

**PATIENT**

Nyu Yum

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

14 years 11 months

**WEIGHT**

13 lbs.

**INTERPRETED BY**R. McKenzie Daniel,  
DVM, DABVP (Canine  
and Feline)**IMAGING  
PERFORMED BY**

Amy Mayhew, LVT

**HOSPITAL NAME**

SVS Imaging MI

**REFERRING VET**

Family Pet Practice

**INVOICE**

13211

**DATE**

1/29/22

**PRESENTING CLINICAL SIGNS**

Previous history (January 2021) of splenectomy and liver biopsies. Both returned benign (myelolipoloma and hyperplasia with biliary cyst). Today presents for constipation and occasional vomiting. Normal appetite. Sedated today for exam due to behavior.

Unremarkable CBC with mild neutrophilia, BUN 37.9, Creatinine 2.5

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

The urinary bladder was mildly subnormal in size with subtle, variably prominent to thickened urinary bladder walls were present with mid asymmetrical luminal surface contour. Potential pinpoint areas of adhered mineral along the ventral luminal surface are possible, although not definitive. Primarily anechoic urine was present. Full evaluation of the urinary bladder walls was somewhat limited owing to the lack of urine distention. Full evaluation of distended urinary bladder is suggested if evidence of urinary signs.

The area of the aortic trifurcation was free of pathology.

The left kidney was borderline subnormal in size with asymmetrical capsule contour. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary border demarcation expected for the age of the patient. Cortical infarctions were present in the left kidney. Mild pyelectasia was present in the left kidney. The left kidney measured 3.1 cm in length.

Normal size and margination was present in the right kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The right kidney measured 3.9 cm in length.

**Adrenal Glands**

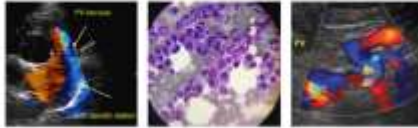
The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.41 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.46 cm width.

**Spleen**

The spleen was not visualized owing to previous splenectomy. No overt pathology was noted in the area of the previous spleen.

**Liver/ Gallbladder**

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Several small, well-demarcated, uniformly hyperechoic, nonexpansive nodules were present in the right lateral to caudate liver, an example measured 0.2 cm in diameter. A small, thinly walled Intraparenchymal cyst was noted within the liver directly caudal to the gastric

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body, measuring 0.39 cm in diameter. The cyst contained anechoic fluid. No other overt evidence of intraparenchymal or biliary cysts were noted.

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The gallbladder was non-distended in size with mild gallbladder debris. This is likely incidental. The cystic and common bile ducts were normal.

***Gastrointestinal*****BREED**

DSH

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 0.26 cm.

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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 duodenum wall width measured 0.26 cm. The jejunum wall width measured 0.23 cm. The ileocolic wall width measured 0.28 cm.

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

***Pancreas*****WEIGHT**

13 lbs.

The pancreas was normal in size and contour with heterogeneous to mildly echogenic parenchyma and potential for small parenchymal cysts vs. hypoechoic nodules, suggestive of nodular hyperplasia. No overt evidence of neoplastic criteria was noted.

***Free Abdomen*****INTERPRETED BY**

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

Solitary to intermittent, mildly prominent colic lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly margined. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 0.31 cm width. No effusion was noted.

**ULTRASONOGRAPHIC FINDINGS****IMAGING PERFORMED BY**

Amy Mayhew, LVT

***Primary Findings*****HOSPITAL NAME**

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- Age-related bladder with potential for focal adhered luminal mineral
- Mild to moderate chronic renal changes more prominent in the left kidney with cortical infarctions
- Heterogeneous pancreas with small cystic to hypoechoic nodular parenchyma
- Sonographically unremarkable gastrointestinal tract
- Minor gallbladder debris
- Mild benign colic lymphadenopathy
- Solitary small hepatic parenchymal cyst with benign hyperechoic nodules - cysts consistent with benign parenchymal or biliary cysts while the hyperechoic nodules are consistent with areas of benign nodular hyperplasia or small lipogranulomas

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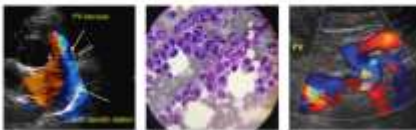
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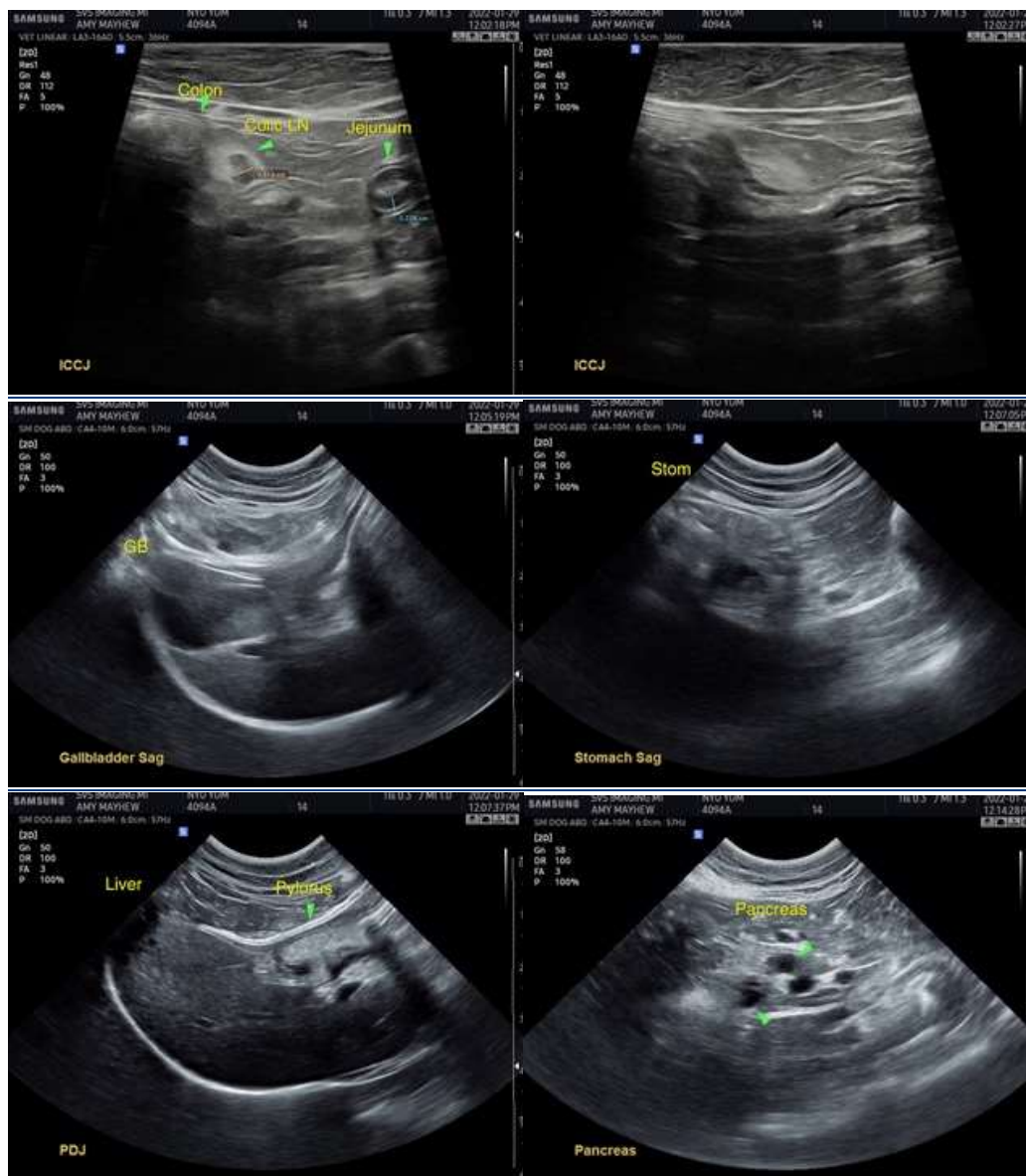
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Full urinary workup including urinalysis, C/S, and baseline UPC is warranted.

The gallbladder debris may be secondary to fasting or indicate nonclinical cholestasis.

Potential for low-grade pancreatitis is possible. Correlation with a Spec fPL, as well as assessment for cranial abdominal or subxiphoid pain is recommended.

As-needed gastrointestinal support and therapy for constipation are recommended. A potential hydrolyzed diet trial, given the possibility of dietary sensitivity, may prove beneficial.





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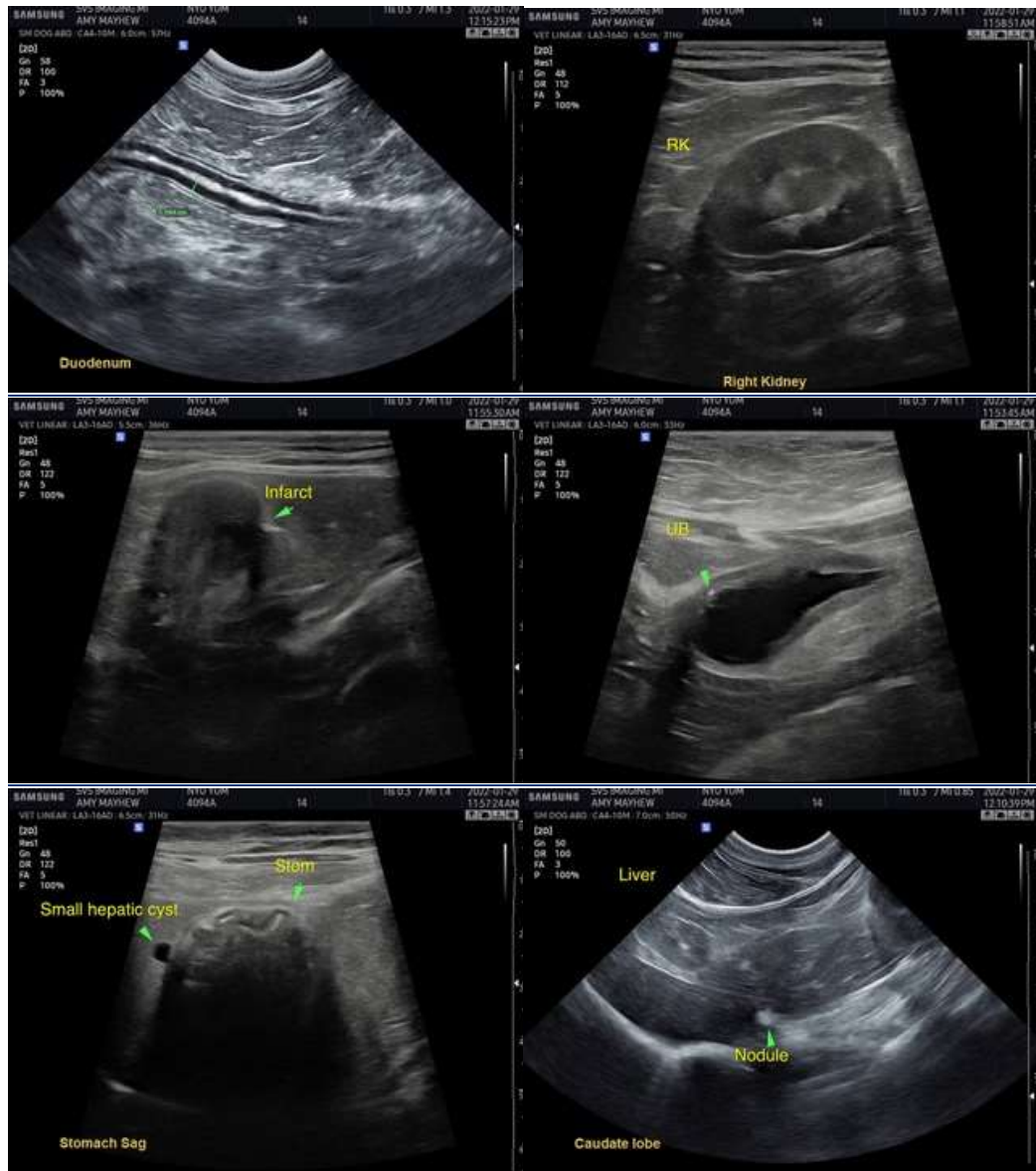
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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