



**PATIENT**

Big Mouth Benson

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

11 Years

**WEIGHT**

17.56 Pounds

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Michaleen

**HOSPITAL NAME**

DPC Veterinary  
Hospital

**REFERRING VET**

Dr. White

**INVOICE**

17925

**DATE**

11/10/22

**PRESENTING CLINICAL SIGNS**

History: seems painful on underside- both rear legs to seems swollen and discolored noted last 3 days- hiding in closet- urinating in closet. owner did not give insulin this morning-  
Abnormal PE/Chem/CBC/UA Results: Physical Examination Key -- (N= Normal, A= Abnormal)  
Hydration: Appropriately hydrated Mentation: BAR EENT: No nasal discharge; clear no discharge OU; ceruminous gland hyperplasia AU; No cough on tracheal palpation. Oral Cavity: heavy dental tartar present, gingivitis Lymph Nodes: Symmetrical, no changes in size, shape, consistency Skin: Good hair coat, no signs of ectoparasites. Bruising/purple discolored skin entire ventral thorax and abdomen as well as halfway up all 4 limbs. Painful on palpation of all bruised areas. ~2 cm fluctuant purple mass SQ L hip. CV/Respiratory: No murmur or crackles/wheezing auscultated. Synchronous pulses, normal rate. Normal bronchovesicular sounds. Abd/GI: Soft non painful abdomen, no organomegaly, no abnormalities on abdominal palpation Uro/Perineum: N Musculoskeletal: Ambulatory x4, no lameness noted. Pain on palpation of all limbs, moreso the hindlimbs. Both hindlimbs swollen to ~2x their size including the paws. BCS 9/9 Neurological: Appropriate Fecal:

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder was mildly subnormal in size owing to lack of urine distention. Minimal anechoic urine was present. No sediment or calculi noted. Full evaluation of the urinary bladder walls was limited owing to lack of urine distention yet no evidence of inflammatory or neoplastic urinary bladder criteria was noted. The bladder walls were intact. No overt evidence of urinary bladder rupture or overt trauma. The urethra was normal to a depth of 2.0 cm. Aortic trifurcation was normal without evidence of medial iliac or sublumbar lymphadenopathy/masses.

Both kidneys were normal in size with minor asymmetrical renal margination. Overall maintained architecture with 1:3 cortex to medulla ratio. Minor loss of corticomedullary border demarcation was noted. No evidence of renal neoplastic criteria. The left kidney measured 4.5 cm. The right kidney measured 4.4 cm.

**Adrenal Glands**

No overt pathology in the area of the left or right adrenal glands.

**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 0.86 cm in width at the level of the hilus.

**Liver**

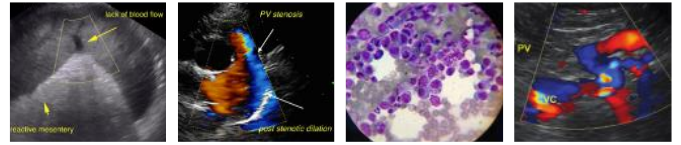
The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion.

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**Gastrointestinal**



<b>PATIENT</b>	The visible gastric walls exhibited intact wall layering without mural pathology or hypertrophy. The stomach contained mild echogenic to progressively shadowing ingesta suggestive of a hairball density or similar without overt evidence of obstruction to pyloric outflow.
Big Mouth Benson	
<b>SPECIES</b>	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.
Feline	Normal visible colon wall layers were present with apparent formed feces in lumen.
<b>BREED</b>	<b><i>Pancreas</i></b>
DSH	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.
<b>SEX</b>	<b><i>Free Abdomen</i></b>
Neutered Male	No omental masses, intraabdominal lymphadenopathy or peritoneal free fluid was present. A subjective increased amount of intraabdominal fat was present.
<b>AGE</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
11 Years	<ul style="list-style-type: none"> <li>• Mild age-related renal changes</li> <li>• Mild progressively shadowing ingesta- possibly hairball density if clinical history of hairballs</li> </ul>
<b>WEIGHT</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
17.56 Pounds	No evidence of significant abdominal visceral pathology, specifically no evidence of intraabdominal neoplastic criteria or peritoneal free fluid as a potential contributing factor or secondary finding given the patients clinical presentation. Full CBC, chemistry panel and urinalysis with potential urine culture and sensitivity if evidence of glucosuria or inflammatory sediment +/- clotting status is recommended. Three-view chest radiographs could be considered if clinically indicated.
<b>INTERPRETED BY</b>	
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	
<b>IMAGING PERFORMED BY</b>	
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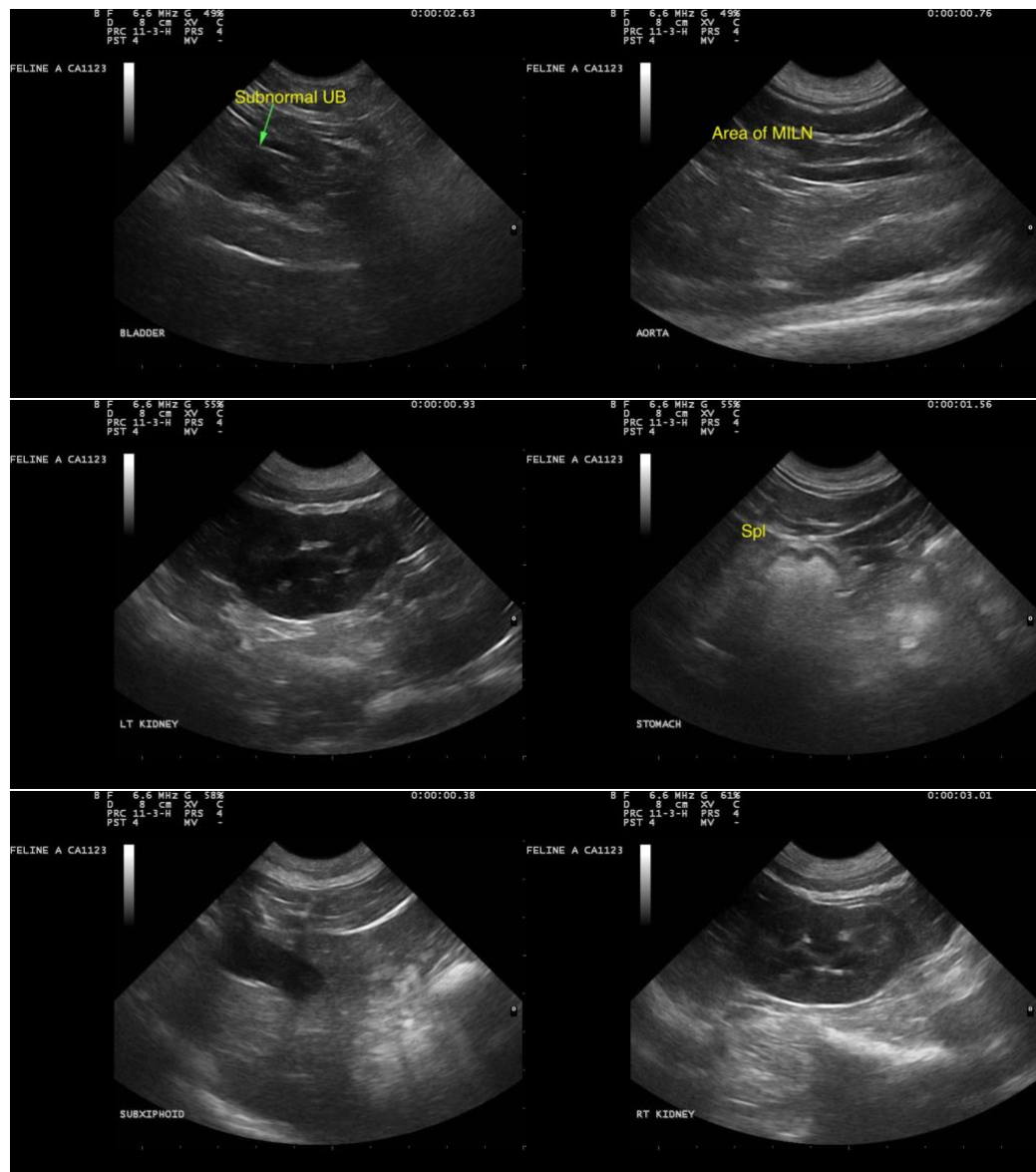
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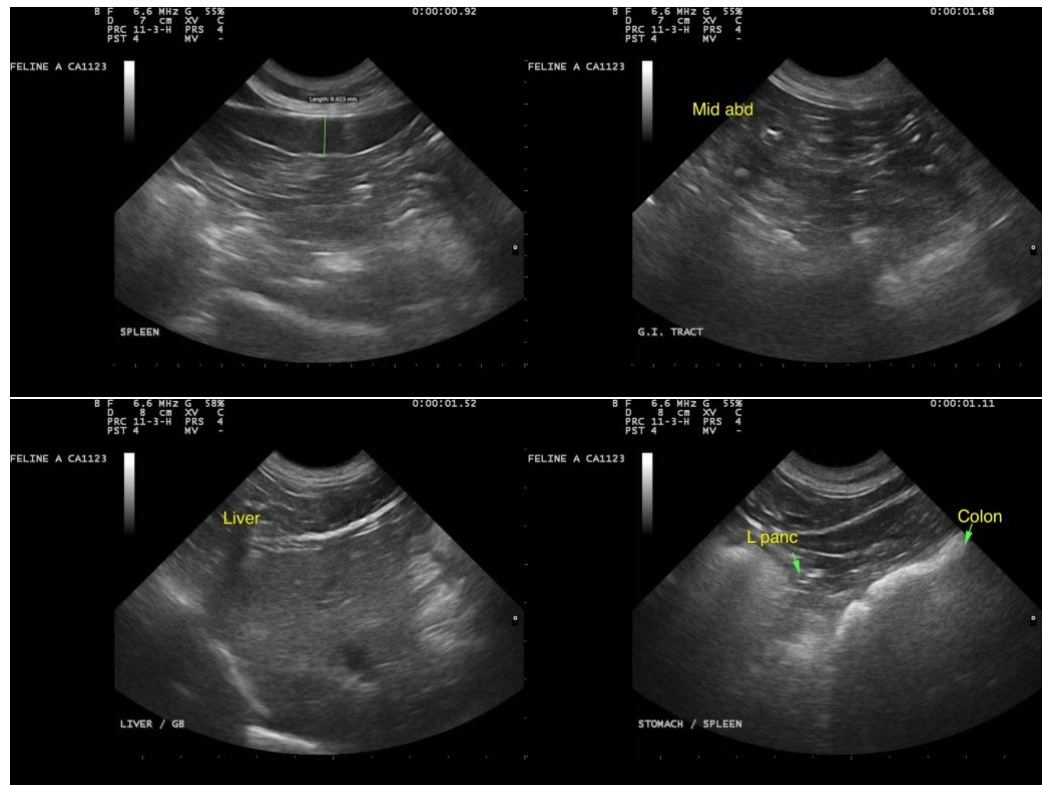
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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