



**PATIENT**

Midnight Waldo

**SPECIES**

Feline

**BREED**

DSH

**SEX**

SF

**AGE**

17 years

**WEIGHT**

5.5 lbs.

**PRESENTING CLINICAL SIGNS**

vomiting multiple times a day, including medication blood in her urine hypertension, managed on amlodipine blood in urine has been intermittent. Rule out kidney infection, tumor, of calculi. O would like abdominal ultrasound done

Abnormal PE/Chem/CBC/UA Results: recent BW 1/26/2023 Chemistry SDMA 16 ug/dL 0 - 14 CREA 2.9 mg/dL 0.9 - 2.3 BUN/UREA 61 mg/dL 16 - 37 Sodium 158 mmol/L 147 - 157 BICARB 26 mmol/L 12 - 22 CBC RBC 6.09 M/uL 7.12 - 11.46 HGB 7.8 g/dL 10.3 - 16.2 HCT 25.4 % 28.2 - 52.7 ABS EOS 5244 /uL 90 - 2180 UA USG 1.015 pH 6 3+ blood 2+ protein no bacteria or crystals

**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.

The area of the aortic trifurcation was free of pathology.

**INTERPRETED BY**

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

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 3.3 cm in length. The right kidney measured 3.2 cm in length.

**IMAGING PERFORMED BY**

Dr. Christina Sitton

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm width. No overt pathology was noted in the area of the right adrenal gland, although not definitively visualized.

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**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.

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Dr. Christina Sitton

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**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 containing primarily anechoic content with mild echogenic gallbladder debris. The cystic and common bile ducts were normal. No evidence of post hepatic obstructive criteria.



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***Gastrointestinal***

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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild variably echogenic yet nonshadowing ingesta and fluid without signs of obstruction or foreign material.

Feline

**BREED**

The intestinal walls demonstrated intact wall layers with diffusely thickened walls and altered 1:3 muscularis/ mucosa ratio primarily consisting of muscularis hypertrophy. The small intestinal wall width measured 0.27 - 0.29 cm.

DSH

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Normal visible colon wall layers were present with semi-formed fecal matter in lumen.

SF

***Pancreas***

**AGE**

The left limb of the pancreas was prominent in size exhibiting mild capsule asymmetry and heterogeneous hypoechoic to cystic left pancreatic parenchyma.

17 years

**WEIGHT**

***Free Abdomen***

5.5 lbs.

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

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(Canine and Feline)

- Nonshadowing gastric ingesta / chyme, possible nonobstructive gastric hypomotility if documented NPO given the patient's vomiting
- IBD intestinal pattern, potential for neoplastic infiltrative enteropathy i.e., lymphoma
- Prominent nonhomogeneous hypoechoic to cystic left pancreas - likely concurrent chronic active pancreatitis with pancreatic cysts
- Mild gallbladder debris
- Bilateral chronic renal changes
- Sonographically unremarkable urinary bladder

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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No evidence of a mechanical gastrointestinal obstructive pattern. Full-thickness gastrointestinal biopsies would be required for a definitive diagnosis. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

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Empirically, IBD protocol with as-needed gastrointestinal support and CRD therapy would be appropriate. No obvious evidence of primary adrenal pathology was noted. Potential for Triad Disease may be considered if previous history of hepatic enzyme elevations, given the presence of gallbladder debris.



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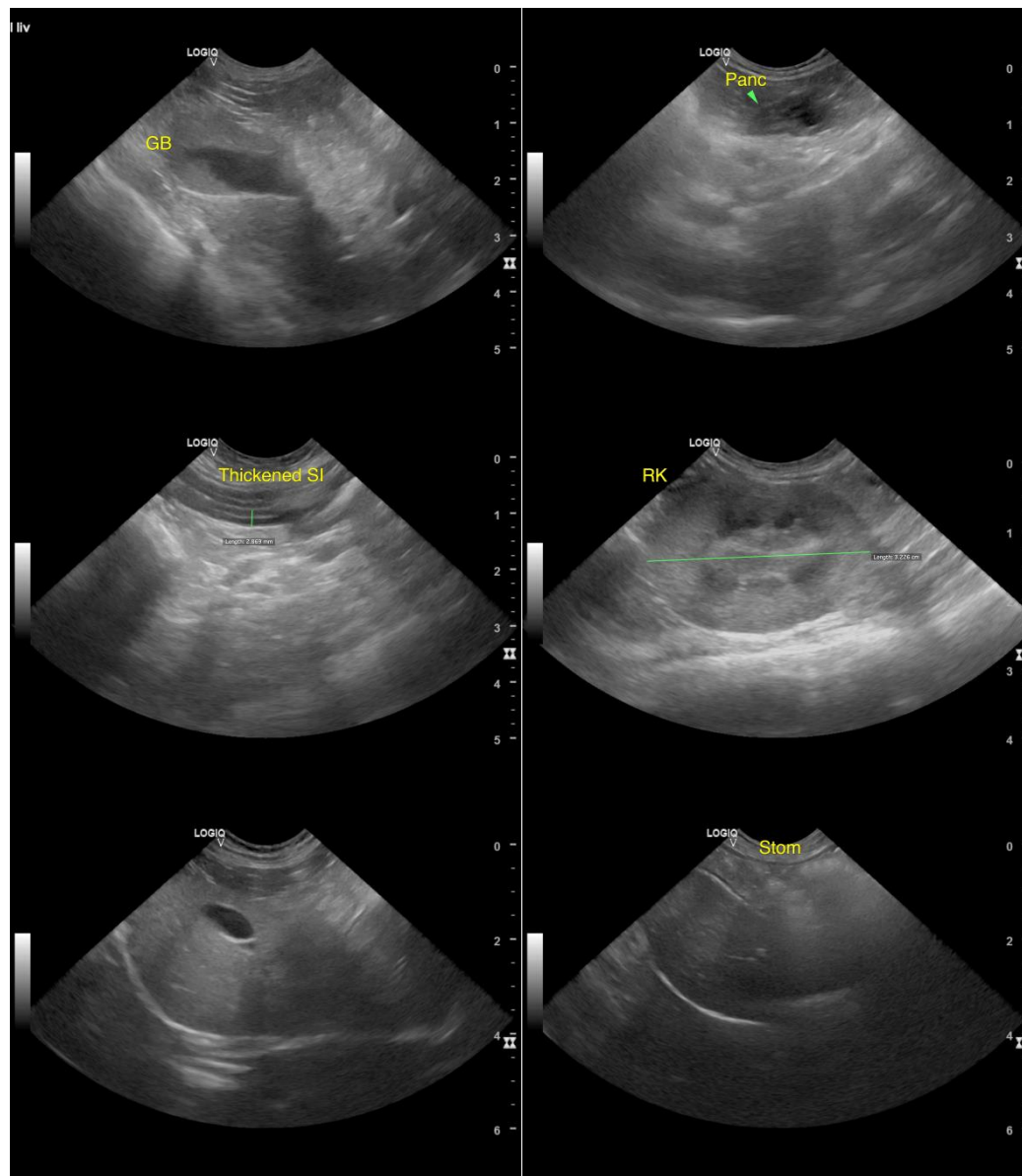
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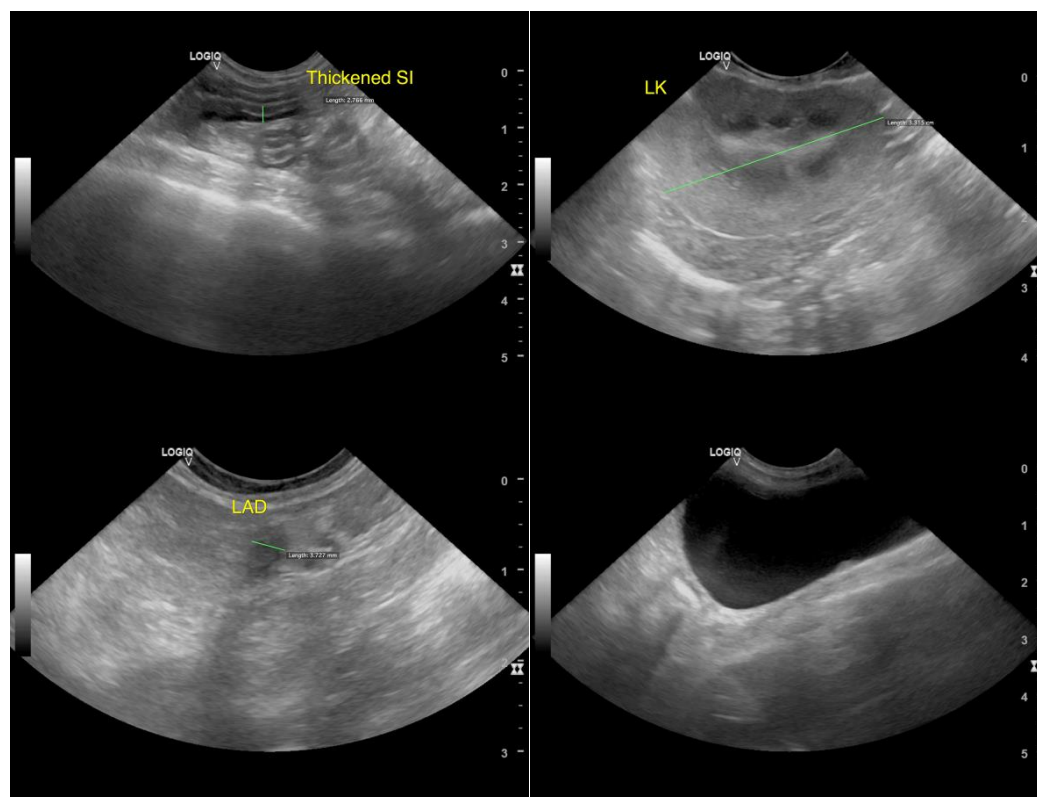
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)**  
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