



PATIENT	PRESENTING CLINICAL SIGNS
Sophie Ferrucci-DaSilva	(Fractious patient) inappropriate urination and defecation. Owners wished full workup when sedated. Abnormal PE/Chem/CBC/UA Results: CBC/Chem findings : Pending Urinalysis: Pending
SPECIES	ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN
Feline	Urinary System
BREED	The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Moderate, nondependent, particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.
DLH	The area of the aortic trifurcation was free of pathology.
SEX	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 pyelectasia or pyelonephritis. The left kidney measured 3.8 cm in length. The right kidney measured 3.7 cm in length.
FS	
AGE	
7 years	
WEIGHT	
8.9	
INTERPRETED BY	Adrenal Glands
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 0.29 cm width. No overt pathology was noted in the area of the right adrenal gland.
IMAGING PERFORMED BY	Spleen
Dr. Carlos Abdul-Chani	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 0.97 cm in width.
HOSPITAL NAME	Liver/ Gallbladder
Byram 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.
REFERRING VET	Gastrointestinal
Dr. Carlos Abdul-Chani	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material. The gastric body wall width measured 0.25 cm.
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PATIENT	
Sophie Ferrucci-DaSilva	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 jejunum wall width measured 0.20 cm.
SPECIES	The visualized colon was sonographically unremarkable with formed to shadowing feces.
Feline	Pancreas
BREED	The pancreas was mildly prominent In size with symmetrical contour and subtle hypoechoic parenchyma compared to adjacent omentum.
DLH	Free Abdomen
SEX	No overt lymphadenopathy or peritoneal effusion was present.
FS	ULTRASONOGRAPHIC FINDINGS
AGE	Primary Findings
7 years	<ul style="list-style-type: none"> • Moderate urinary bladder sediment • Sonographically unremarkable colon • Normal bilateral kidneys • Mildly prominent to subtle hypoechoic pancreas - nonspecific, patient variant with potential for low-grade inflammation possible
WEIGHT	
8.9	
INTERPRETED BY	INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	No overt evidence of significant visceral pathology was noted.
IMAGING PERFORMED BY	The potential for low-grade pancreatitis may be considered if evidence of cranial abdominal or subxiphoid discomfort on palpation.
Dr. Carlos Abdul-Chani	The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.
HOSPITAL NAME	If diarrhea is present, although not evident In this study, fresh fecal analysis to assess for parasitic ova / Giardia, as well as a GI panel to include PLI/TLI/Cobalamin/Folate may be considered.
Byram AH	Correlation with pending CBC/Chemistry Panel and Urinalysis is suggested.
REFERRING VET	Consideration for behavioral inappropriate urination or defecation may be indicated.
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PATIENT

Sophie Ferrucci-DaSilva

SPECIES

Feline

BREED

DLH

SEX

FS

AGE

7 years

WEIGHT

8.9

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Carlos Abdul-Chani

HOSPITAL NAME

Byram AH

REFERRING VET

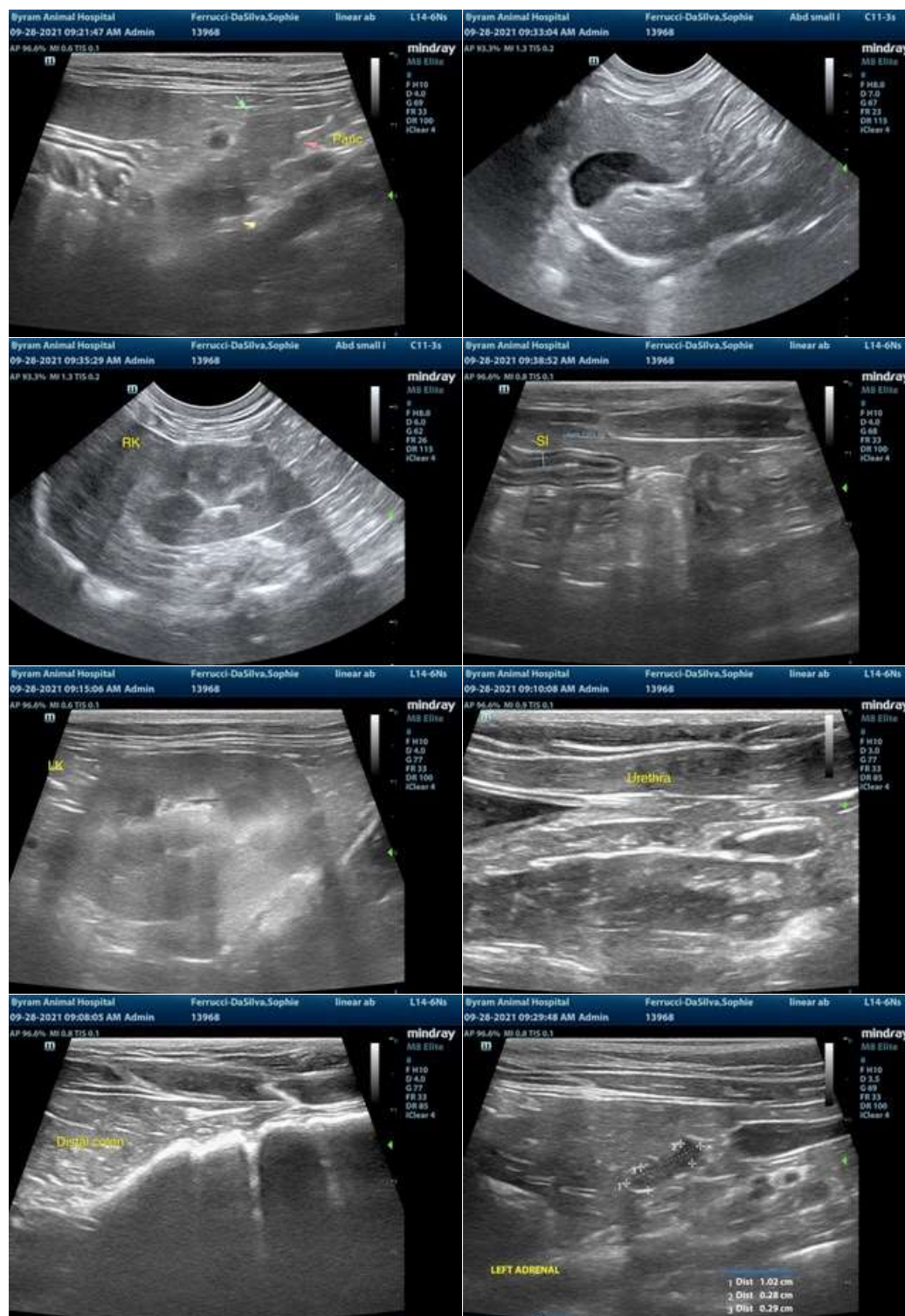
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PATIENT

Sophie Ferrucci-
DaSilva

SPECIES

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**IMAGING
PERFORMED BY**

Dr. Carlos Abdul-
Chani

HOSPITAL NAME

Byram AH

REFERRING VET

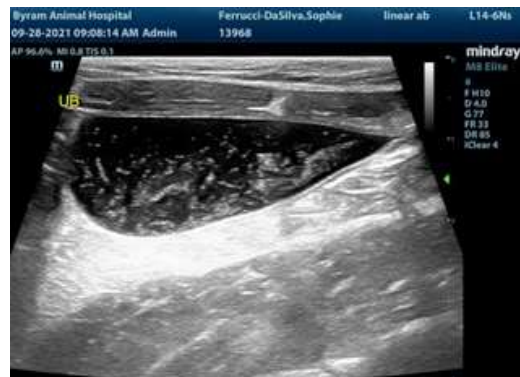
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
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