

**PATIENT**

Storm Reynolds

**SPECIES**

Feline

**BREED**

DSH

**SEX**

NM

**AGE**

5 years

**WEIGHT**

12.6 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr. Kulemin

**INVOICE**

13062

**DATE**

1/13/22

**PRESENTING CLINICAL SIGNS**

Dysuria, pollakiuria, hematuria, intermittently urinating outside litter box. Intermittent history of chronic vomiting and soft stools.

Abnormal PE/Chem/CBC/UA Results: Red/opaque, highly-concentrated (USG > > 1.050) urine. Hematuria, trace glucosuria (on 12/30/21). Lateral abdominal radiograph then was inconclusive, but suggestive of cystic calculus.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The bladder was normal in size and tone. The urinary bladder walls were sonographically normal without evidence of inflammatory or neoplastic criteria. Primarily anechoic content with very minor particulate to congealed, nondependent urinary bladder sediment was present. The sediment is likely indicative of mild cellular or crystalline debris with the potential for mucus. The urethra was normal in structure and tone to a depth of 2.0 cm.

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. The left kidney measured 4.3 cm in length. The right kidney measured 4.4 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 0.29 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 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.

**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 with very mild, nonorganized gallbladder debris present in the gallbladder neck. This is nonspecific yet not considered clinically significant and potentially owing to fasting. 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. 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.

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 with measured 0.23 cm. The ileocolic wall width measured 0.35 cm.

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

***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.

***Free Abdomen***

No evidence of significant lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS*****Primary Findings***

- Overtly normal urinary bladder and visible proximal urethra with mild particulate urinary sediment
- Normal bilateral kidneys - no evidence of pyelectasia
- Sonographically unremarkable gastrointestinal tract and colon

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of significant visceral pathology, specifically gastrointestinal or upper / lower urinary tract pathology, as a potential cause of the patient's historical clinical signs. Potential for FLUTD may be considered in this patient.

Urine culture and sensitivity on a sterile urine sample is recommended. No evidence of cystic calculi, inflammatory or neoplastic mural changes was present.

Dietary indiscretion / food intolerance, low-grade to chronic pancreatitis, which may present as sonographically normal, or structurally insignificant gastroenteropathy are possible, given the patient's gastrointestinal signs.

Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. Broad-spectrum deworming is suggested if the patient is indoor/outdoor.

IMAGING PERFORMED BY

www.mobilityimaging.com 309-333-3070



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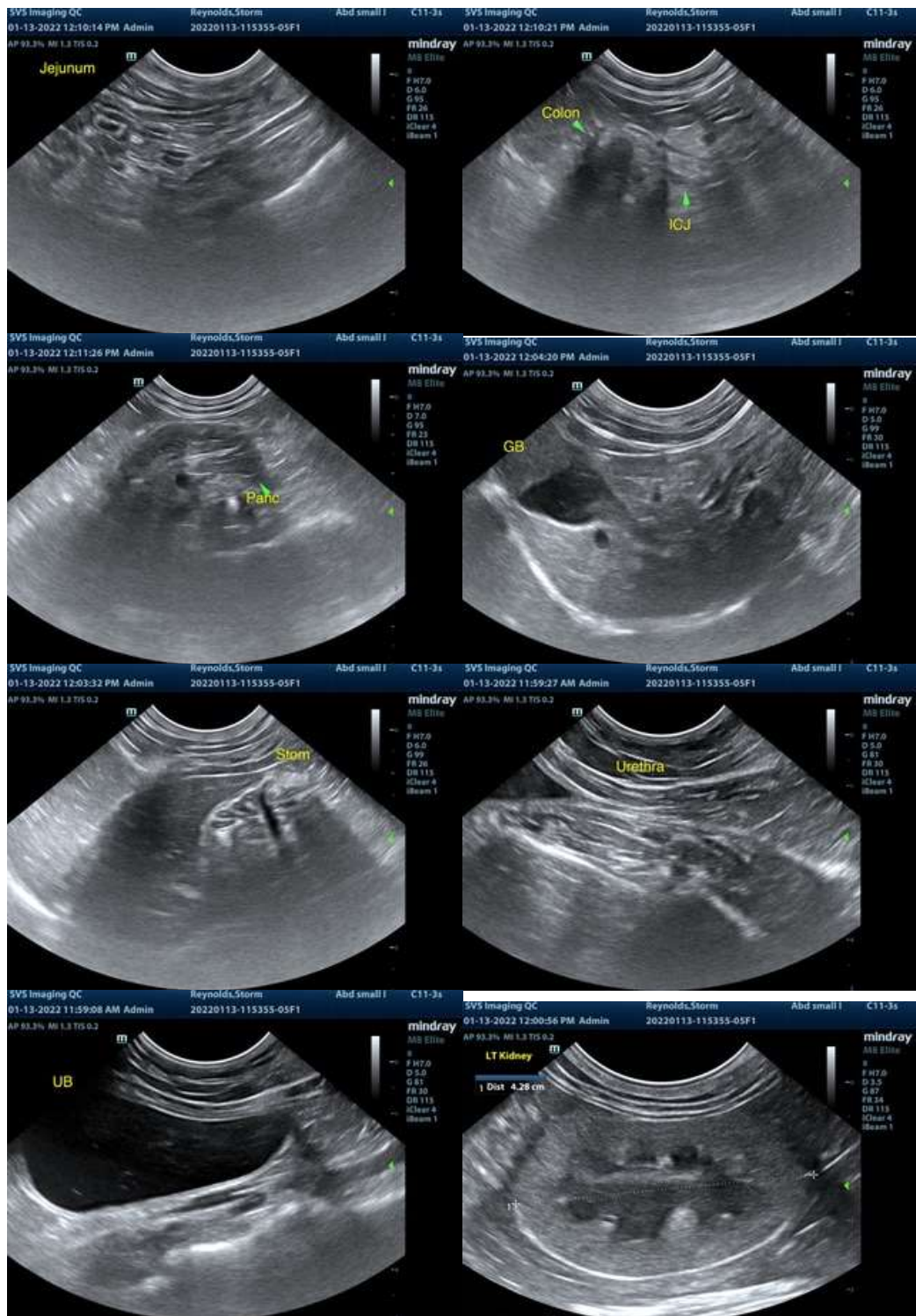
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**  
info@SonoPath.com

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