



**PATIENT**

Spunk Paul

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

12 years

**WEIGHT**

9.6 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Rachel Runnells, RVT

**HOSPITAL NAME**

SVS Imaging KC

**REFERRING VET**

Dr. Johathon Renfro

**INVOICE**

12404

**DATE**

10/20/21

**PRESENTING CLINICAL SIGNS**

Anorexic and lethargic.

Abnormal PE/Chem/CBC/UA Results: Mildly decreased lymphocytes and thrombocytopenia. ALB: 1.8, TBIL: 0.7. Sent out blood smear to check for parasites - none seen.

**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. Primarily anechoic urine was present in the lumen. Moderate, particulate, nondependent sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented mild uniformly increased echogenicity with uniform echotexture. The renal cortex appeared to be mildly hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. Subtle, hyperechoic medullary striations were present in both kidneys. No evidence of pyelectasia was noted. The renal medullary volume was subjectively reduced. The left kidney measured 3.8 cm in length. The right kidney measured 4.1 cm in length.

**Adrenal Glands**

The bilateral adrenal glands exhibited mild prominent size yet overall normal structure and echogenicity. This is a nonspecific finding and may indicate a patient variant or benign to stress hyperplasia. The left adrenal gland measured 0.57 cm width The right adrenal gland measured 0.51 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 0.87 cm in 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 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 gastric body wall width measured 0.25 cm.



<b>PATIENT</b>	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Minor duodenal ileus was present. The duodenum wall width measured 0.25 cm. The jejunum wall width measured 0.23 cm. No signs of obstruction or foreign material were noted.
Spunk Paul	
<b>SPECIES</b>	Normal visible colon wall layers were present with apparent formed feces in lumen.
Feline	<b>Pancreas</b>
<b>BREED</b>	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 were evident.
DSH	
<b>SEX</b>	<b>Free Abdomen</b>
MN	No overt lymphadenopathy or peritoneal effusion was present.
<b>AGE</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
12 years	<b>Primary Findings</b>
<b>WEIGHT</b>	<ul style="list-style-type: none"> <li>• Urinary bladder sediment - cellular or crystalline debris likely, with potential for mild mucus</li> <li>• Mild interstitial nephrosis renal pattern</li> <li>• Sonographically unremarkable gastrointestinal tract with mild nonobstructive duodenal ileus</li> </ul>
9.6 lbs.	
<b>INTERPRETED BY</b>	<b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	Overall, no overt evidence of significant visceral pathology as an obvious cause of the patient's clinical signs and lab work abnormalities.
<b>IMAGING PERFORMED BY</b>	Urine culture and sensitivity on sterile urine sample is suggested if evidence of inflammatory debris.
Rachel Runnells, RVT	The potential for structurally insignificant enteropathy or gastroenteropathy, given the anorexia, is possible. Likewise, the potential for low-grade to chronic pancreatitis may be present yet ultrasonographically normal.
<b>HOSPITAL NAME</b>	Further assessment with a GI panel to include PLI/TLI/Cobalamin/Folate may be considered. Three view chest radiographs are suggested to rule out occult thoracic pathology if not done. Recheck retroviral status may be considered.
SVS Imaging KC	
<b>REFERRING VET</b>	
Dr. Johathon Renfro	
<b>INVOICE</b>	For an additional charge, internal medicine consult can be utilized through SonoPath.com. You can select the internal medicine drop down at <a href="http://spa.sonopath.com/">http://spa.sonopath.com/</a> .
12404	
<b>DATE</b>	One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. <a href="https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services">https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services</a>
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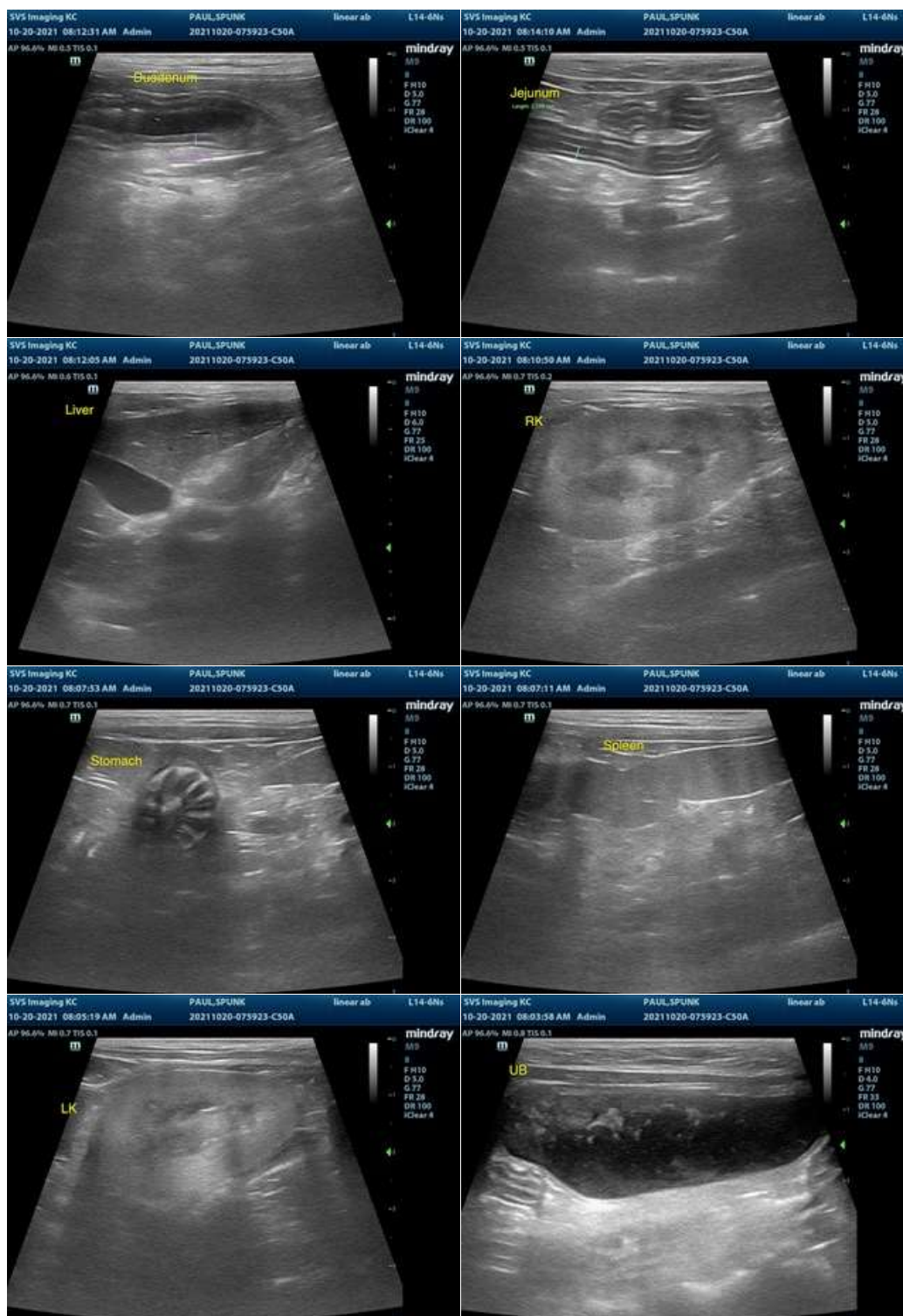
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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