



**PATIENT**

Adina Wilkinson

**PRESENTING CLINICAL SIGNS**

Hematuria.

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with non-dependent particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. No evidence of macrocalculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

**BREED**

DSH

**SEX**

FS

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 to moderate loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Bilateral pinpoint medullary mineral was present. The left kidney measured 3.9 cm in length. The right kidney measured 3.6 cm in length

**AGE**

17yr

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

The bilateral adrenal glands were overtly normal in size, position and shape.

**WEIGHT**

4.9kg

**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.

**INTERPRETED BY**

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

**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. A discrete hyperechoic nodule was present consistent with nodular hyperplasia or lipogranuloma. 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.

**IMAGING PERFORMED BY**

Dave Stasiuk

**HOSPITAL NAME**

Resolution Veterinary  
Ultrasound

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material.

**REFERRING VET**

Dr. Killar

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained segmental non-shadowing ingesta/chyme with no signs of ileus, obstruction or foreign material.

**INVOICE**

12320ag

**Pancreas**

The pancreas was normal in size with mild capsule asymmetry and mildly non-homogeneous to mildly nodular parenchyma. Minor pancreatic duct dilation was present.

**DATE**

11/29/2022



**PATIENT**

*Free Abdomen*

Adina Wilkinson

No overt lymphadenopathy or peritoneal effusion was present.

**SPECIES**

Feline

A small thinly walled cyst was present in the left lateral abdominal omentum containing anechoic fluid.

**BREED**

DSH

**ULTRASONOGRAPHIC FINDINGS**

- Sonographically unremarkable urinary bladder with mild sediment
- Bilateral chronic renal changes with pinpoint medullary mineral, no overt pyelonephritis
- Non-homogeneous to nodular pancreas-suspect discrete areas of pancreatic nodular hyperplasia or potential for low-grade chronic pancreatitis possible
- Benign liver nodule
- Small omental vs left pancreatic cyst or focal cystic lymph node-incident, benign

**SEX**

FS

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

17yr

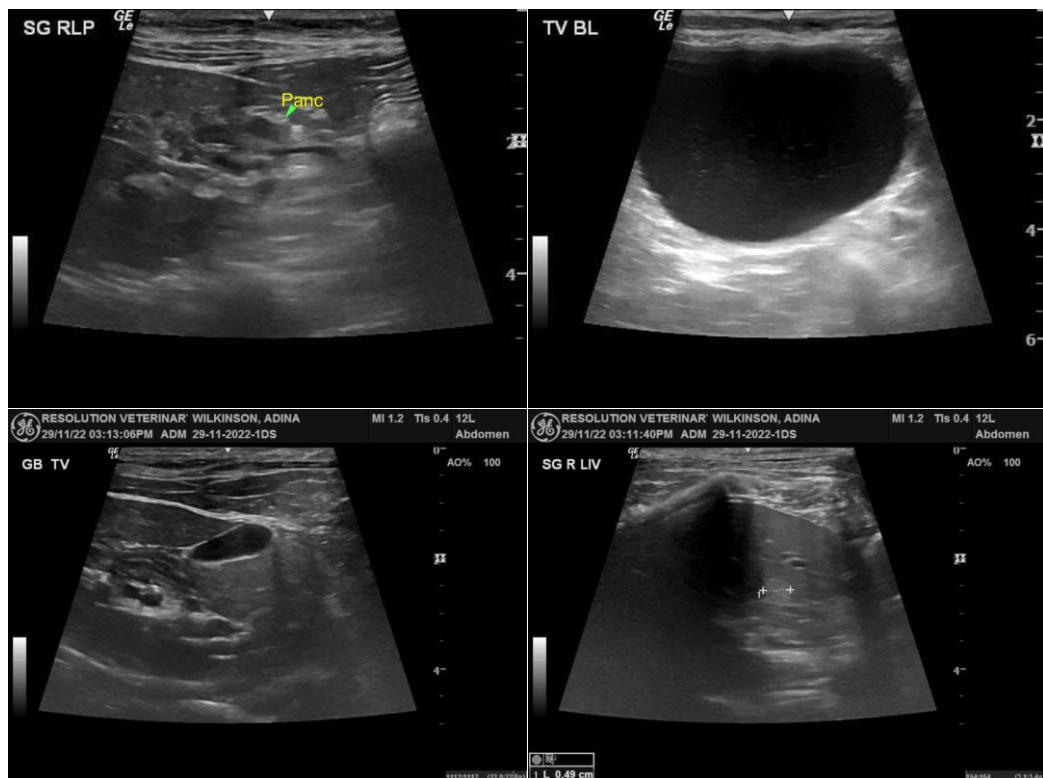
The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended. Further renal staging to include urine protein: creatinine ratio on sterile urine sample may be considered if evidence of proteinuria or non-inflammatory bladder sediment. The pancreas was non-specific and may indicate patient/ age variant, remodeling owing to previous inflammatory episode or mild to chronic pancreatitis possible. This potential may be considered if there is evidence of cranial abdominal or subxiphoid discomfort on palpation. A spec fPL could be considered if previous or current clinical signs suggestive of chronic pancreatitis. No evidence of intra-abdominal neoplastic criteria was observed.

**WEIGHT**

4.9kg

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Adina Wilkinson

## SPECIES

Feline

## BREED

DSH

## SEX

FS

## AGE

17yr

## WEIGHT

4.9kg

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## REFERRING VET

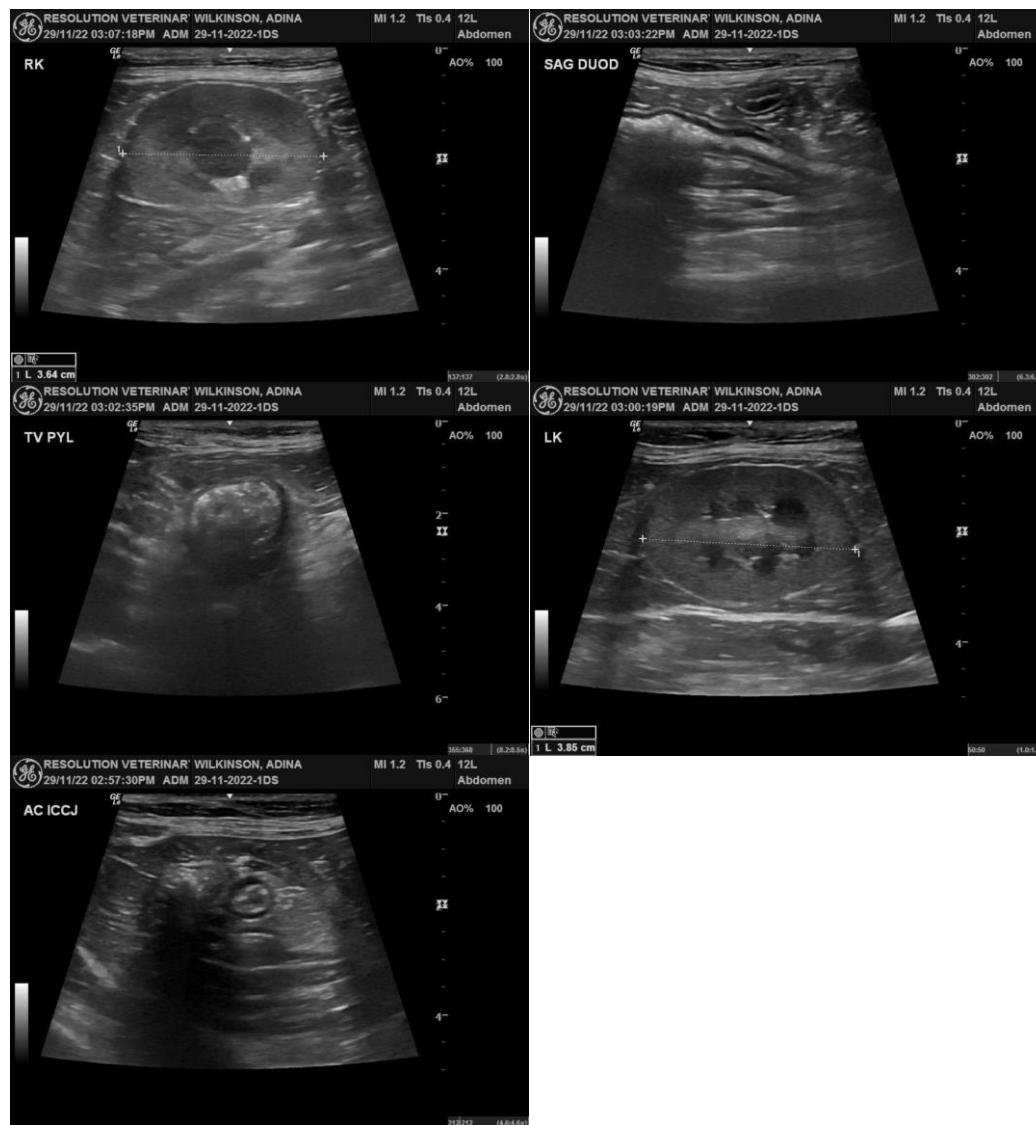
Dr. Killar

## INVOICE

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## DATE

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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.

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