



PATIENT

Nicky DaSilva

PRESENTING CLINICAL SIGNS

Cryptorchid left testicle. Right testicle is descended. Want to check before surgery. No meds.

SPECIES

Feline

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.

BREED

British Shorthair

SEX

Intact Male

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 4.1 cm in length. The right kidney measured 3.9 cm in length.

AGE

8 Months

Adrenal Glands

No overt pathology in the area of the left or right adrenal glands.

WEIGHT

7.12 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. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

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 thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

IMAGING PERFORMED BY

Crystal Hill

HOSPITAL NAME

Creditview-Eglington
Animal Hospital

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.

REFERRING VET

Dr. Ghobrial

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.

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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.

DATE

1/19/23



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Free Abdomen

Nicky DaSilva

Suspect mild uniformly prominent medial iliac lymph nodes were present. Concurrent mildly prominent uniform intermittent mesenteric lymph nodes were noted, exhibiting normal width to length ratio (<0.5). An example of mesenteric lymph node measured 1.3 cm x 0.57 cm.

SPECIES

Feline

No evidence of peritoneal effusion.

Other

BREED

British Shorthair

Possible, although not definitive, retained left testicle caudal to the left kidney, measuring approximately 1.0 cm in diameter.

ULTRASONOGRAPHIC FINDINGS

SEX

Intact Male

- Possible/suspect retained left testicle caudal to the left kidney
- Intermittent mild benign mesenteric/medial iliac lymphadenopathy- likely immunologic immaturity

AGE

8 Months

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A definitive retained testicle was difficult to visualize in this study given the concurrent intermittent benign or reactive mesenteric lymphadenopathy. This is likely indicative of immunologic immaturity, which may resemble similar sonographic presentation to retained testicle, as well as adjacent small intestine, which likewise, may mimic retained testicle presentation in light of somewhat similar appearance of the testicular mediastinum testis and intestinal lumen in cross section. No definitive evidence of a retained testicle was present in the left inguinal canal (thorough palpation of the left inguinal canal, ideally under sedation, is suggested). Intraabdominal retained left testicle would be likely and suspected in the left abdominal cavity caudal to the left kidney. Alternative intraabdominal location of the retained testicle cannot be excluded. Exploratory laparotomy is recommended if no definitive evidence of retained left testicle in left inguinal canal.

WEIGHT

7.12 Pounds

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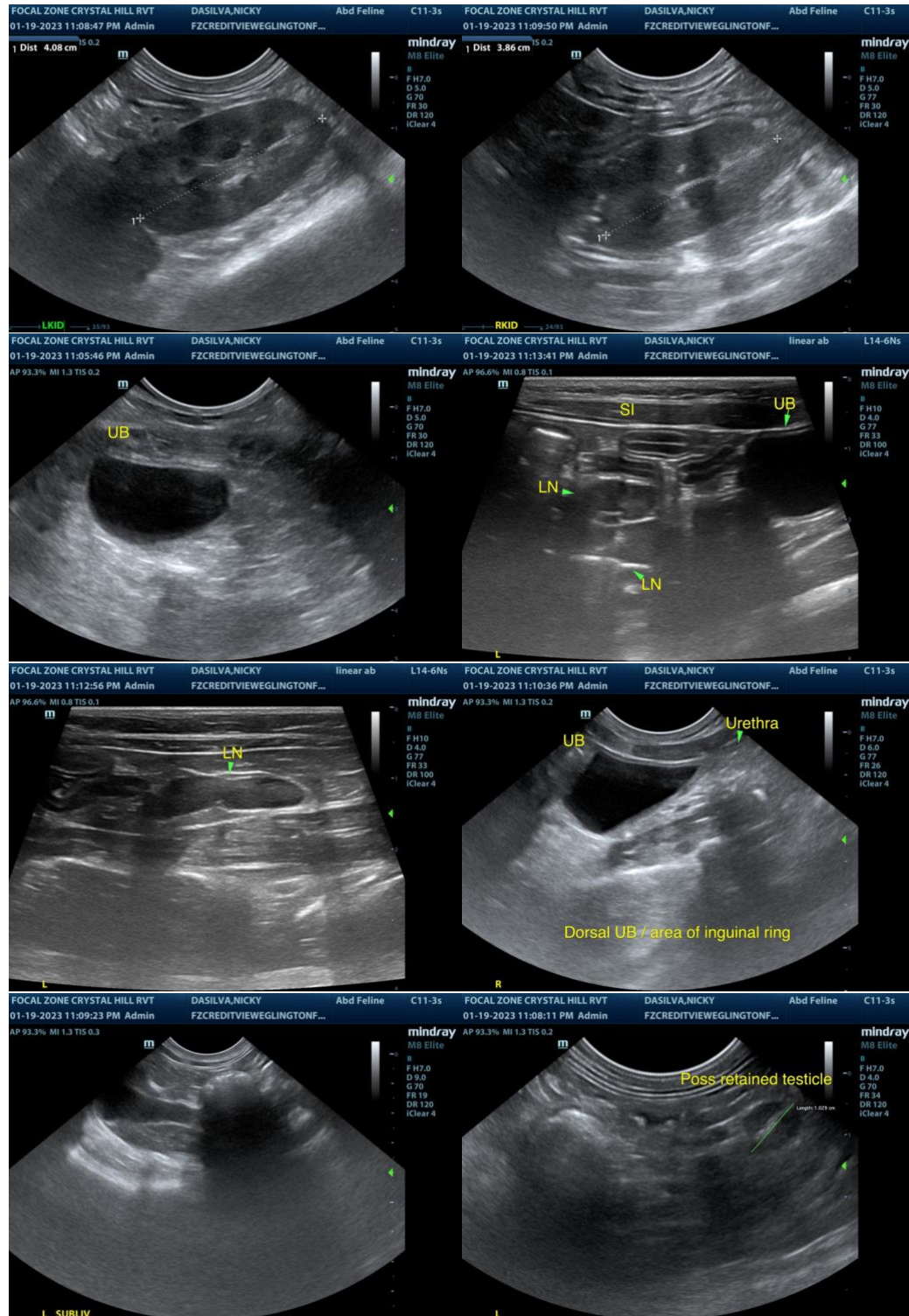
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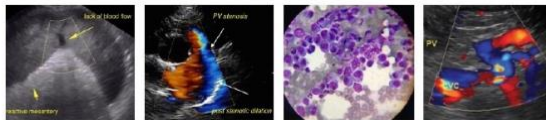
DATE

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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.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



PATIENT

can be of any further assistance please contact me.

Nicky DaSilva

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SEX

Intact Male

AGE

8 Months

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