



**PATIENT PRESENTING CLINICAL SIGNS**

**Benson Reagan** 8 yo neutered male with a history of FUS. He had PU surgery in the past, and has had persistent UTI's since November, which have responded variably to Amoxicillin/ clavulanic acid and Marbofloxacin. I have not submitted a culture because some of these were free catch specimens. The cystocentesis specimen did not contain any bacteria in the sediment. Benson also has diabetes mellitus and is taking glargine insulin, 3u BID. Urinary glucose measures Trace, BG = 354 (stress hyperglycemia) will do fructosamine in future.

**SPECIES**

Feline

**BREED**

Persian

On: 1) Amoxicillin/Clavulanic Acid 1ml BID 2) Prazosin 0.5 mg PO SID 3) Insulin 3 u BID 4) Gabapentin 25 mg PO SID

Abnormal PE/Chem/CBC/UA Results: BG 354. Urinalysis: Blood 3+, WBC 4-10, RBC>50.

**SEX**

MN

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**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 no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

**AGE**

7.5yr

**WEIGHT**

11.1lb

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. No pyelectasia was present. The left kidney measured 4.6 cm in length. The right kidney measured 4.6 cm in length.

**INTERPRETED BY**

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

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 0.49 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.

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**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. The spleen measured 0.98 cm in width at the level of the hilus.

**HOSPITAL NAME**

Kitty Corner Cat Clinic

**REFERRING VET**

Dr. Harris

**Liver/Gallbladder**

The liver presented enlarged in size. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

**INVOICE**

12600ag

**DATE**

01/06/2023

**Gastrointestinal**



**PATIENT**

Benson Reagan

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.

**SPECIES**

Feline

The small intestine presented intact mildly prominent wall layering with generalized mildly prominent mucosa exhibiting minor segmental non-specific hyperechoic mucosal speckling. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. The duodenum wall measured 0.31 cm width. The jejunum wall measured 0.29 cm width. The ileocolic wall measured 0.36 cm width.

**BREED**

Persian

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

**SEX**

MN

**Pancreas**

The pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

**AGE**

7.5yr

No omental masses or peritoneal effusion was present.

**WEIGHT**

11.1lb

Several focal, mildly prominent to enlarged colic lymph nodes were present adjacent to the ileocolic junction. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 1.4 cm x 0.5 cm.

**ULTRASONOGRAPHIC FINDINGS**

- Sonographically unremarkable urinary bladder and visible urethra
- Chronic interstitial nephrosis renal pattern
- Hepatomegaly-subjectively benign, probable diabetic hepatopathy
- Chronic active pancreatitis
- Intact yet subjective prominent small bowel walls-nonspecific
- Mild benign colic lymphadenopathy

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Kitty Corner Cat Clinic

**REFERRING VET**

Dr. Harris

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of overt or significant cystitis pattern or urinary tract neoplastic criteria was present. Periodic urine C/S is likely indicated given history of diabetes or if glucosuria. Empirically therapy for FUS would be appropriate.

The prominent yet intact small bowel walls are non-specific given the lack of reported GI signs or weight loss. A GI panel to include PLI/TLI/Cobalamin/Folate could be considered for further assessment of the pancreas if clinically indicated.

Periodic monitoring of renal parameters is suggested.

**INVOICE**

12600ag

**DATE**

01/06/2023



**PATIENT**

Benson Reagan

**SPECIES**

Feline

**BREED**

Persian

**SEX**

MN

**AGE**

7.5yr

**WEIGHT**

11.1lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Kitty Corner Cat Clinic

**REFERRING VET**

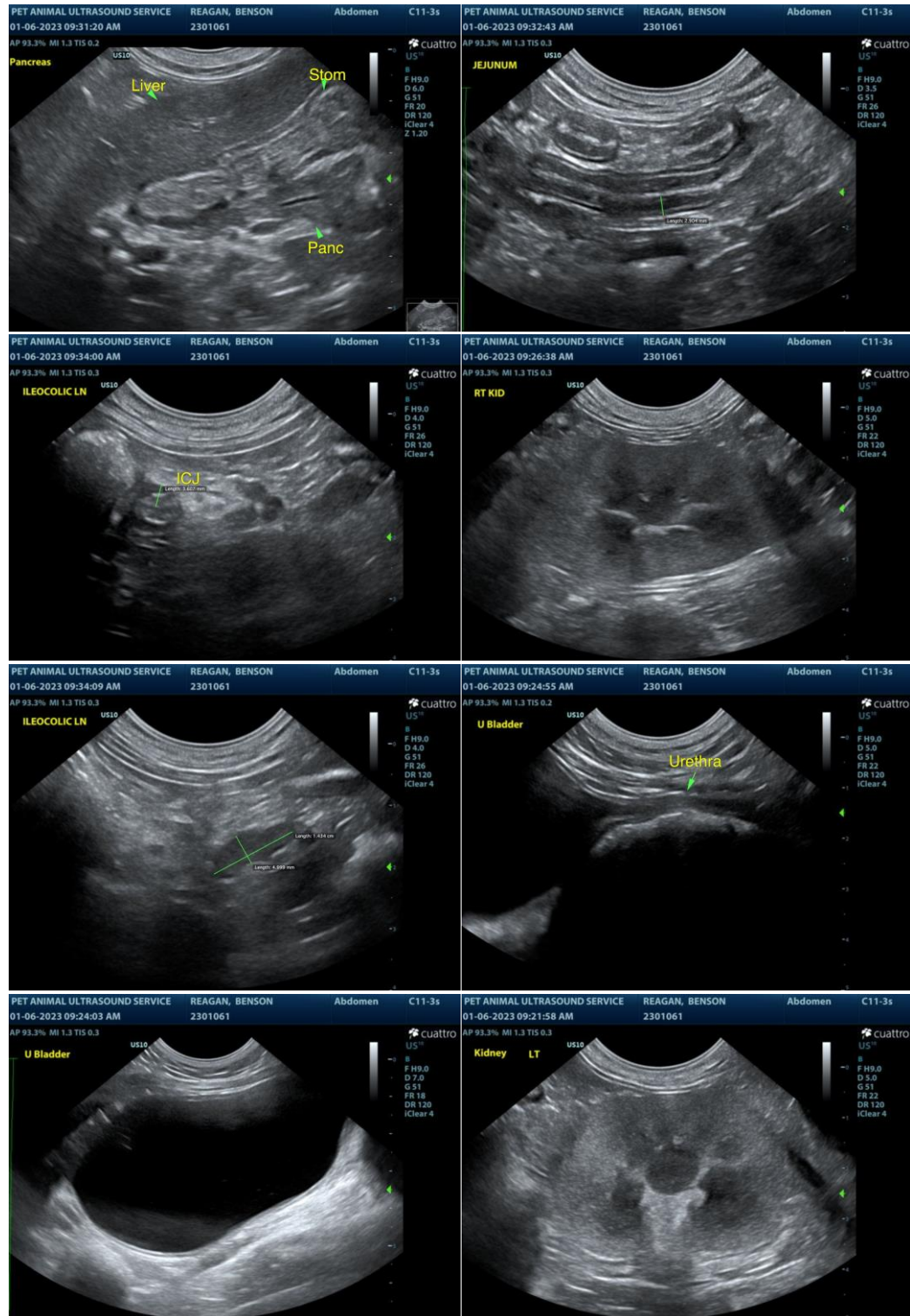
Dr. Harris

**INVOICE**

12600ag

**DATE**

01/06/2023





**PATIENT**

Benson Reagan

**SPECIES**

Feline

**BREED**

Persian

**SEX**

MN

**AGE**

7.5yr

**WEIGHT**

11.1lb

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Kitty Corner Cat Clinic

**REFERRING VET**

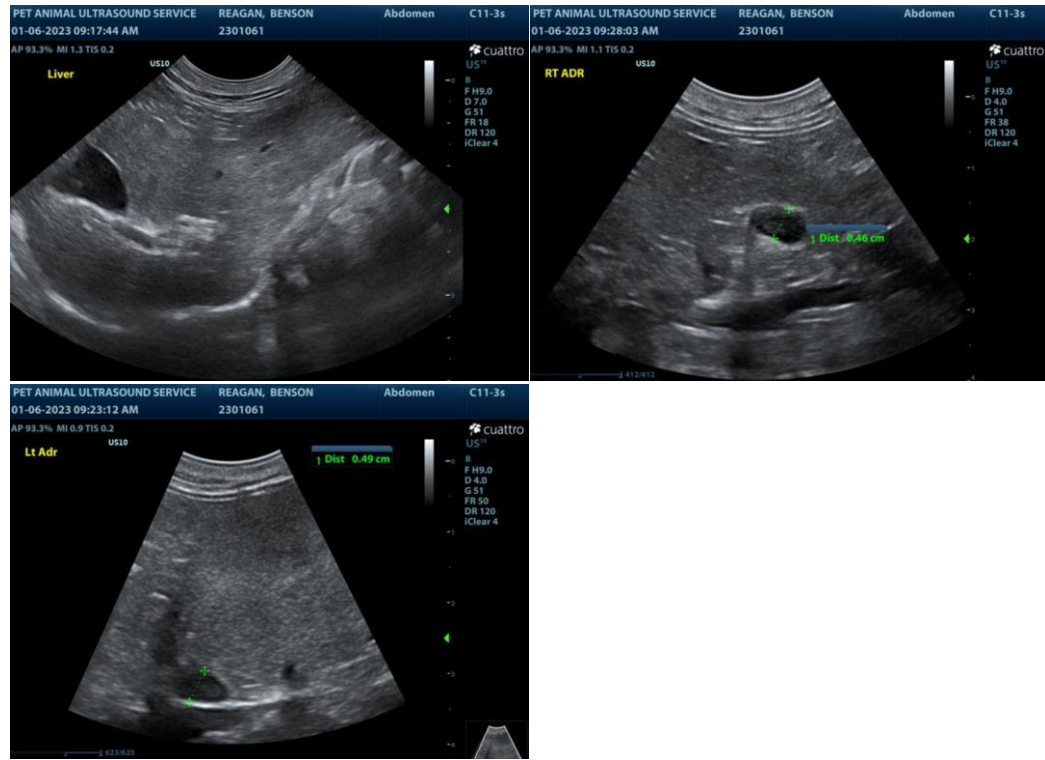
Dr. Harris

**INVOICE**

12600ag

**DATE**

01/06/2023



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