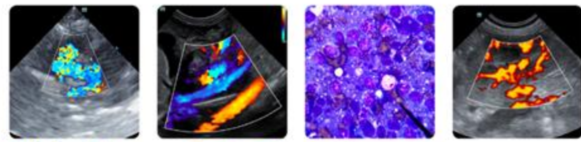


PATIENT
Gus Nash

SPECIES
Feline

BREED
DMH

SEX
MN

AGE
1yr

WEIGHT
5.23kg

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

IMAGING PERFORMED BY
Dr. Jill Rankin

HOSPITAL NAME
Fish Creek Pet Hospital

REFERRING VET
Dr Whale

INVOICE
23218

DATE
12/11/2025

PRESENTING CLINICAL SIGNS

The patient presented for evaluation of inappetence and lethargy, following a recent, self-resolving episode of hind-end weakness. Six days prior to presentation, the pet experienced a transient, one-day episode of hind-end weakness and difficulty jumping, after which he returned to normal. The owner suspected the pet might have ingested one of their melatonin pills, which was considered a possible explanation for the lethargy. The pet has not experienced any vomiting or diarrhea, but was noted to be licking intermittently, which raised suspicion for possible nausea or oral pain. On examination, no cardiac abnormalities were auscultated. Bloodwork revealed a high-normal hematocrit of 51 and lymphopenia. The chemistry panel, lactate level, were all unremarkable. The current plan is to investigate the cause of the clinical signs, with supportive care as an alternative if no definitive diagnosis is made.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine/lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible, which is normal. No evidence of inflammatory or neoplastic changes was 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. A lateral right kidney cortical infarct was present. The left kidney measured 3.3 cm in length. The right kidney measured 3.7 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.35 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.39 cm width.

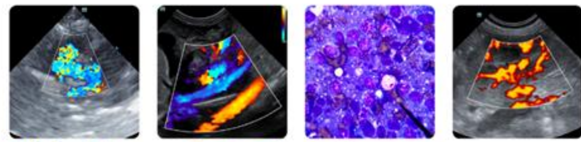
Spleen

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. Normal vascular volume. 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



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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 intestinal walls demonstrated intact wall layering and maintained 1:3 muscularis / mucosa ratio. The mucosa exhibited mild decreased echogenicity with occasional mucosal speckling. A segmental to diffuse ileus pattern consisting of mild fluid accumulation in the intestinal lumen was present without obstruction or foreign material. The duodenum wall measured 0.2-0.21 cm width. The ileocolic wall measured 0.35 cm width. Mildly prominent cecum wall was present. The cecum wall measured 0.33 cm width.

Normal visible colon wall layers were present. The colon was non-distended containing generalized soft and non-formed fecal matter.

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 was evident.

Free Abdomen

No omental masses or peritoneal effusion was present.

Intermittent enlarged jejunocolic lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was present. An example of lymph node size was 1.4 cm x 0.59 cm.

ULTRASONOGRAPHIC FINDINGS

Primary

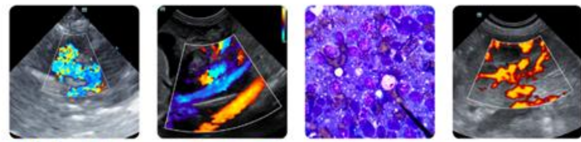
- Empty stomach.
- Non-specific enteritis pattern with associated generally mild mesenteric lymphadenopathy - suspect lymphatic reactive hyperplasia or lymphadenitis.

Secondary

- Right kidney cortical infarct

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Dietary intolerance / indiscretion, infectious disease, enterotoxin, non-structural inflammatory bowel, occult parasitism, mild pancreatitis, in conjunction with potential typhlitis possible. No evidence of neoplastic criteria or gastrointestinal mechanical obstruction. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Gastrointestinal support and consideration for empirical therapy for typhlitis with clinical monitoring is recommended. Sonographic reassessment indicated if non-responsive or progressive gastrointestinal signs.



SonoPath.com info@sonopath.com 1.800.838.4268

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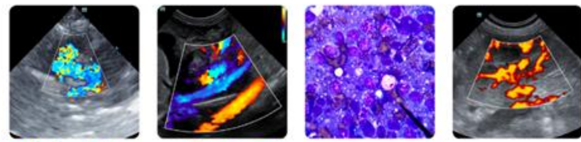

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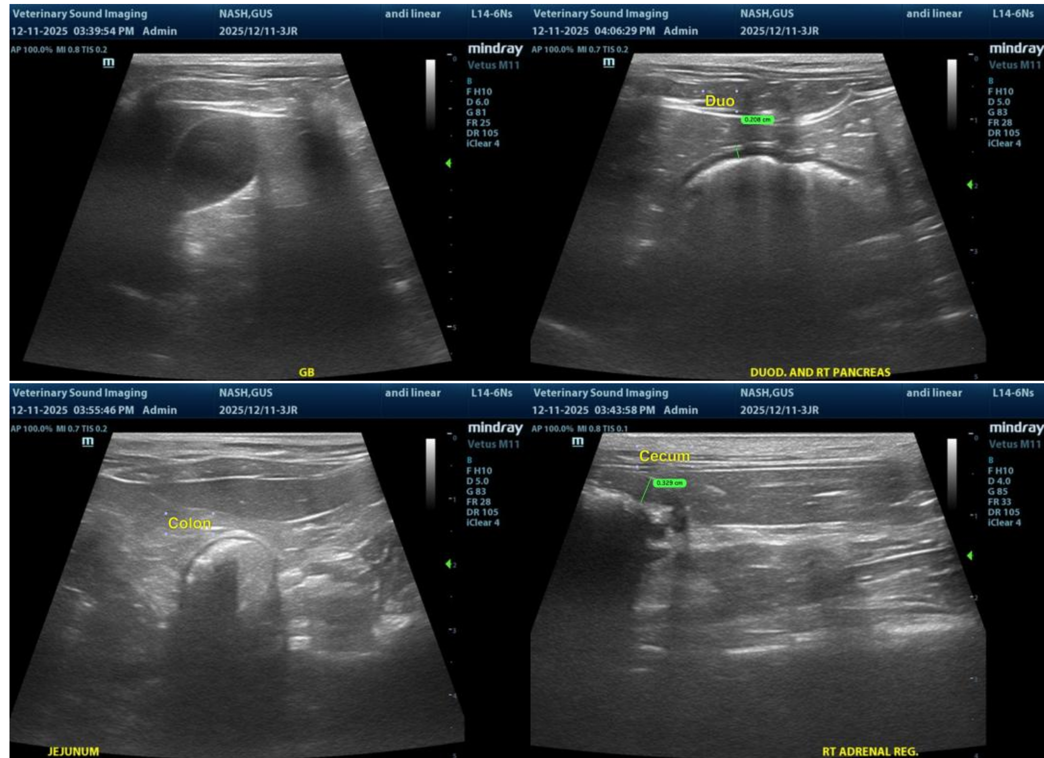

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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)
info@sonopath.com