**PATIENT**

Hercules Reynolds

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

9 Years

**WEIGHT**

11 Pounds

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

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr. Molly Bies

**INVOICE**

26206

**DATE**

10/12/21

**PRESENTING CLINICAL SIGNS**

Previous history of pancreatitis, has also had GI foreign body surgery in the past as he has a history of chewing on/eating things he shouldn't. O' reports that he vomited once on 10/5, but hasn't vomited since. Has been eating well but didn't want to eat much this morning. O' thinks he is just acting different and thinks there is something going on. Had previous ultrasound in 2018 that was normal.

Abnormal PE/Chem/CBC/UA Results: Possible discomfort on palpation of cranial abdomen, but also doesn't love being handled in general. Comprehensive lab profile was WNL, aside from elevated cholesterol (239mg/dl) and decreased ALKP (13 U/L).

**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 were noted.

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. Asymmetrical craniomedial renal margination was present with loss of cortex parenchyma, consistent with cortical infarct. The left kidney measured 4.1 cm. The right kidney measured 3.4 cm.

**Adrenal Glands**

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.45 cm in width. The right adrenal gland measured 0.46 cm in width.

**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.

**Liver**

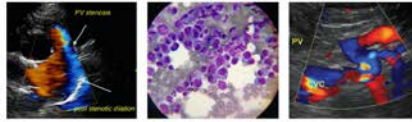
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was normal in size, yet partially divided into two compartments containing anechoic fluid. The common bile duct was normal.

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. Minor retained anechoic fluid was present in the pylorus. Pylorus wall measured 0.28 cm.

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. Duodenum wall measured 0.23 cm. Jejunum wall measured 0.21 cm. Ileocolic wall measured 0.28 cm.

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



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**Pancreas**

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.

**Free Abdomen**

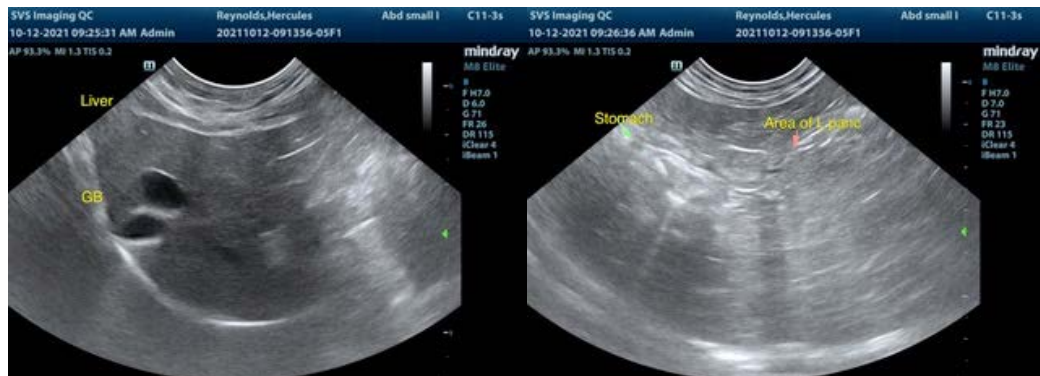
No overt lymphadenopathy or peritoneal effusion was present.

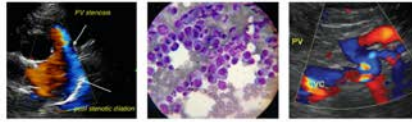
**ULTRASONOGRAPHIC FINDINGS**

- Right kidney cortical infarct
- Partially bilobed gallbladder – normal variant in a cat
- Minor retained pyloric fluid with sonographically unremarkable small bowel – possible mild gastritis or gastric stasis.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, largely sonographically unremarkable abdomen without evidence of significant visceral pathology. No evidence of gastrointestinal foreign material or mechanical obstruction. Conservative gastrointestinal support should prove beneficial.





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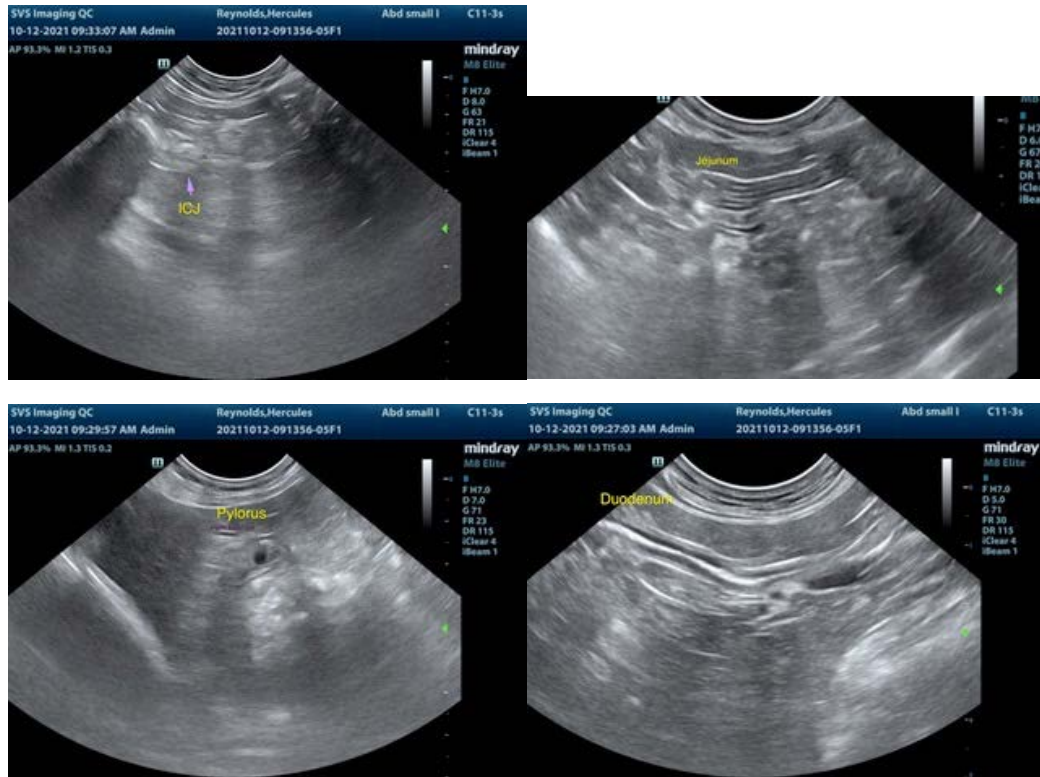
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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