



PATIENT

Flo Flo Harvey

SPECIES

Feline

BREED

DSH

SEX

FS

AGE

2 years

WEIGHT

9.39 lbs

INTERPRETED BY

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

IMAGING PERFORMED BY

Jenna Walsh, CVT

HOSPITAL NAME

West Eugene AH

REFERRING VET

Dr. Powers

INVOICE

14976

DATE

9-23-22

PRESENTING CLINICAL SIGNS

Elevated temp - r/o stress hyperthermia, fever Decreased appetite - r/o IBD, chronic FB (P chews on and eats many things she's not supposed to), metabolic/endocrine, other Eating and chewing on non-food objects - r/o pica (GI disease), behavioral Current Medications Gabapentin and alprazolam for stressful events only

Abnormal PE/Chem/CBC/UA Results: mildly elevated albumin and mild hemoconcentration, likely due to mild dehydration. P's creatinine was in the upper half of the normal range, which could be due to dehydration or normal for P, but some cats have kidney disease at this level. BW results will be sent with records.

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 3.3 cm length. The right kidney measured 3.4 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 0.33 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.50 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 0.74 cm width at the level of the hilus.



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Liver/ Gallbladder

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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.

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Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. Mild retained anechoic fluid and minor nonshadowing chyme were present in the antrum and pylorus. No evidence of gastric foreign material was noted or mechanical pyloric outflow obstruction. The gastric body wall width measured 0.23 cm.

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 0.23 cm width. The jejunum wall measured 0.21 cm width.

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

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Pancreas

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.

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Free Abdomen

Intermittent discrete isoechoic mesenteric lymph nodes, which were not consistent with inflammatory or neoplastic criteria, were present with an example measuring 0.66 cm length. No omental masses or evidence of peritoneal free fluid was noted.

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ULTRASONOGRAPHIC FINDINGS

- Bilateral nonspecific medullary rim sign
- Overtly normal gastrointestinal tract with mild retained pyloric fluid / chyme
- Intermittent discrete benign mesenteric lymph nodes

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no over evidence of significant visceral pathology was noted.

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Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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Potential mild gastric hypomotility is possible, although no overt evidence of gastrointestinal mechanical obstruction pattern or foreign material, as well as no evidence of mural abnormalities which may suggest IBD or infiltrative gastrointestinal neoplasia. Potential for low-grade pancreatitis or



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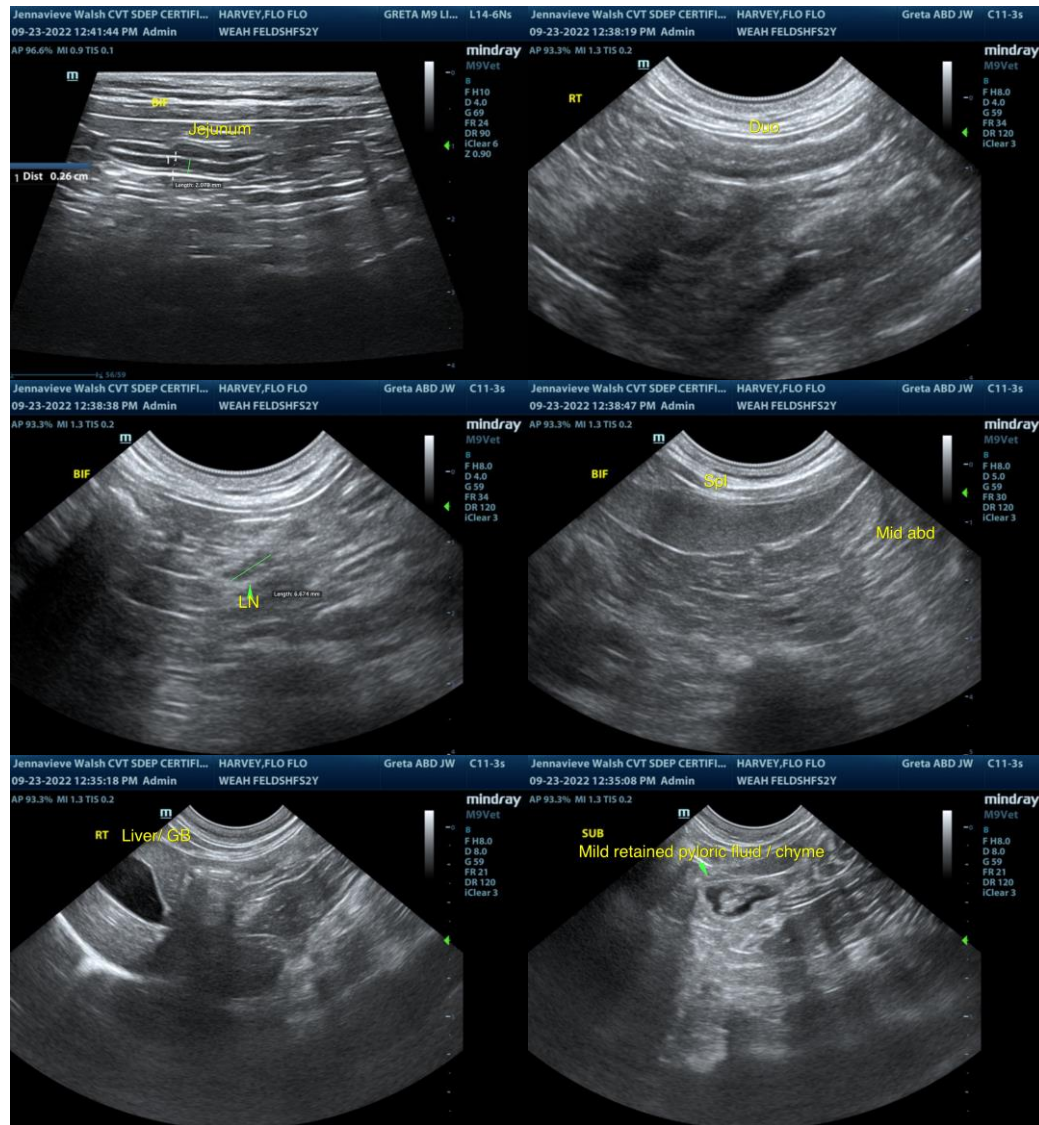
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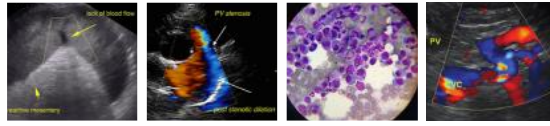
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structurally insignificant gastroenteropathy, both of which may present as sonographically normal, cannot be definitively excluded.

Spec fPL or a full GI panel to include PLI/TLI/Cobalamin/Folate could be considered to assess for occult pancreatic or gastrointestinal disease. Infectious disease serology and recheck retroviral status, given the patient's fever, may be considered. Three-view chest radiographs could be considered to rule out occult thoracic pathology as a contributing factor. As-needed GI support is recommended.





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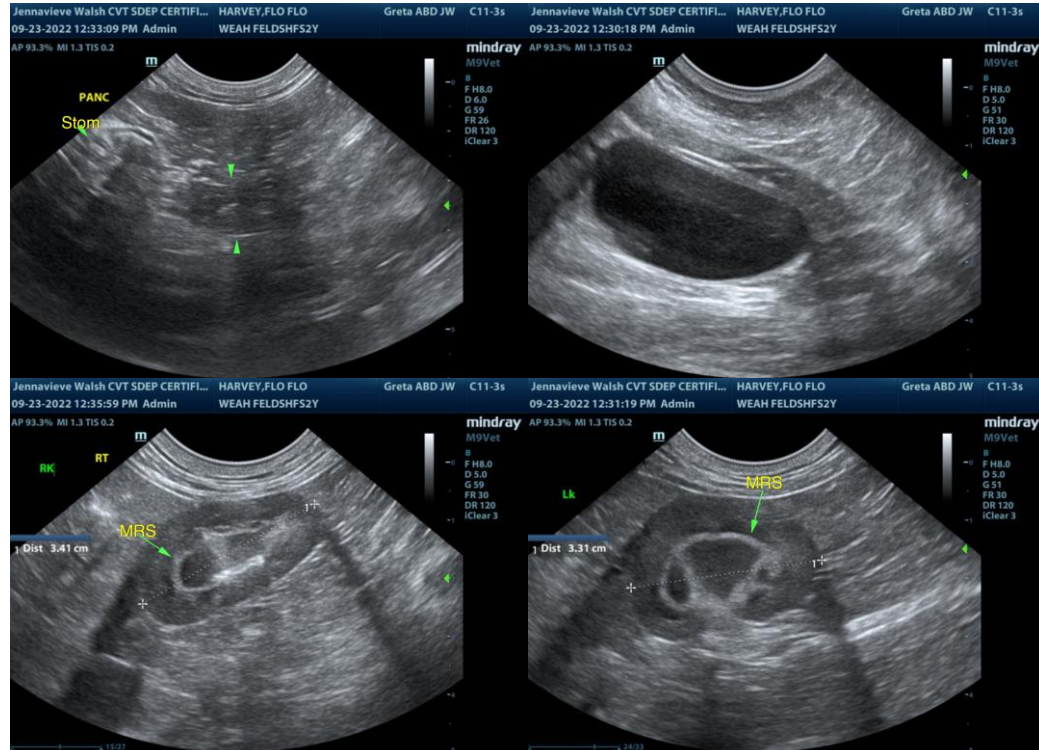
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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