



**PATIENT PRESENTING CLINICAL SIGNS**

Spike Cecolini Hematuria

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SPECIES**

Feline

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with mild dependent to congealed particulate sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

**BREED**

DSH

Normal size was present in the kidneys. Minor asymmetrical margination as present. A normal 1:3 cortex / medulla ratio and mild to moderate loss of corticomedullary definition was present. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex. Scant bilateral pyelectasia was present. The left kidney measured 3.9 cm in length. The right kidney measured 4.0 cm in length.

**SEX**

MN

**AGE**

2007

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

The bilateral adrenal glands were prominent in size with discrete non-disruptive left adrenal nodule measuring 0.19 cm. The left adrenal gland measured 0.62 cm width. The right adrenal gland measured 0.54 cm width.

**WEIGHT**

9.1

**Spleen**

The spleen exhibited mild subnormal size consistent with volume contraction 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 0.5 cm in width at the level of the hilus.

**INTERPRETED BY**

R. McKenzie Daniel,  
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 (Canine and Feline)

**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.

**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.

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.

**Pancreas**

The left limb, right limb, and base of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
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**HOSPITAL NAME**

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**REFERRING VET**

Dr. Myers

**INVOICE**

12815ag

**DATE**  
 01/30/2023



**PATIENT** Spike Cecolini with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

**Free Abdomen**

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

**BREED** DSH **ULTRASONOGRAPHIC FINDINGS**

- Sonographically unremarkable urinary bladder with mild urinary bladder sediment- sediment may indicate cellular debris / protein, crystalline debris, lipid, blood clots or mucus
- Non-specific chronic renal changes exhibiting scant pyelectasia
- Bilateral prominent adrenal glands with discrete left adrenal nodule-nonspecific
- Suspect low-grade pancreatitis

**SEX** MN **INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE** 2007 A full urinary work up including screening C/S and baseline UPC if no evidence if inflammatory sediment is recommended. Suspect age related/patient adrenal variant although sonographic monitoring of the adrenal glands for evidence of progressive adrenomegaly or nodular changes would be reasonable.

**WEIGHT** 9.1 Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation is recommended. A spec fPL may be considered for further assessment if clinically indicated.

Empirically therapy for mild idiopathic cystitis pending urinary work up would be reasonable.

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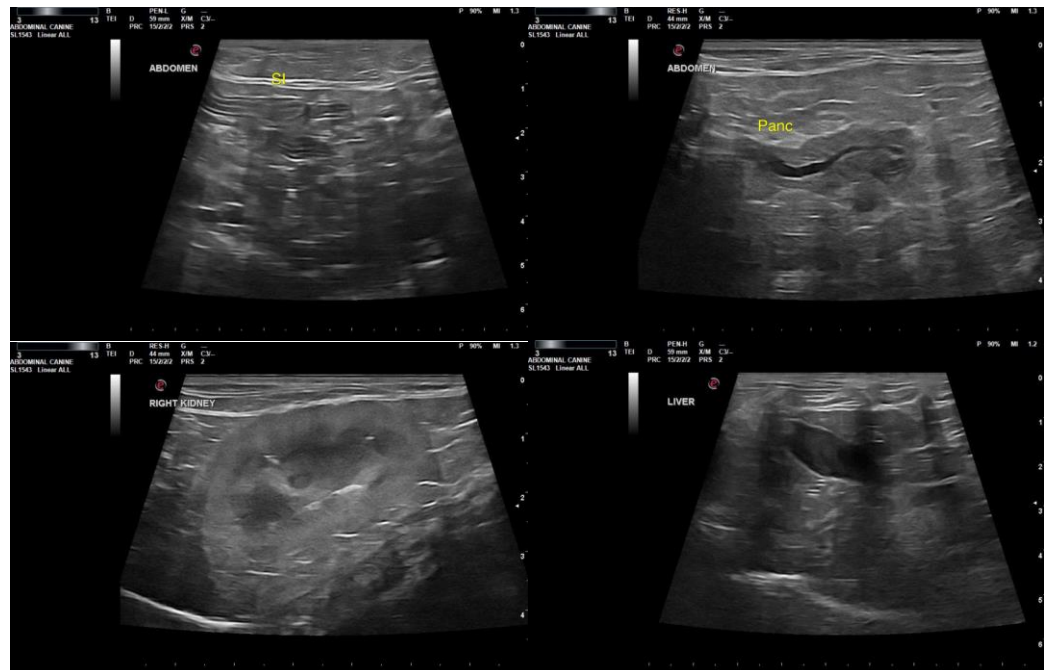
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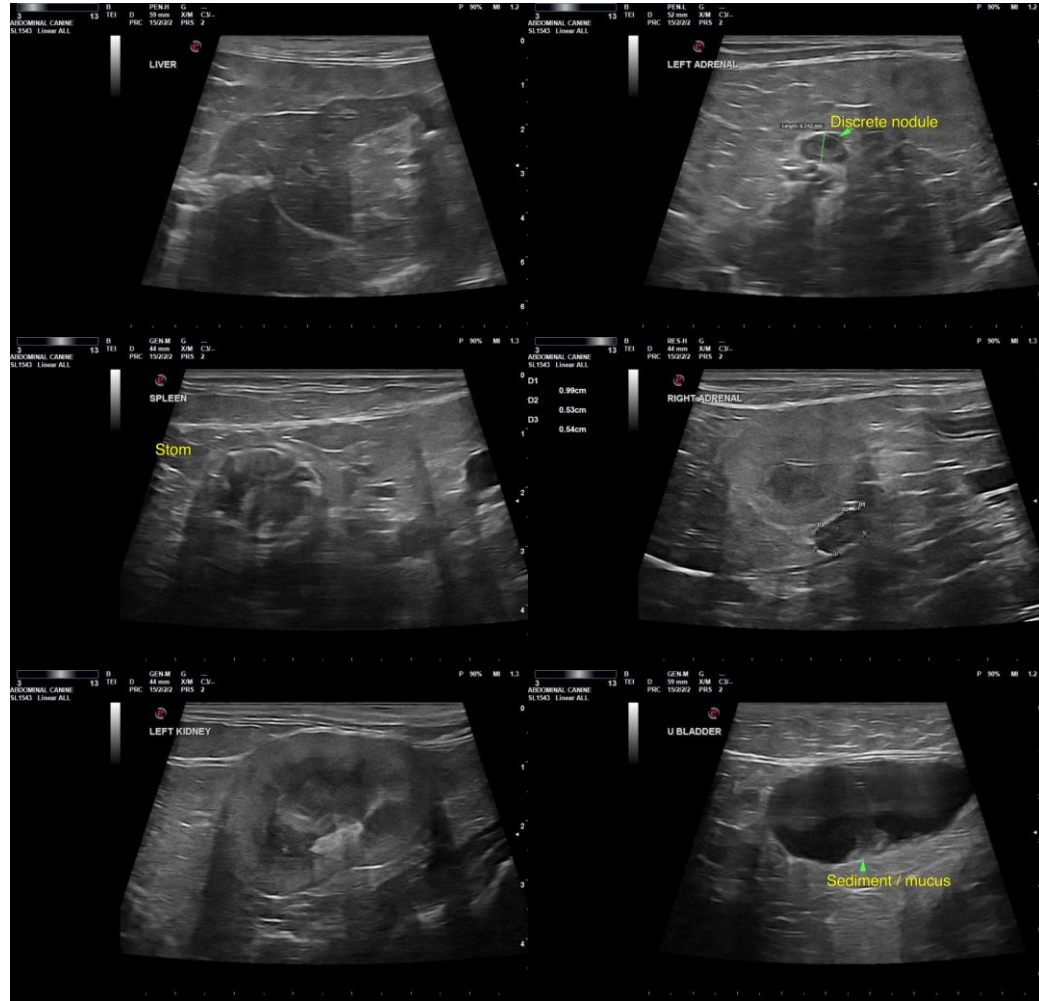
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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