



PATIENT

Leia Carrera

PRESENTING CLINICAL SIGNS

vomiting profusely, vomiting right after he eats

SPECIES

Feline

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.

BREED

DSH

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 4.5 cm in length. The right kidney measured 4.4 cm in length.

SEX

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AGE

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The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left and right adrenal glands were not definitively visualized.

WEIGHT

16

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.

INTERPRETED BY

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

Liver

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.

IMAGING PERFORMED BY

Jenn

Gastrointestinal

HOSPITAL NAME

Rockaway Animal
Hospital

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with mild luminal gas and no signs of ileus, obstruction or foreign material. The gastric body wall measured 0.24 cm in width. The pylorus wall measured 0.28 cm in width.

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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 measured 0.21 cm in width. The jejunum measured 0.20 cm in width.

INVOICE

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

Pancreas

The pancreas was normal in size and contour with subtle hypoechoic parenchyma compared to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. Minor pancreatic duct dilation was present.

DATE

09/19/2022



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Free Abdomen

Leia Carrera

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

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ULTRASONOGRAPHIC FINDINGS

Primary

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- Sonographically unremarkable GI tract
- Possible low-grade pancreatitis

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Potential for low-grade pancreatitis would be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a spec fPL or full GI panel including cobalamin/folate levels if persistent /progressive GI signs or evidence of weight loss is present may be considered. Dietary intolerance / food hypersensitivity, occult parasitism, inflammatory bowel disease without evidence of mural changes, low grade pancreatitis which may present sonographically normal or other are possible. Three view chest radiographs to rule out thoracic pathology as a contributing factor is recommended. Full CBC/Chem panel and UA if not done is recommended to assess for underlying metabolic disease.

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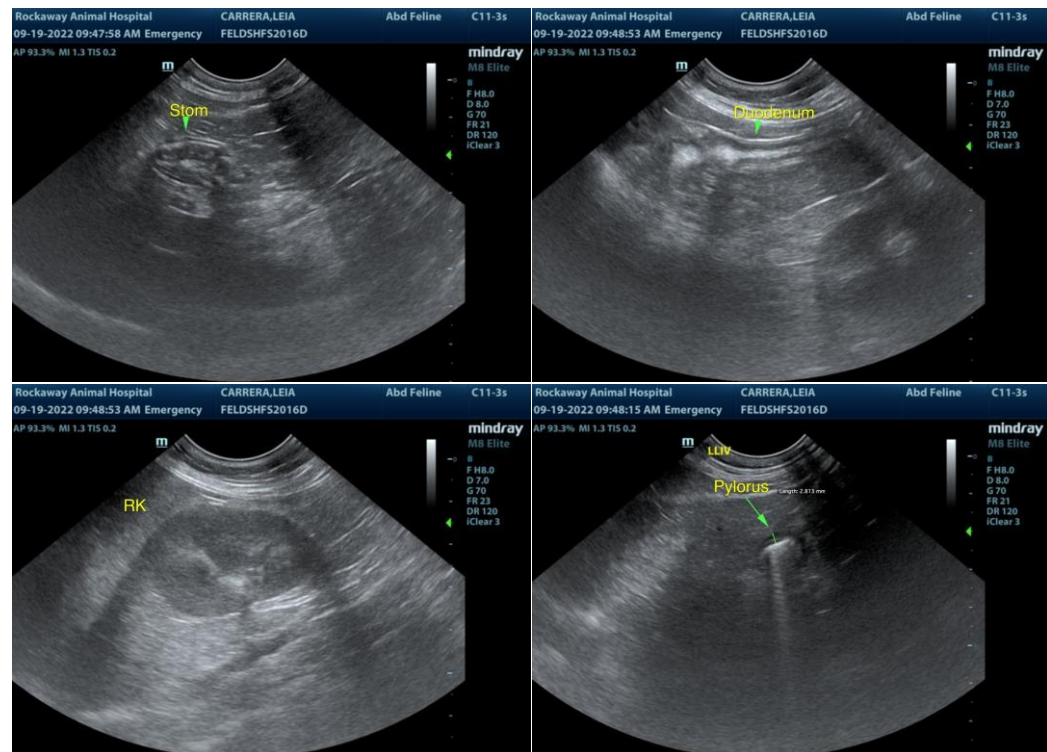
Dr. Maniar

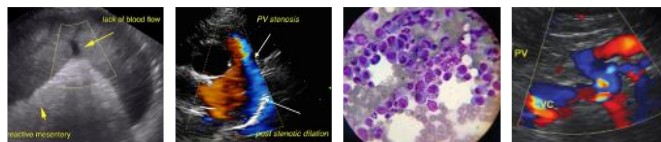
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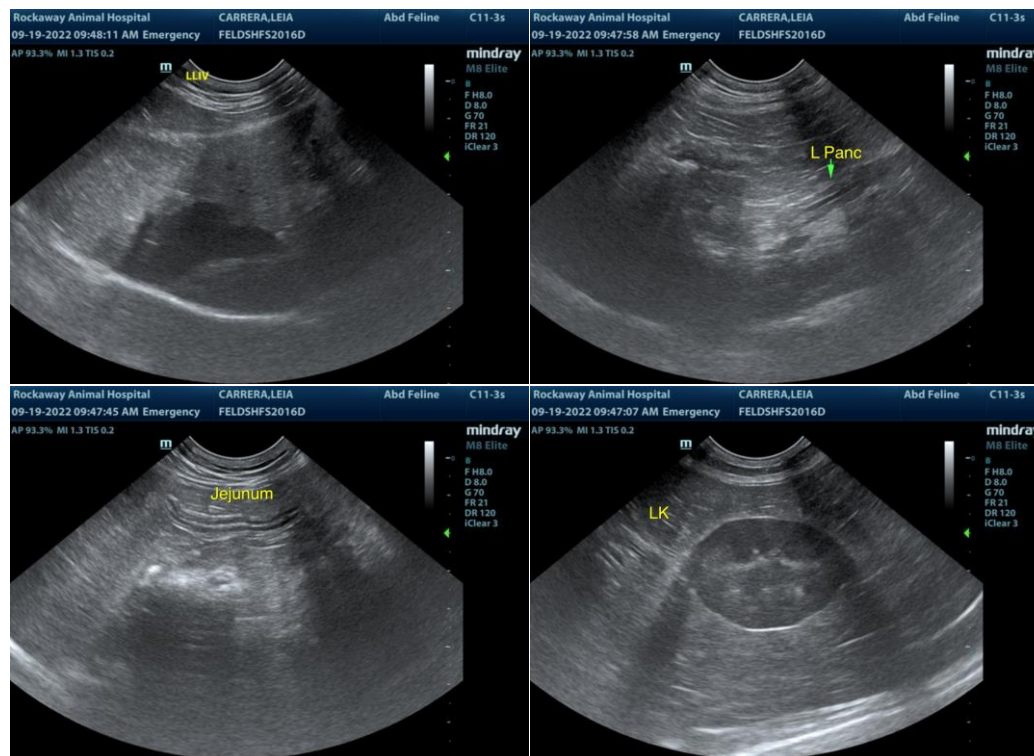
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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