

**PATIENT PRESENTING CLINICAL SIGNS**

Joey MacDonald Vomiting. GI workup. obese.

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Feline

**Urinary System**

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. Mild non-dependent 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.

BREED

DSH

SEX

Neutered Male

Normal size and margination was 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 3.7 cm. The right kidney measured 3.9 cm.

AGE

5 Years

**Adrenal Glands**

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 cm in width. The left adrenal gland measured 0.34 cm in width.

WEIGHT

12.15 Pounds

**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.

**INTERPRETED BY**

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

Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 0.74 cm in width at the level of the hilus.

**Liver**

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

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.

**HOSPITAL NAME**

Greenwich Bay AH

**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. Pylorus wall measured 0.24 cm.

**REFERRING VET**

Dr. Jonathan Chyten

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. Duodenum wall measured 0.21 cm. Jejunum wall measured 0.17 cm.

**INVOICE**

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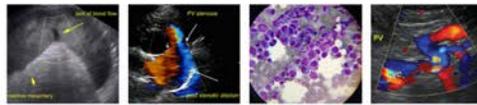
Ileocolic wall measured 0.26 cm. Normal visible colon wall layers were present with apparent formed feces in lumen.

**DATE**

8/10/21

**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 was evident.



**PATIENT** *Free Abdomen*

Joey MacDonald No evidence of masses, intraabdominal masses or effusion.

A subjective increased amount of omental fat was present.

**SPECIES**

Feline

**ULTRASONOGRAPHIC FINDINGS**

- Mild urinary bladder sediment
- Sonographically unremarkable gastrointestinal tract

**BREED**

DSH

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**  
 No evidence of significant visceral pathology, including no evidence of gastrointestinal or pancreatic pathology as an obvious cause of the patient's vomiting. Possible considerations may include dietary intolerance/food hypersensitivity, occult parasitism if the patient is indoor/outdoor, or underlying inflammatory bowel process without evidence of mural changes. The possibility of low-grade pancreatic inflammation, which may present sonographically normal, cannot be definitively excluded.

**SEX**

Neutered Male

Further assessment may include GI panel to include PLI, TLI, cobalamin and folate. Empirically, hydrolyzed diet trial and as-needed gastroprotectants may prove beneficial. Broad-spectrum deworming is suggested if clinically indicated. Heartworm antibody antigen test may also be considered to rule out heartworm disease, as cats with heartworm often exhibit consistent vomiting.

**AGE**

5 Years

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

**WEIGHT**

12.15 Pounds

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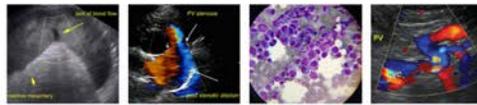
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**PATIENT**

Joey MacDonald

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

5 Years

**WEIGHT**

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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.

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