



**PATIENT**

Skittles Christensen

**SPECIES**

Feline

**BREED**

DMH

**SEX**

Spayed Female

**AGE**

12 Years

**WEIGHT**

3.91 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Sarah Barthelemy

**HOSPITAL NAME**

Alpine 24 hour PH

**REFERRING VET**

Dr. Nielsen

**INVOICE**

20531

**DATE**

1/12/23

**PRESENTING CLINICAL SIGNS**

History: Presented a few days ago for dyspnea, chest radiographs suggested feline asthma. Was started on inhalers (fluticasone and salbutamol) and oral prednisolone. Breathing has somewhat improved but now is very lethargic (bordering on obtunded), hyporexia. Started on IV fluids.

Abnormal PE/Chem/CBC/UA Results: Inflammatory leukogram (elevated neutrophils and monocytes). Hemoconcentration, low BUN and creatinine. Normal albumin, normal liver values. Right sided wheeze on thoracic ausc at time of scan.

**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 were noted. Aortic trifurcation was normal.

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 4.2 cm in length. The right kidney measured 4.6 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 0.34 cm.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.36 cm.

**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 0.81 cm in width at the level of the hilus.

**Liver**

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 with primarily anechoic content and mild echogenic nonmineralized gallbladder debris. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction. This is a minor change and not consistent with obstructive criteria. The common bile duct measured 0.15 cm diameter.

**Gastrointestinal**



**PATIENT**

Skittles Christensen

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 measured 0.20 cm.

**SPECIES**

Feline

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 0.20 cm. The jejunum wall measured 0.19 cm. The ileocolic wall measured 0.29 cm.

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

**BREED**

***Pancreas***

DMH

The pancreas was normal in size with mild capsule asymmetry and subtle hypoechoic to nonhomogenous parenchyma.

**SEX**

***Free Abdomen***

Spayed Female

No omental masses, lymphadenopathy or peritoneal free fluid was present.

**AGE**

12 Years

**ULTRASONOGRAPHIC FINDINGS**

- Mild chronic renal changes
- Sonographically unremarkable gastrointestinal tract
- Subtly hypoechoic/nonhomogenous pancreas
- Nondistended gallbladder, containing mild echogenic debris, mild nonobstructive proximal common bile duct dilation

**WEIGHT**

3.91 kg

**INTERPRETED BY**

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, no structural evidence of significant visceral pathology, i.e., intraabdominal neoplastic criteria. The mild gallbladder debris and nonobstructive minor proximal common bile duct dilation are nonspecific with potential for gallbladder debris secondary to anorexia/fasting, age-related common bile duct changes, while the possibility of low-grade to emerging cholangitis given the short half-life of hepatic enzymes in cats cannot be excluded. Monitoring for evidence of hepatic enzyme elevations, going forward, would be reasonable. Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation, which may allude to low-grade/chronic pancreatitis, which may present sonographically normal, +/- spec fPL, may be considered. Empirically, and pending echocardiographic assessment, as needed gastrointestinal supportive care would be reasonable.

**IMAGING PERFORMED BY**

Dr. Sarah Barthelemy

**HOSPITAL NAME**

Alpine 24 hour PH

**REFERRING VET**

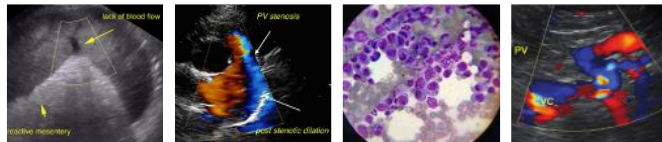
Dr. Nielsen

**INVOICE**

20531

**DATE**

1/12/23



**PATIENT**

Skittles Christensen

**SPECIES**

Feline

**BREED**

DMH

**SEX**

Spayed Female

**AGE**

12 Years

**WEIGHT**

3.91 kg

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Sarah Barthelemy

**HOSPITAL NAME**

Alpine 24 hour PH

**REFERRING VET**

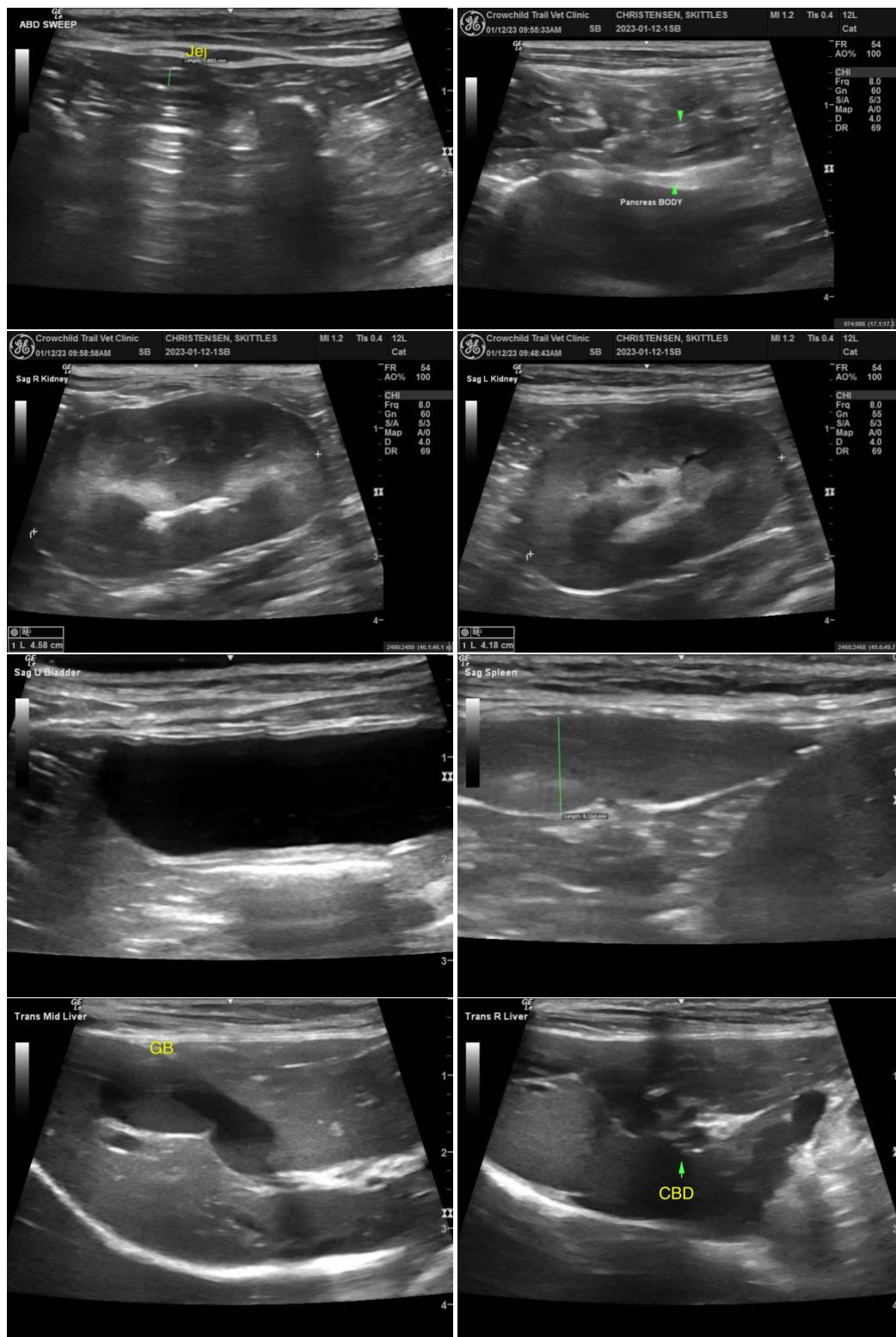
Dr. Nielsen

**INVOICE**

20531

**DATE**

1/12/23





**PATIENT**

Skittles Christensen

**SPECIES**

Feline

**BREED**

DMH

**SEX**

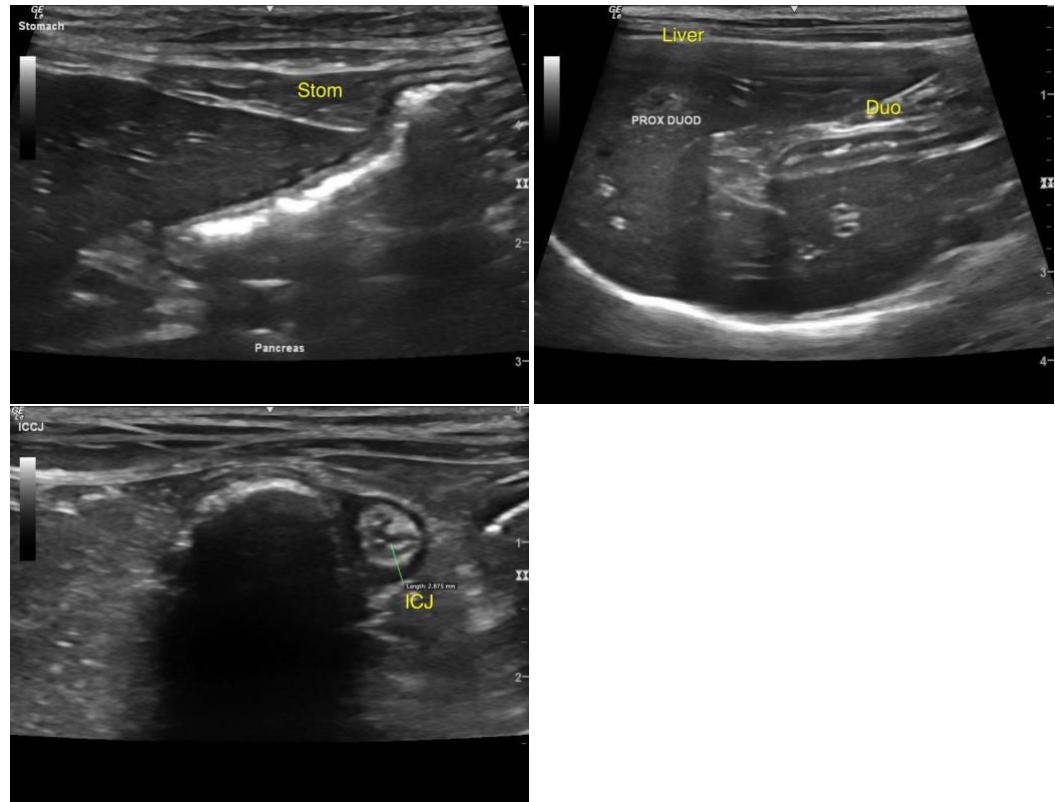
Spayed Female

**AGE**

12 Years

**WEIGHT**

3.91 kg



**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Dr. Sarah Barthelemy

**HOSPITAL NAME**

Alpine 24 hour PH

**REFERRING VET**

Dr. Nielsen

**INVOICE**

20531

**DATE**

1/12/23

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)**  
info@SonoPath.com