



**PATIENT**

Juno BSPCA

**SPECIES**

Feline

**BREED**

DLH

**SEX**

M

**AGE**

8weeks

**WEIGHT**

1.19kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Alastair Westcott

**HOSPITAL NAME**

Dr. Alastair Westcott

**REFERRING VET**

Dr. Alastair Westcott

**INVOICE**

12266ag

**DATE**

11/27/2022

**PRESENTING CLINICAL SIGNS**

Lethargic for 24 hours prior to presentation Anorexic and not drinking, r drink. His vocalizations are fainter. There has been no retching, gagging, vomiting or diarrhea. Has not had any vaccinations or deworming at this point

Abnormal PE/Chem/CBC/UA Results: Lethargic, Anorexic, Dehydrated, Pyrexia Elevated SDMA Low BUN/CREAT - plane of nutrition Stress hyperglycemia Mild non-regenerative anemia - age related Monocytosis - chronic inflammation Isosthenuria Alkaline urine Unremarkable radiographs

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 1 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. The left kidney measured 3.1 cm in length. The right kidney measured 3.1 cm in length.

The area of the aortic trifurcation was free of pathology.

The area of the iliac trifurcation was free of pathology including no evidence of medial, iliac or sublumbar lymphadenopathy.

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.24 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.20 cm width.

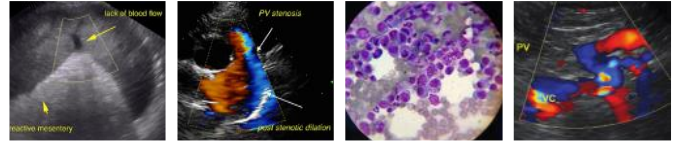
**Spleen**

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 0.72 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. Normal subjective hepatic vascular volume. 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 stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained moderate non-shadowing ingesta/chyme with no signs of ileus, obstruction or evidence of gastric shadowing echoes suggestive of foreign material.   |
| Juno BSPCA   |  |
| <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. No evidence of pathology at the level of the ileocolic junction.  |
| Feline   | Normal visible colon wall layers were present with apparent formed feces in lumen.   |
| <b>BREED</b>   | <b>Pancreas</b>  |
| DLH  | 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>Free Abdomen</b>  |
| M  | Intermittent pockets of scant likely physiologic free fluid were present which is considered normal given the patient's age.   |
| <b>AGE</b>   | Intermittent mildly prominent to enlarged mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example of a lymph node measured 0.87 cm.  |
| 8weeks   |  |
| <b>WEIGHT</b>  | <b>ULTRASONOGRAPHIC FINDINGS</b>   |
| 1.19kg   | <ul style="list-style-type: none"> <li>• Normal bilateral kidneys</li> <li>• Unremarkable GI tract with gastric ingesta/chyme</li> <li>• Intermittent minor benign/reactive mesenteric lymphadenopathy-suspect immunologic immaturity given patient age, potential for minor lymphoid hyperplasia or lymphadenitis possible</li> </ul> |
| <b>INTERPRETED BY</b>                                    | <b>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</b>  |
| R. McKenzie Daniel,<br>DVM, DABVP<br>(Canine and Feline) | Overall, there is no overt evidence of significant abdominal visceral pathology as a definitive cause of the patient's clinical signs. No overt evidence of FIP criteria, neoplasia or mechanical GI obstruction was present.  |
| <b>IMAGING PERFORMED BY</b>                              | The presence of gastric ingesta, which is sonographically suggestive of food given reported anorexia may indicate some degree of gastric hypomotility or metabolic stasis. The sonographic presentation of the ingesta was most consistent with food, without evidence of foreign material.  |
| Dr. Alastair Westcott                                    | Hospitalization with supportive care and potential conservative therapy for FUO with continued monitoring would be reasonable.   |
| <b>HOSPITAL NAME</b>                                     |  |
| Dr. Alastair Westcott                                    |  |
| <b>REFERRING VET</b>                                     |  |
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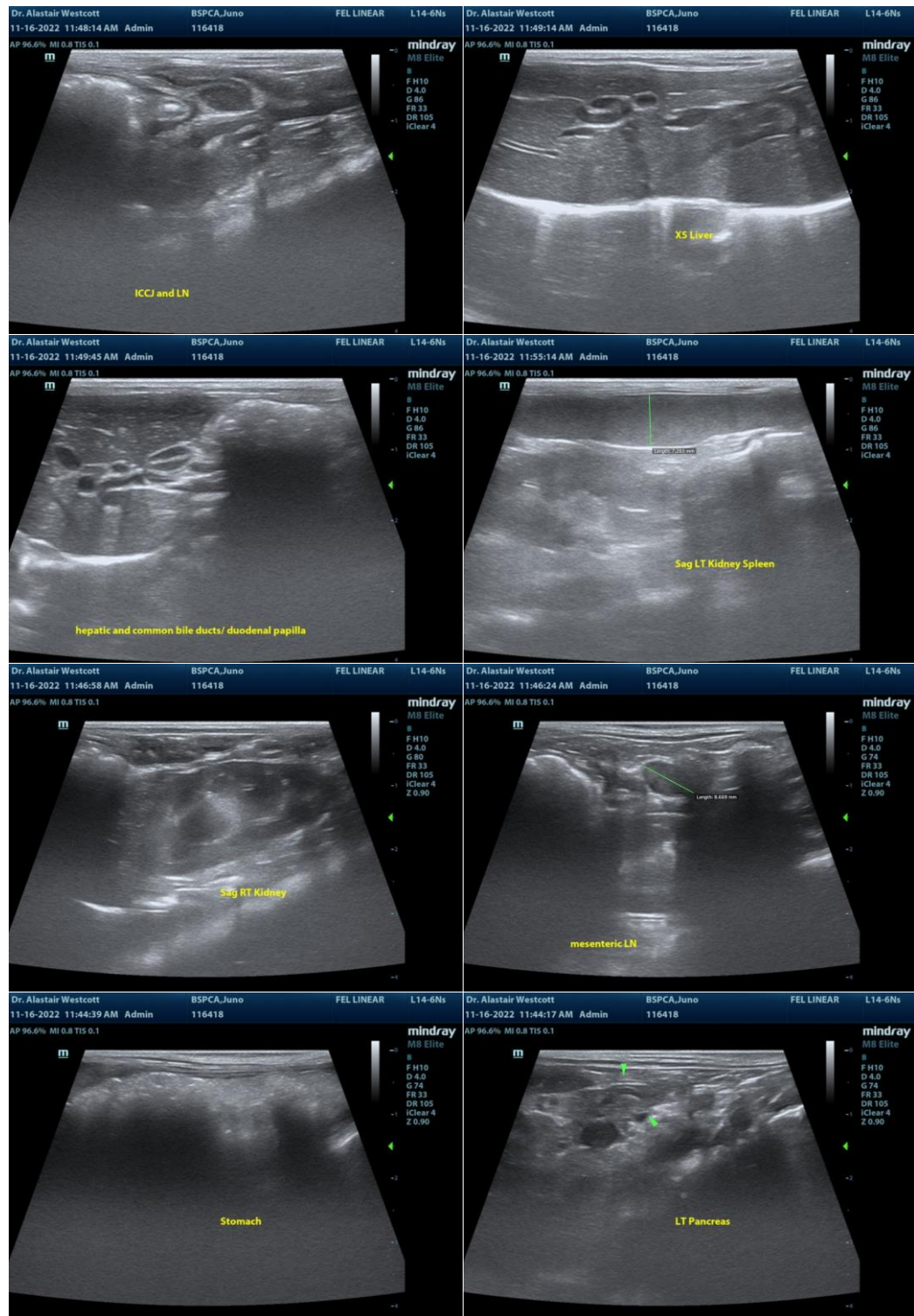
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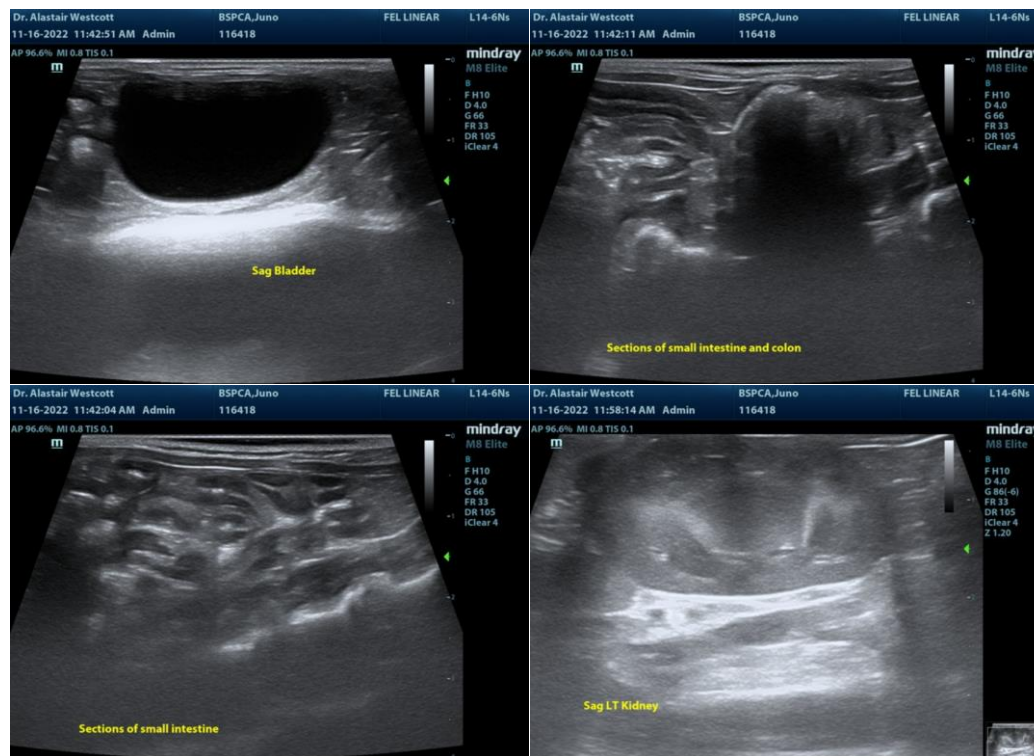
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)  
[mac.daniel@sonopath.com](mailto:mac.daniel@sonopath.com)