



**PATIENT PRESENTING CLINICAL SIGNS**

Zoya Bealer ADR, intermittent vomiting, decreased appetite, weight loss.

**SPECIES**

Feline

Unremarkable CBC, Chemistry Panel- Glucose 180, Calcium 11.8, Na/K ratio 34, ALP 7, CK 460, T4 2.4

**BREED**

Siberian

**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.

**SEX**

FS

The area of the aortic trifurcation was free of pathology.

**AGE**

2012

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 3.7 cm in length. The right kidney measured 4.0 cm in length.

**WEIGHT**

7.5

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.24 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.29 cm width.

**INTERPRETED BY**

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

**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 0.88 cm width at the level of the hilus.

**IMAGING PERFORMED BY**  
 Rebekah Jakum, CVT  
 ARDMS/RVT

**HOSPITAL NAME**

Community VP

**Liver/ Gallbladder**

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 containing primarily anechoic content with non-thickened, mildly hyperechoic gallbladder walls, which is likely a patient variant. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.

**REFERRING VET**

Dr. Carpenter

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**Gastrointestinal**

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 0.24 cm.

**DATE**

9/29/22



**PATIENT**

Zoya Bealer

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 0.24 cm width. The jejunum wall measured 0.20 cm width. No overt pathology was noted in the area of the ileocolic junction. The ileocolic junction wall width measured 0.30 cm.

**SPECIES**

Feline

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

**BREED**

***Pancreas***

Siberian

The left pancreatic limb exhibited subtle prominent size, areas of minor capsule asymmetry, and mild nonhomogeneous to subtly hypoechoic parenchyma compared to adjacent nonreactive or inflamed omentum.

**SEX**

FS

***Free Abdomen***

Intermittent, midabdominal 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 mesenteric lymph node measured 1.8 cm x 0.34 cm. No omental masses or evidence of peritoneal free fluid were noted. The lymph nodes are not consistent with inflammatory or neoplastic criteria.

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**WEIGHT**

7.5

**ULTRASONOGRAPHIC FINDINGS**

- Mild age-related renal changes
- Overtly normal gastrointestinal tract
- Subtly prominent to hypoechoic pancreas
- Intermittent benign / reactive minor mesenteric lymphadenopathy

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, no evidence of significant visceral pathology as the definitive cause of the patient's clinical signs and weight loss.

**IMAGING**

**PERFORMED BY**

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 ARDMS/RVT

Potential for low-grade chronic pancreatitis or nonstructural intestinal disease, both of which may present as sonographically normal, cannot be definitively excluded. Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation in the area of the pancreas, as well as a GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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Sonographic reassessment may be considered if persistent / progressive clinical signs and weight loss, as-needed GI support, and broad spectrum deworming if the patient is indoor/outdoor or if clinically indicated, are suggested.

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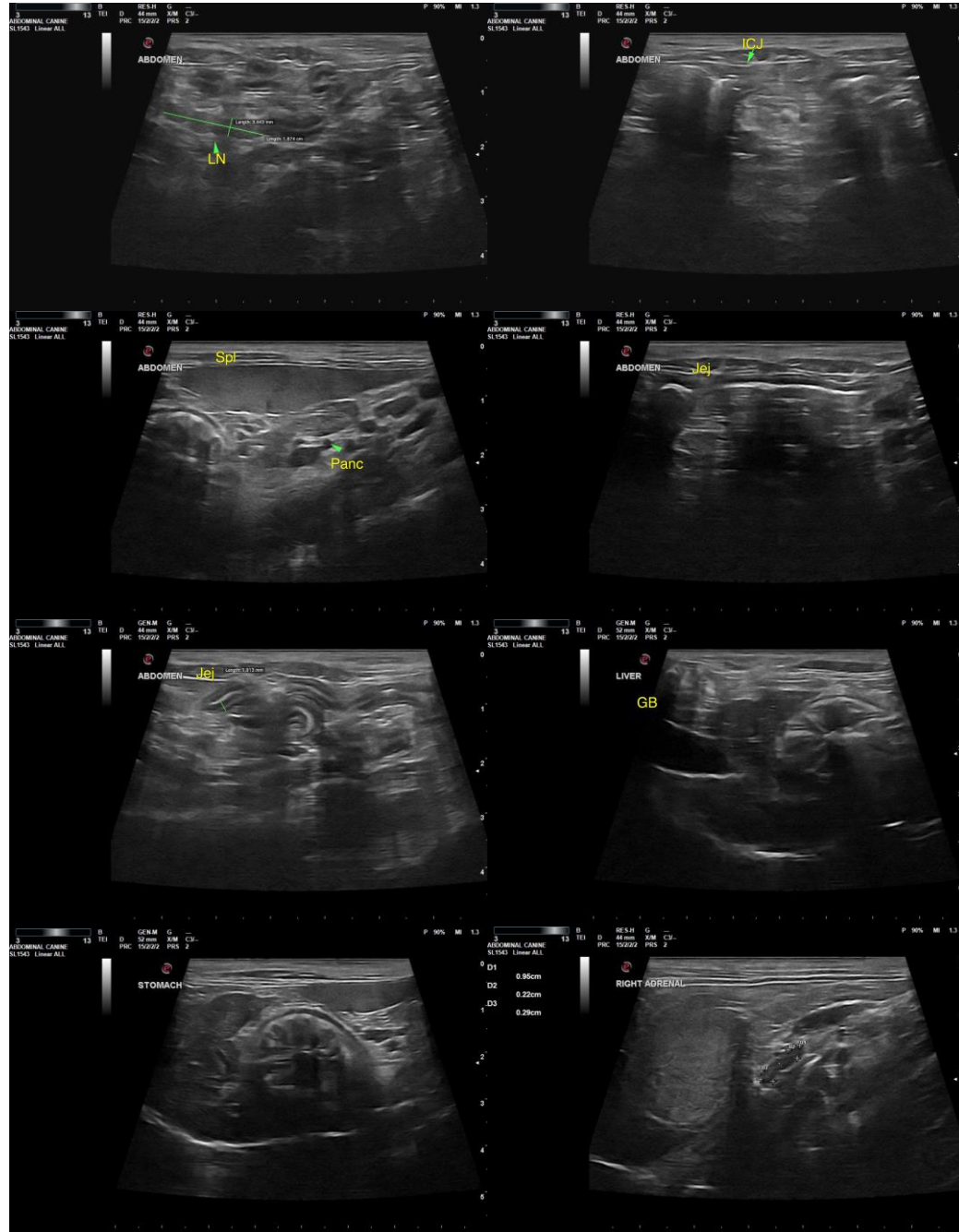
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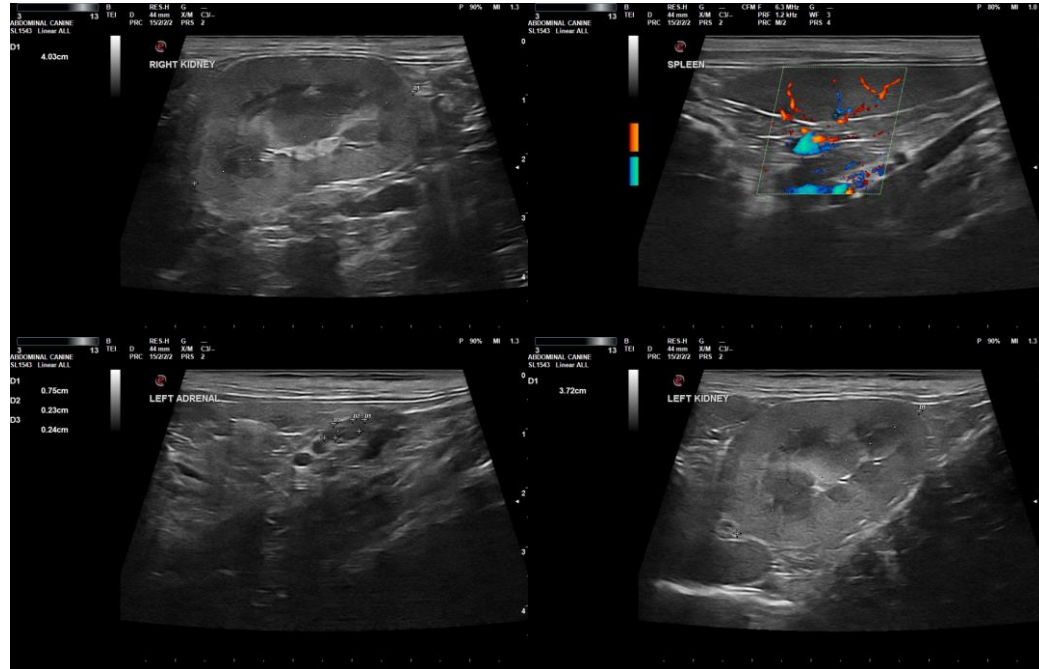
Siberian

**SEX**

FS

**AGE**

2012



**WEIGHT**

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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.

**INTERPRETED BY**

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

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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