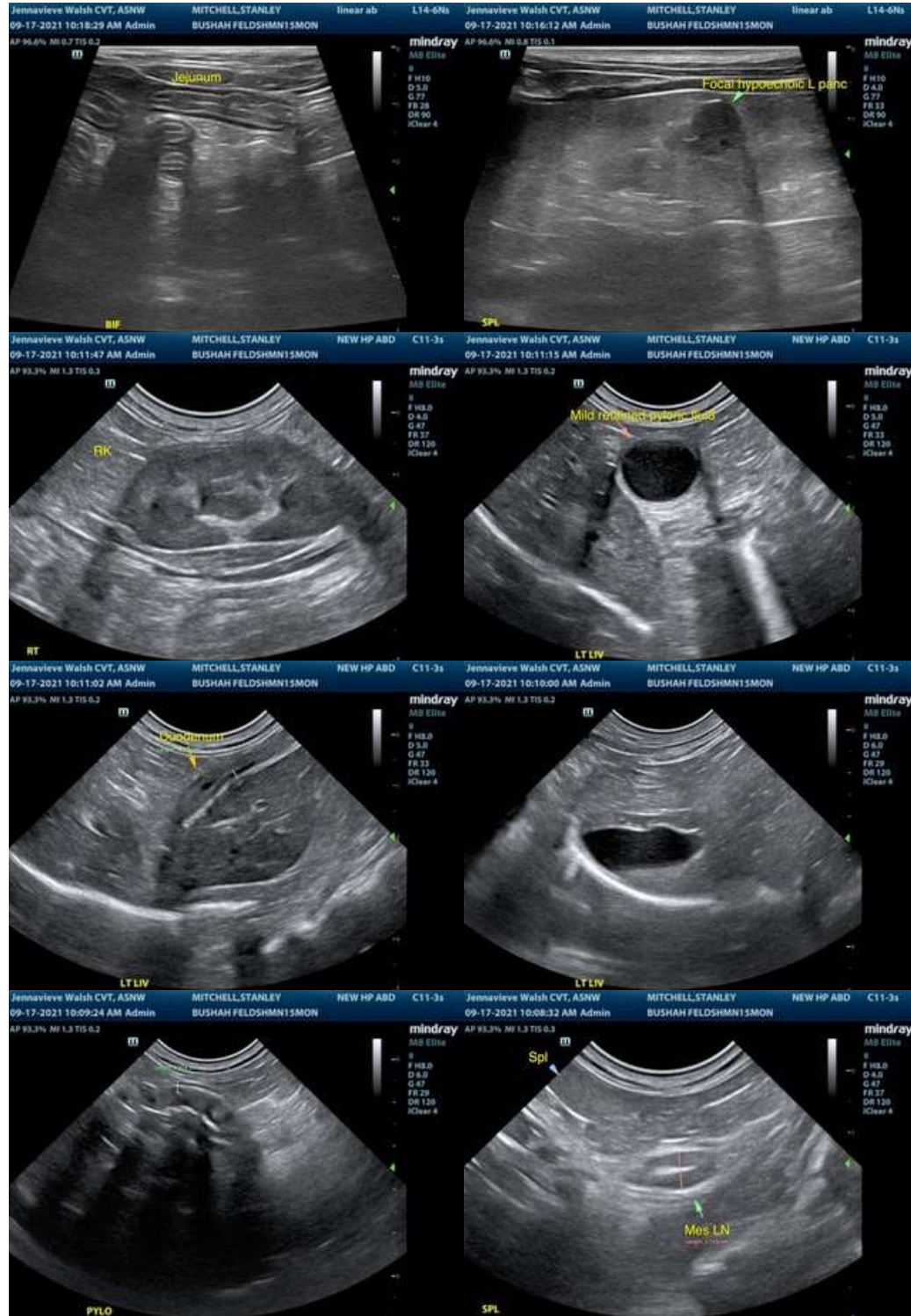
Dr. Yeager

**INVOICE**

12264

**DATE**

9/17/21





**PATIENT**

Stanley Mitchell

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

15 months

**WEIGHT**

10.13 lbs

**INTERPRETED BY**

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

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**HOSPITAL NAME**

Bush AH

**REFERRING VET**

Dr. Yeager

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12264

**DATE**

9/17/21



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.

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