



**PATIENT PRESENTING CLINICAL SIGNS**

**Chewie Wang** Concern for secondary polycythemia(persistent erythrocytosis on PAP) Want to rule out congenital disease and renal tumors. No heart murmur on physical exam. No meds currently. Needs to be neutered if possible.

**SPECIES**

Feline

Abnormal PE/Chem/CBC/UA Results: RBC 12.4(7.1-11.5) Hematocrit 0.53(0.29-0.45)Hemoglobin 186(103-162)Retics previously high. Bw 1/4/23 showed platelets 108(151-600). Chemistry normal.

**BREED**

DSH

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with moderate non-dependent to congealed non-mineralized sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

**SEX**

MI

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 4.5 cm in length. The right kidney measured 4.6 cm in length.

**AGE**

2yr

**WEIGHT**

5kg

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

**INTERPRETED BY**

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

**Spleen**

The spleen exhibited borderline enlargement 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. The spleen measured 1.2 cm in width at the level of the hilus.

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Sixteen Mile VC

**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.

**REFERRING VET**

Dr. Bile

**Gastrointestinal**

**INVOICE**

12808ag

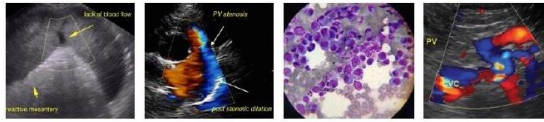
The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained progressively shadowing ingesta with no signs of ileus, obstruction or foreign material.

**DATE**

01/30/2023

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.

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



**PATIENT** *Pancreas*

Chewie Wang 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 was evident.

**SPECIES** *Free Abdomen*

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

**BREED** **ULTRASONOGRAPHIC FINDINGS**

- DSH
  - Moderate urinary bladder sediment-cellular debris / protein, crystalline debris, lipid, or mucus. Less likely blood clot given lack of reported hematuria
  - Normal bilateral kidneys
- SEX
  - Borderline subjective benign splenomegaly

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

**AGE** Overall, there is no overt evidence of significant abdominal visceral pathology. Suspect incidental splenic hyperplasia, hematopoiesis, potential splenitis or similar without evidence if splenic infiltrative neoplastic criteria.

**WEIGHT** Assuming normal clotting status and using a 25g needle, a splenic FNA for screening cytology could be considered if persistent splenomegaly, progressive CBC abnormalities or evidence of weight loss.

5kg Urine C/S on a sterile urine sample is recommended if evidence of inflammatory sediment on UA.

No overt evidence of intra-abdominal congenital disease or neoplastic criteria.

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DVM, DABVP  
(Canine and Feline)

For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <http://spa.sonopath.com/>.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services>

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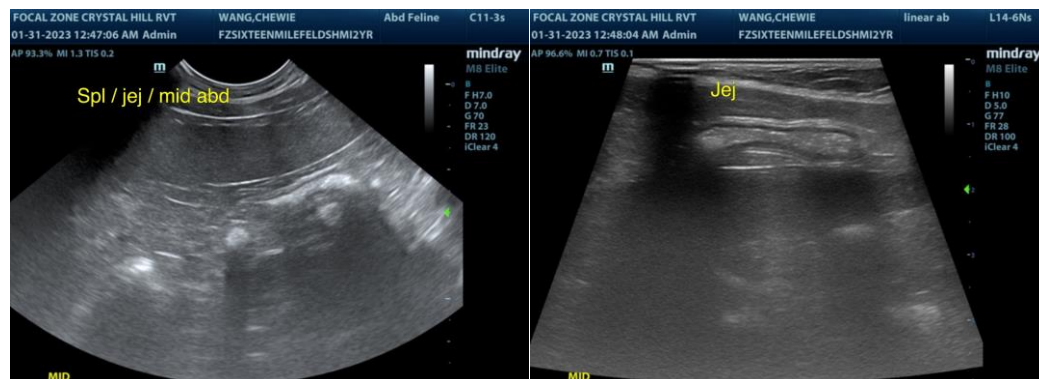
Dr. Bile

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**PATIENT**

Chewie Wang

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MI

**AGE**

2yr

**WEIGHT**

5kg

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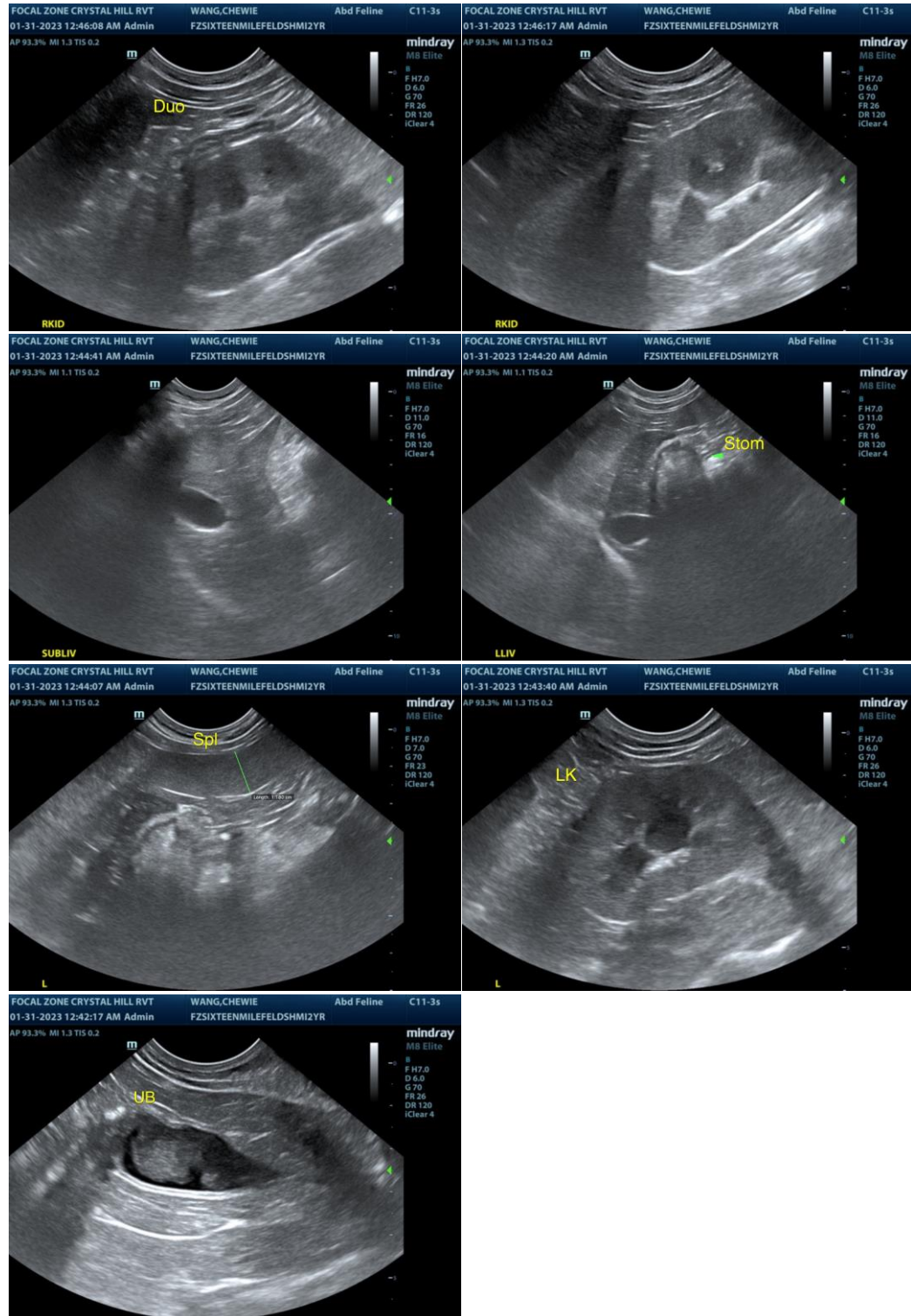
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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



**PATIENT**

Chewie Wang

can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com

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