



## PATIENT

Styx Russon

## SPECIES

Feline

## BREED

DSH

## SEX

MN

## AGE

4yr

## WEIGHT

7.16kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr Jill Rankin

## HOSPITAL NAME

Fish Creek Pet Hospital

## REFERRING VET

Dr Dani

## INVOICE

23658

## DATE

01/22/2026

## PRESENTING CLINICAL SIGNS

- Styx, a 7kg cat, presented for evaluation of a fever of unknown origin, characterized by lethargy and abdominal pain, which developed after an initial outpatient visit for similar, but less severe, clinical signs.
- The patient initially presented yesterday following a three-day history of lethargy, hyporexia, and diarrhea, with a potential for exposure to topical diclofenac (Voltaren) but no confirmed ingestion. At that time, diagnostic workup including blood work, urinalysis, radiographs, and viral panels were all normal. The cat was treated with SQ fluids and sucralfate, and sent home with gastrointestinal food, which he reportedly ate ravenously at home yesterday and this morning without any vomiting or diarrhea.
- Despite eating well at home, the owner reported that the cat remained lethargic ("bread loafed") and reluctant to walk since being discharged. He re-presented today with moderate fever (39.6 C), inactivity, and confirmed abdominal pain on palpation. The primary clinical concern has now shifted to investigating a fever of unknown origin.

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible, which is normal. No evidence of inflammatory or neoplastic changes was noted.

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 4.7 cm in length. The right kidney measured 4.7 cm in length.

The area of the aortic trifurcation was free of pathology.

### Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.41 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 borderline to mild enlargement (1.1 cm width at mid spleen) and 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



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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. Normal vascular volume. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and minor nonorganized debris. The cystic and common bile ducts were normal.

### **Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild progressively shadowing primarily antrum and pyloric ingesta. No obstruction to pyloric outflow.

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 mechanical/metabolic ileus, obstruction or foreign material. The duodenum wall measured 0.29 cm width. The jejunum wall measured 0.21 cm width. The ileocolic wall measured 0.33 cm width.

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

### **Pancreas**

The area of the pancreas was sonographically normal.

### **Free Abdomen**

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

## **ULTRASONOGRAPHIC FINDINGS**

### **Primary**

- Normal gastrointestinal tract with mild shadowing pyloric ingesta
- Minor gallbladder debris
- Borderline / mild splenomegaly
- Mild urine sediment

## **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of significant visceral pathology as a definitive cause of a fever of unknown origin. No evidence of neoplastic or FIP criteria.

The gastric ingesta likely correlates with clinical history of recent meal ingestion. Minor potential for gastric hairball density is thought less likely, yet if gastrointestinal signs arise, documented 12 hour fast and sonographic reassessment of the stomach may be considered.

Mild splenomegaly secondary to incidental mild hyperplasia, hematopoiesis, inflammation, or sedation if clinically indicated likely. Assuming normal clotting status and if patient is non-sedated, screening splenic FNA cytology using 25ga needle could be considered to assess for occult disease. Urine C/S on sterile urine sample is recommended if inflammatory sediment on UA.



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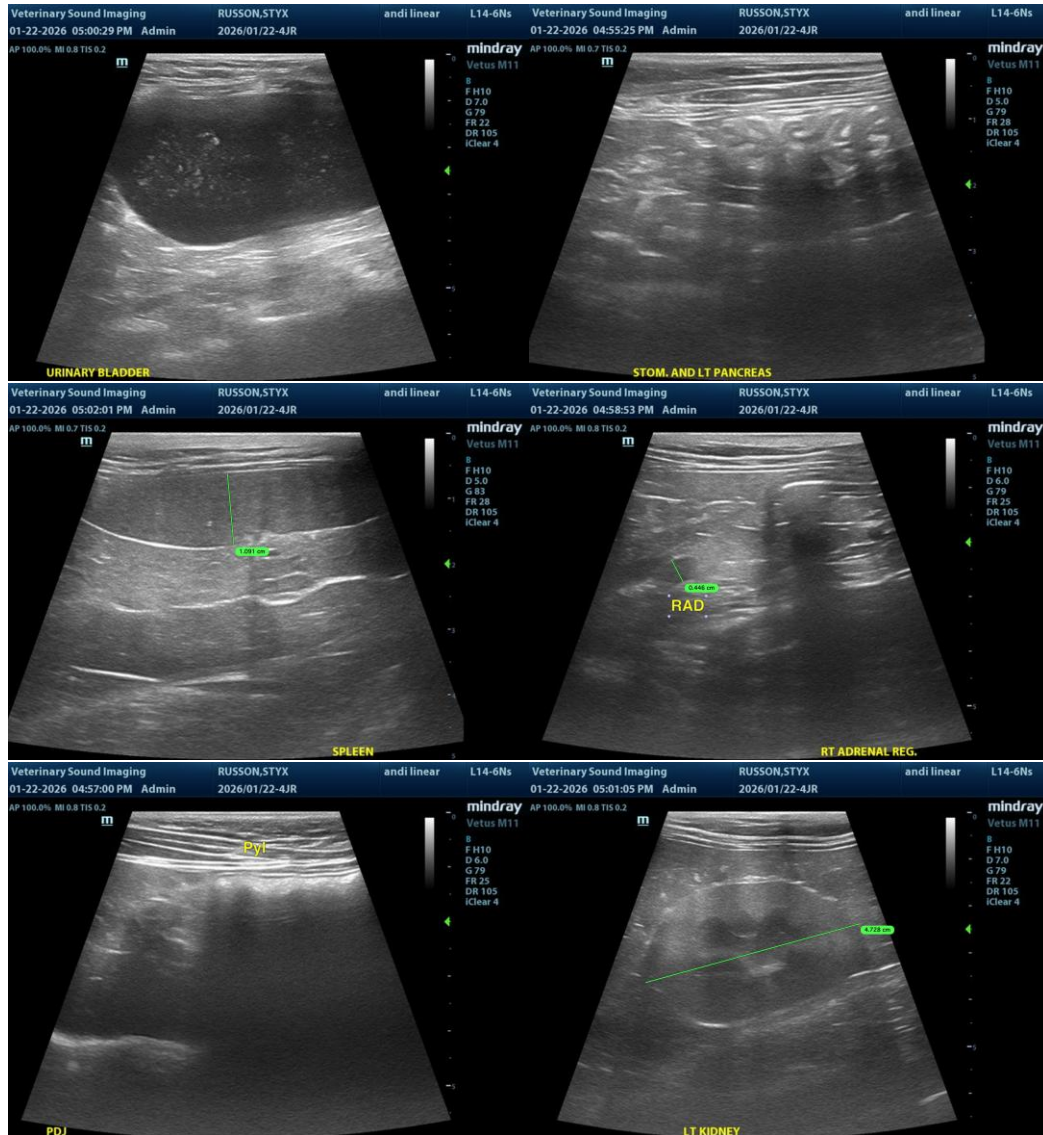
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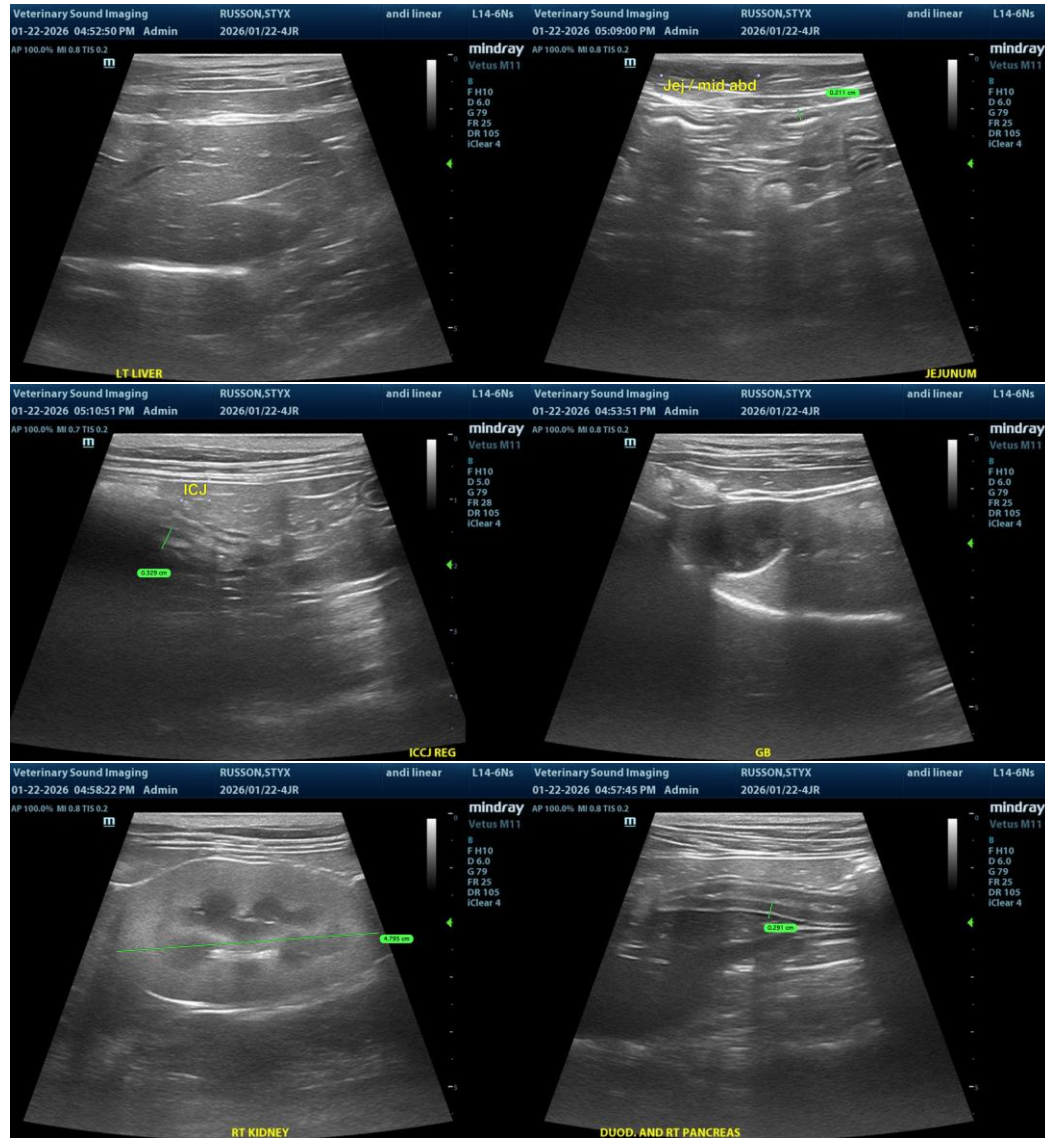
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)  
[info@sonopath.com](mailto:info@sonopath.com)