



<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Eli Stringham	diarrhea has hx of eating things has has gastrotomy in the past
<b>SPECIES</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
Feline	<b>Urinary System</b>
<b>BREED</b>	The urinary bladder, trigone, and cystourethral junction 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.
Poodle Mix	
<b>SEX</b>	The area of the aortic trifurcation was free of pathology.
Male	
<b>AGE</b>	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 6.3 cm in length. The right kidney measured 5.5 cm in length.
1	
<b>WEIGHT</b>	<b>Adrenal Glands</b>
45	The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 2.1 cm length x 0.52 width at the caudal pole. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 2.3 cm length x 0.51 cm width at the caudal pole.
<b>INTERPRETED BY</b>	<b>Spleen</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	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>IMAGING PERFORMED BY</b>	<b>Liver/ Gallbladder</b>
Jenn	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>HOSPITAL NAME</b>	<b>Gastrointestinal</b>
Rockaway Animal Hospital	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was primarily empty with subjective mild to moderate luminal gas. No evidence of gastric distention with retained ingesta, fluid, or foreign material was evident. The gastric body wall width measured 0.35 cm.
<b>REFERRING VET</b>	
Dr. Maniar	
<b>INVOICE</b>	
14940	
<b>DATE</b>	
9/22/22	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty. The duodenum wall measured 0.38 cm width. The jejunum wall measured up to 0.40 cm width. No evidence of small intestinal mechanical / metabolic ileus or evidence of small intestinal foreign material was noted.



**PATIENT**

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

Eli Stringham

**Pancreas**

**SPECIES**

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 were evident.

Feline

**BREED**

**Free Abdomen**

Poodle Mix

No overt lymphadenopathy or peritoneal effusion was present.

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

Male

- Sonographically unremarkable abdomen

**AGE**

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

1

Overtly normal gastrointestinal tract without evidence of gastrointestinal foreign material or mechanical / metabolic ileus. At times, the gastrointestinal tract may not sonographically correlate with current history of gastrointestinal signs. Considerations may include; dietary intolerance / food allergy, occult parasitism, dysbiosis, emerging IBD, less likely low-grade to chronic pancreatitis, both which may present as sonographically normal.

**WEIGHT**

45

**INTERPRETED BY**

Fresh fecal analysis, as well as assessment of serum cobalamin / folate levels is warranted. Empirically, bland novel protein or hydrolyzed diet trial with potential long-term dietary therapy, prophylactic deworming even if fecal testing is negative, i.e., Panacur 50 mg/kg PO SID for 5 consecutive days, high colony count probiotics such as Provable +/- antibiotic trial if clinically indicated with as-needed gastrointestinal support and assessment of gastrointestinal response would be reasonable.

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

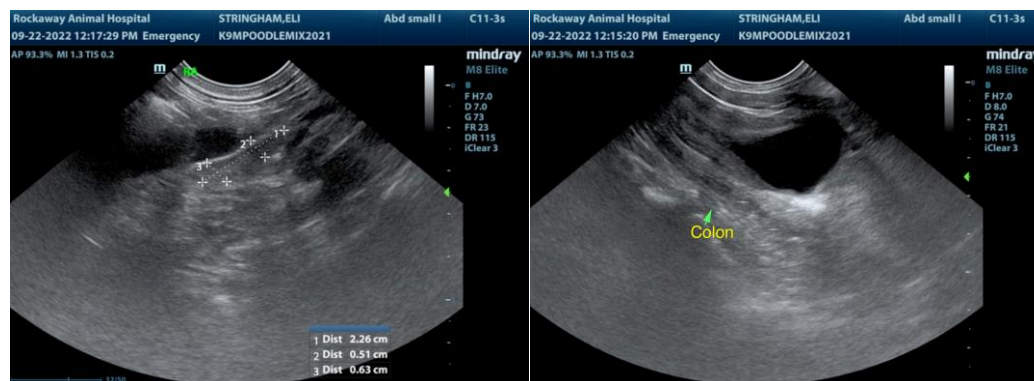
**IMAGING PERFORMED BY**

Although considered less likely, resting cortisol level to rule out occult Addison's Disease, may be considered.

Jenn

**HOSPITAL NAME**

Rockaway Animal Hospital



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**PATIENT**

Eli Stringham

**SPECIES**

Feline

**BREED**

Poodle Mix

**SEX**

Male

**AGE**

1

**WEIGHT**

45

**INTERPRETED BY**

R. McKenzie Daniel,  
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**IMAGING PERFORMED BY**

Jenn

**HOSPITAL NAME**

Rockaway Animal  
Hospital

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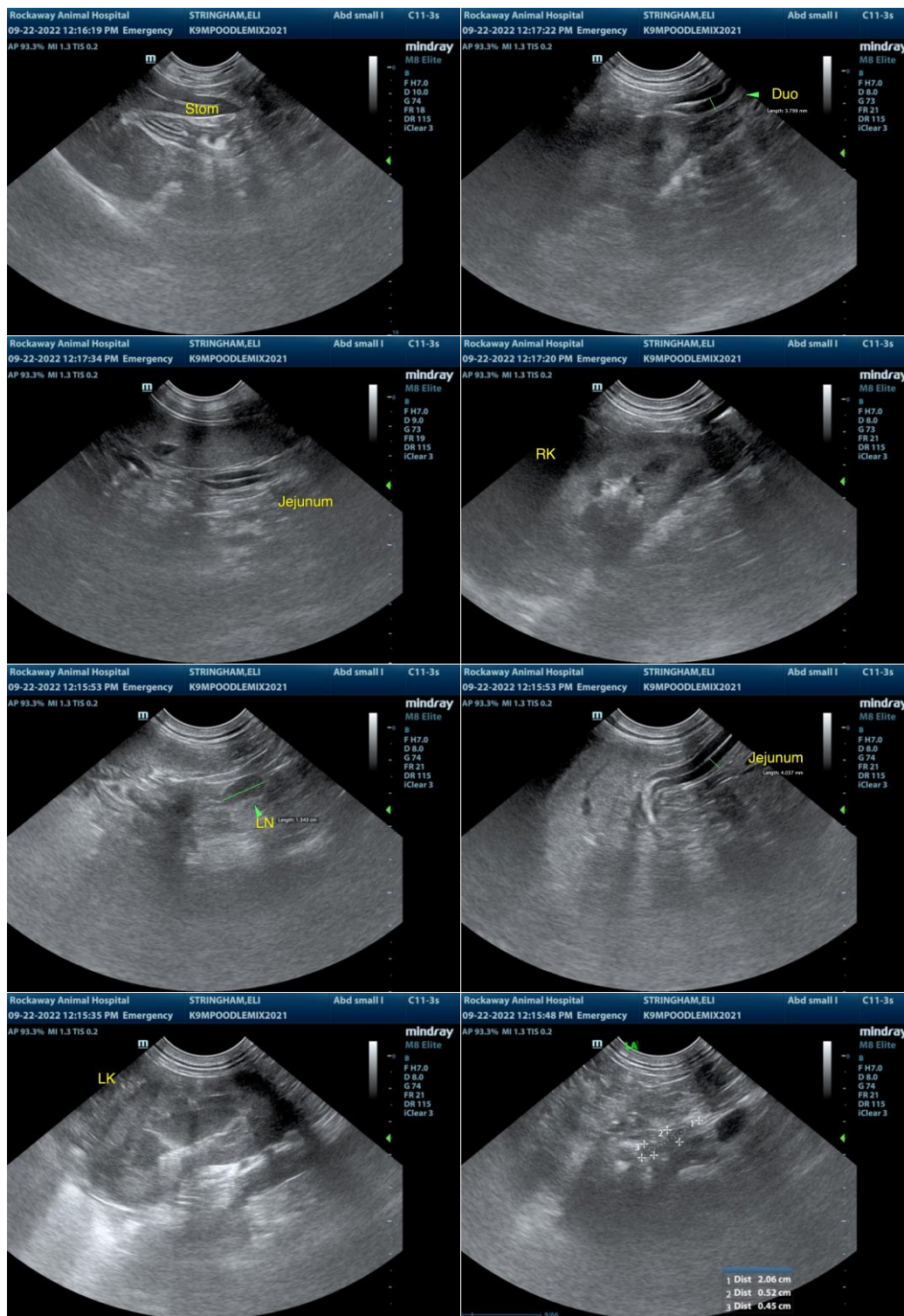
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



**PATIENT**

Eli Stringham

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.

**SPECIES**

Feline

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
**info@SonoPath.com**

**BREED**

Poodle Mix

**SEX**

Male

**AGE**

1

**WEIGHT**

45

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DVM, DABVP  
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