



PATIENT

Prince Adem

SPECIES

Feline

BREED

DLH

SEX

MI

AGE

1.5 yrs

WEIGHT

5.8 kg

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

**IMAGING
PERFORMED BY**

Crystal Hill

HOSPITAL NAME

Snelgrove VS

REFERRING VET

Dr. Gunsinger

INVOICE

15833

DATE

1/13/23

PRESENTING CLINICAL SIGNS

Cryptorchid. Only left testis in scrotum. Cannot palpate right or pull down into scrotum. PE otherwise unremarkable. No meds currently.

Abnormal PE/Chem/CBC/UA Results: Bloodwork NSF.

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. Primarily anechoic urine was present in the lumen. Mild nondependent particulate sediment, which may indicate cellular debris / protein, crystalline debris, lipid, or mucus, 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.

The area of the aortic trifurcation was free of pathology.

Both kidneys exhibited borderline mild prominent size based on normal feline renal size. Both kidneys exhibited subjective mild prominent uniform cortex and normal medullary volume. No pyelectasia was noted. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. A subtle to intermittent hyperechoic corticomedullary band, consistent with a subtle to intermittent medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 4.5 cm in length. The right kidney measured 4.7 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 0.36 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 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



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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.

Gastrointestinal

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained echogenic, nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. This is likely consistent with recent meal ingestion.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained echogenic, nonshadowing ingesta consistent with normal food without signs of ileus, obstruction or foreign material.

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

Pancreas

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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

WEIGHT

5.8 kg

No omental masses, lymphadenopathy, or evidence of peritoneal free fluid were noted.

Intraabdominal retained testicle was visualized dorsal to the urinary bladder / cystourethral junction or potentially cranial to the level of the inguinal canal. The retained testicle was sonographically normal in appearance measuring 1.0 cm in diameter.

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R. McKenzie Daniel,
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ULTRASONOGRAPHIC FINDINGS

- Mild urinary bladder sediment
- Borderline prominent kidneys exhibiting bilateral subtle nonspecific medullary rim sign
- Retained intraabdominal testicle subjectively dorsal to the urinary bladder or possibly cranial to the inguinal canal

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

If not done, a full urinary workup with C/S if evidence of inflammatory sediment is recommended.

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Dr. Gunsinger

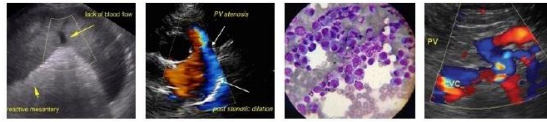
Exploratory laparotomy with gross inspection in the area of the dorsal urinary bladder and cranial to the inguinal canal with gross identification of the retained testicle and resection is recommended.

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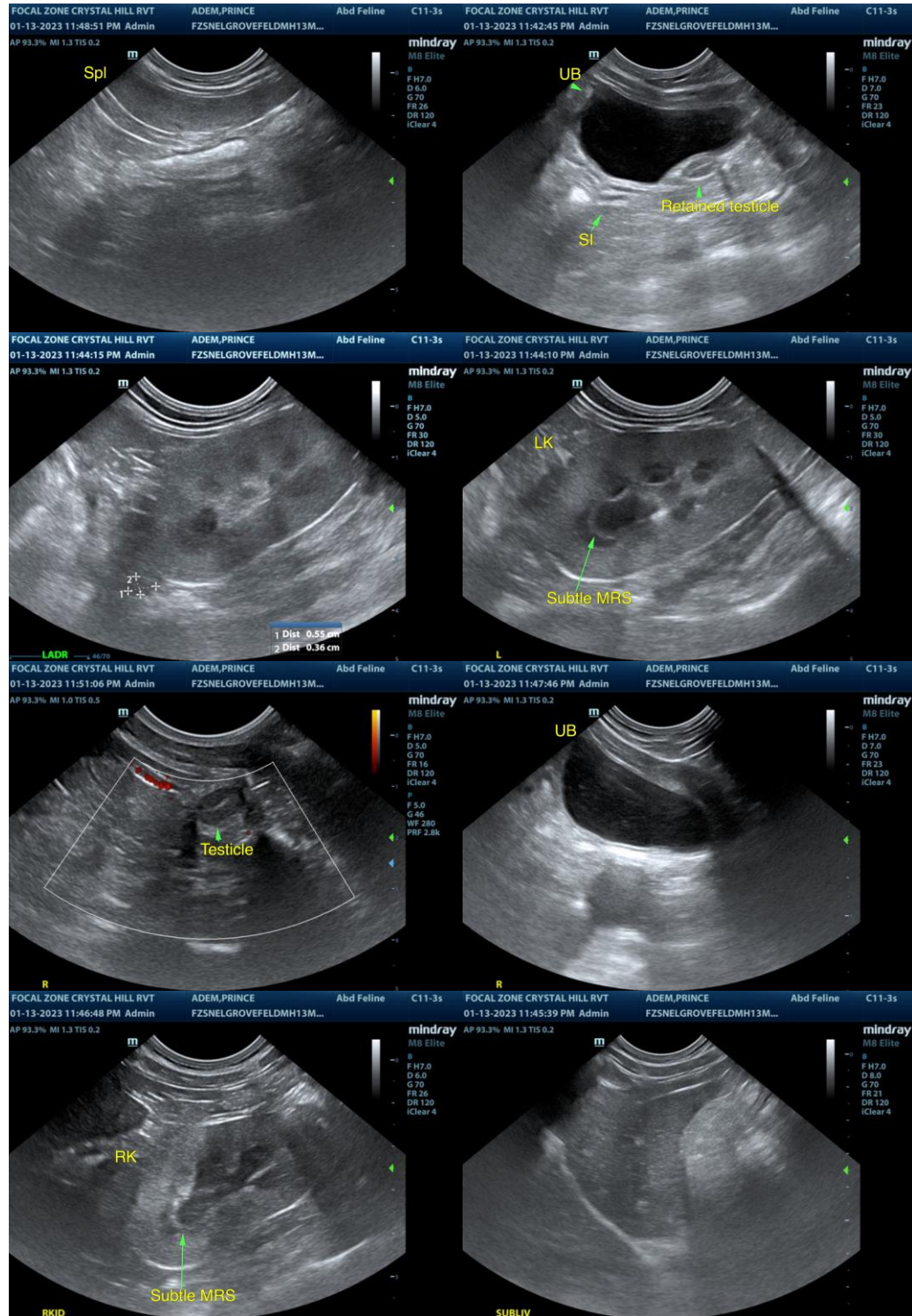
Dr. Gunsinger

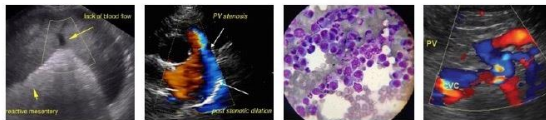
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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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info@SonoPath.com

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