



**PATIENT**

Shayna Nyberg

**SPECIES**

Feline

**BREED**

Bengal

**SEX**

FS

**AGE**

10 years

**WEIGHT**

5 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Pamela Harrigan, RDCS

**HOSPITAL NAME**

Norfolk County VS

**REFERRING VET**

Amelia Ragon, DVM

**INVOICE**

15227

**DATE**

10/13/22

**PRESENTING CLINICAL SIGNS**

~10 y/o Bengal presenting for weight loss. Previously worked up at rDVM with CBC/Chem/T4 and full body rads. NSF except HCT of 34, with a HCT of 55 back in 2021. Patient has a decreased appetite at home, and seems uncomfortable when eating. Owner reports previous weight of ~ 8 lbs.

**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 was noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. 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. Minor right kidney pyelectasia was noted. Right kidney focal infarct was present. The left kidney measured 3.4 cm in length. 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 0.32 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.38 cm 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. The spleen measured 0.79 cm width at the level of the hilus.

**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 normal in size yet subjectively divided into two compartments, both containing primarily anechoic content with mild echogenic luminal debris. The cystic and common bile ducts were normal.

**Gastrointestinal**

The stomach exhibited overtly normal visualized wall layering. The stomach appeared to be distended with gas.



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The small intestine presented intact wall layering with subjective maintained 1:3 muscularis/mucosa ratio. Mild duodenal and segmental jejunal nonshadowing chyme was present. Potential for mild subjective duodenal distention with potential retained chyme and possible decreased duodenal ileus is noted. The small intestinal wall measured 0.20 cm width. The ileocolic wall measured 0.27 cm width. No evidence of masses at the level of the ileocolic junction.

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Normal visible colon wall layers were present with subjective formed to semi-formed fecal matter along with luminal gas. The ventral colon wall width measured 0.17 cm.

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***Pancreas***

The pancreas was normal in size and contour with uniform subtly hypoechoic parenchyma compared to adjacent omentum with minor pancreatic duct dilation.

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***Free Abdomen***

Intermittent mid-ventral abdominal mesenteric lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of lymph node size was 1.7 cm x 0.6 cm. A small pocket of scant peritoneal free fluid is noted in the cranial abdomen

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**ULTRASONOGRAPHIC FINDINGS**

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***Primary Findings***

- Bilateral age-related renal changes with right kidney focal cortical infarct and minor right kidney pyelectasia
- Structurally normal gastrointestinal tract with potential upper intestinal inefficient peristalsis
- Nonspecific subjectively benign / reactive mild mesenteric lymphadenopathy - suspect lymphoid hyperplasia or mild reactive lymphadenitis potentially owing to underlying intestinal disease, emerging lymphatic neoplastic criteria considered less likely
- Mildly hypoechoic pancreas exhibiting mild pancreatic duct dilation - nonspecific, potential age-related / patient variant, possible low-grade pancreatitis

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***Secondary Findings***

- Subjective bilobed gallbladder - normal variant in a cat

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Even though no sonographic evidence of structural gastrointestinal pathology or mural changes, underlying gastrointestinal disease, given the breed, is suspected with possible contributing factor secondary to low-grade pancreatitis.

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Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. Three-view chest radiographs are suggested to rule out occult thoracic pathology as a contributing factor. Fresh fecal analysis and/or diarrhea PCR panel are recommended if previous or future evidence of diarrhea.

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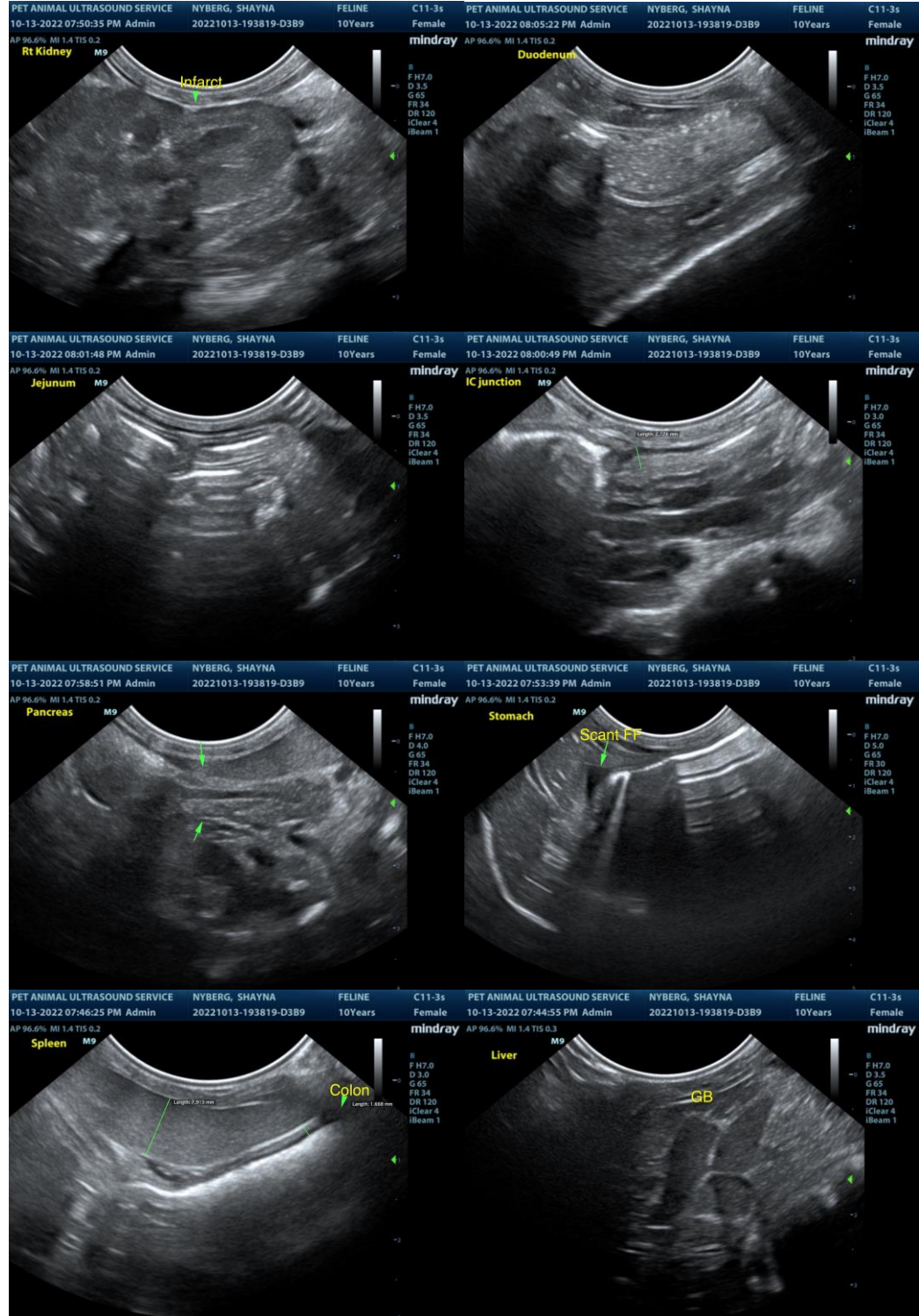
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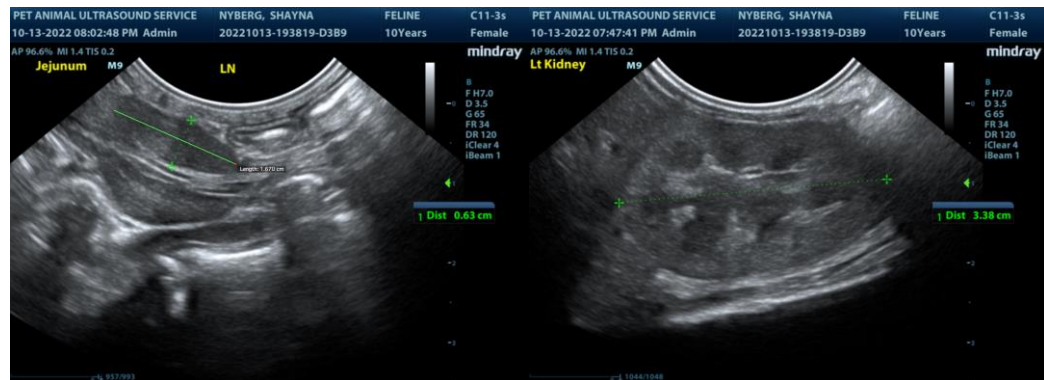
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
**info@SonoPath.com**