



**PATIENT**

Smooch Spencer

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

10 years

**WEIGHT**

9.8 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Balanced VC

**REFERRING VET**

Dr. Teri Sue Wright

**INVOICE**

15152

**DATE**

10/7/22

**PRESENTING CLINICAL SIGNS**

Urinating outside litter box Cranial abdominal round structure, sl irregularly, mildly uncomfortable, possibly bladder, possibly the right kidney.

Abnormal PE/Chem/CBC/UA Results: Previous ultrasound to diagnose bladder stones. 9/17/22 labs - Low K - 3.2 (3.7-) Low Cl -110 (114-) High NA/K - 47 (29-42) High normal T4 - 3.2 (0.8 - 4.7) Low Neutrophils - 2457 (2620-) Radiographic Findings n/a

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder was normal in size. Uniform yet variable prominent urinary bladder walls were present, most notable in the ventral urinary bladder wall and area of the dorsal and ventral trigone. The ventral urinary bladder wall width measured 0.28 cm. No evidence of mural mineralization was noted. Anechoic urine was noted primarily with minor dependent mineral, as well as mild non-dependent, particulate sediment. The urethra exhibited normal structure and tone to a depth of 2.0 cm. No evidence of urinary bladder tumors 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 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 pyelectasia. The left kidney measured 3.7 cm in length. The right kidney measured 3.8 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 0.30 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.33 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.

**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 exhibited moderate dilation with echogenic fluid, nonshadowing ingesta / chyme, and a mild to moderate amount of nonspecific ingesta exhibiting progressive to focal distal acoustic



## PATIENT

Smooch Spencer

## SPECIES

Feline

## BREED

DSH

## SEX

FS

## AGE

10 years

## WEIGHT

9.8 lbs.

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Sara Hansen

## HOSPITAL NAME

Balanced VC

## REFERRING VET

Dr. Teri Sue Wright

## INVOICE

15152

## DATE

10/7/22

shadowing extending into the area of the pylorus. A nonspecific pyloric shadowing echo was present measuring approximately 1.3 cm in diameter.

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 mechanical / metabolic ileus, obstruction, or foreign material. The duodenum wall measured 0.25 cm width. The jejunum wall measured 0.23 cm width.

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

### 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 were evident.

### Free Abdomen

No overt lymphadenopathy or peritoneal effusion was present.

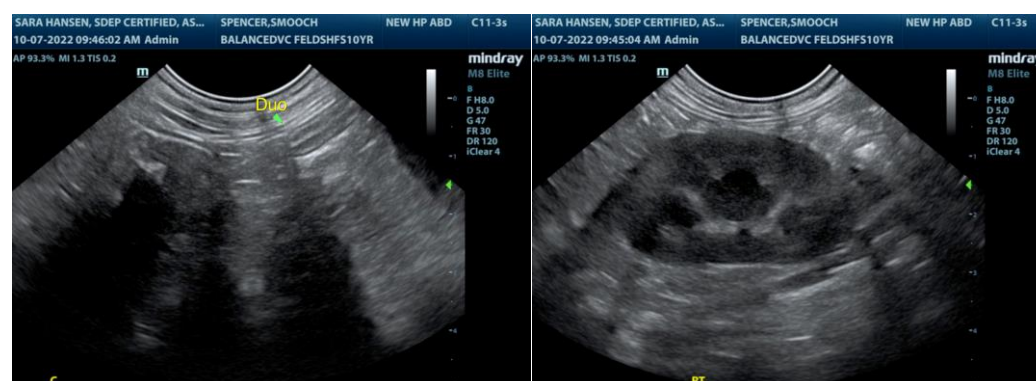
## ULTRASONOGRAPHIC FINDINGS

- Mild cystitis pattern with mild dependent to nondependent bladder mineral / sediment
- Distended stomach containing echogenic fluid and ingesta, along with nonspecific progressive to focally shadowing ingesta, potential for hairball density or similar

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine C/S on a sterile urine sample is recommended if not done. Pending urine C/S, empirical therapy for idiopathic cystitis, which may include a urinary diet and additional therapeutics with an assessment of clinical response would be reasonable.

Given the lack of reported GI signs in this patient, the distended stomach containing fluid with nonspecific progressive to shadowing ingesta is of unclear clinical significance. The distended stomach could also indicate post prandial presentation, although the shadowing nature of the ingesta is somewhat concerning. The possibility of metabolic gastric stasis, if documented NPO, may be considered, while the possibility of hairball density or alternative gastric foreign material cannot be excluded. Monitoring for evidence of gastric emptying vs. continued gastric distention with retained ingesta and fluid is recommended. Hairball therapy is suggested if clinically Indicated.





**PATIENT**

Smooch Spencer

**SPECIES**

Feline

**BREED**

DSH

**SEX**

FS

**AGE**

10 years

**WEIGHT**

9.8 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Balanced VC

**REFERRING VET**

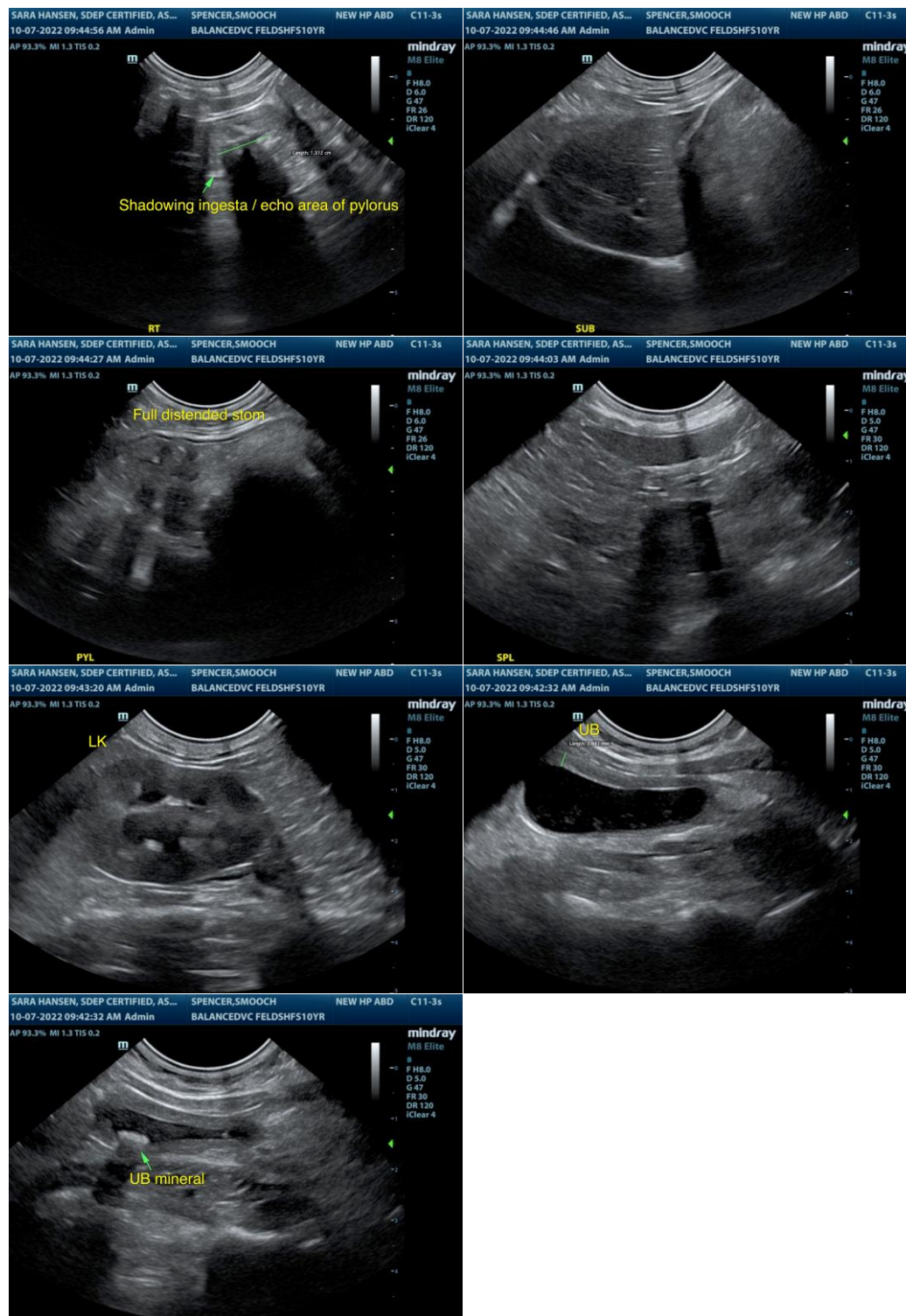
Dr. Teri Sue Wright

**INVOICE**

15152

**DATE**

10/7/22



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.



**PATIENT**

Smooch Spencer

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.

**SPECIES**

Feline

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

**BREED**

DSH

**SEX**

FS

**AGE**

10 years

**WEIGHT**

9.8 lbs.

**INTERPRETED BY**

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

**IMAGING  
PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Balanced VC

**REFERRING VET**

Dr. Teri Sue Wright

**INVOICE**

15152

**DATE**

10/7/22