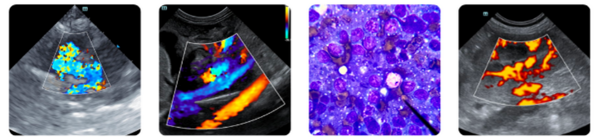


PATIENT
Oscar Crisford

SPECIES
Feline

BREED
DSH

SEX
Male Neutered

AGE
15

WEIGHT
5.36 kgs

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

IMAGING PERFORMED BY
Dr. Belan

HOSPITAL NAME
Royal Loop VC

REFERRING VET
Dr. Harbour

INVOICE
12937

DATE
12/12/25

PRESENTING CLINICAL SIGNS

History: PU/PD significant vomiting and dribbling urine. (suspect neurogenic) not incontinence. Diagnosed and managed hyperthyroid as well as diabetic - treated senvelgo vs insulin

Abnormal PE/Chem/CBC/UA Results: Mild elevation of pancreatic enzymes and SDMA

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder was mildly distended in size with normal tone without evidence of inflammation or tumors. Anechoic urine with minor, non-dependent particulate urine sediment. The trigone and cystourethral junction were free of pathology. The visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone.

The area of the aortic trifurcation was free of pathology.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. Mild pyelectasia was present in both kidneys. The left kidney measured 4.3 cm in length. The right kidney measured 4.2 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 0.39 cm The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.41 cm.

Spleen

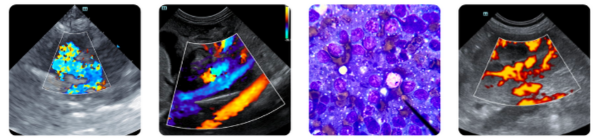
The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver was mildly enlarged in size with homogeneous mildly increased hepatic parenchyma echogenicity compared to the spleen. The gallbladder was non distended in size with minor, echogenic, nonmineralized biliary sludge. The proximal common bile duct was dilated and mildly tortuous and non-obstructive without overt post hepatic obstruction.

Gastrointestinal

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.



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The small intestine presented intact mildly thickened wall with propensity for mildly thickened mucosa layer. Small intestine wall measured 0.28 - 0.29 cm width. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

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

Pancreas

The pancreas was mildly prominent in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

Intermittent, minor prominent to enlarged mesenteric and medial iliac 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). No evidence of peritoneal effusion present.

ULTRASONOGRAPHIC FINDINGS

- Mildly distended yet sonographically normal urinary bladder, visible proximal urethra
- Bilateral chronic renal changes exhibiting mild pyelectasia
- Normal bilateral adrenal glands
- Probable diabetic hepatopathy
- Mild gallbladder debris with mild non-obstructive proximal common bile duct dilation
- Suspect chronic pancreatitis with remodeling
- Intact mildly thickened small intestine wall
- Intermittent, mild, benign mesenteric/medial iliac lymphadenopathy

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

No evidence of obstructive lower urinary tract pathology. Recheck urinary workup including urinalysis, C/S and +/- UPC level if non-inflammatory urine sediment is recommended. Intestinal patient variant, mild IBD or other inflammatory enteropathy with emerging to occult intestinal round cell neoplasia such as lymphoma thought less likely, possible. A GI panel to include PLI/TLI/Cobalamin/Folate to correlate with the intestine ad well as suspect chronic pancreatitis may be considered. Monitoring of hepatic enzymes for evidence of inflammation, lipidosis, or cholestasis is suggested.

For an additional charge an internal medicine consult can be utilized through Sonopath.com. You can select the internal medicine drop down at http://spa.sonopath.com/.

One of the world's top internists & SonoPath associate Dr. Remo Lobetti BVSc, MMedVet, PhD, DECVIM can evaluate your case through SonoPath. https://sonopath.com/resources/sonopath-services/internal-medicine-teleconsultation-services.

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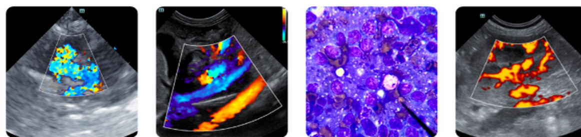

Clinical Sonography & Telecytology
Educational Teleconsultation Services™

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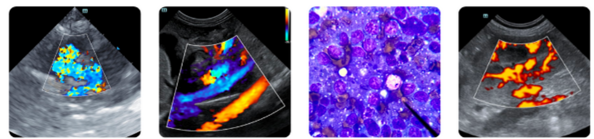

SonoPath.com info@sonopath.com 1.800.838.4268

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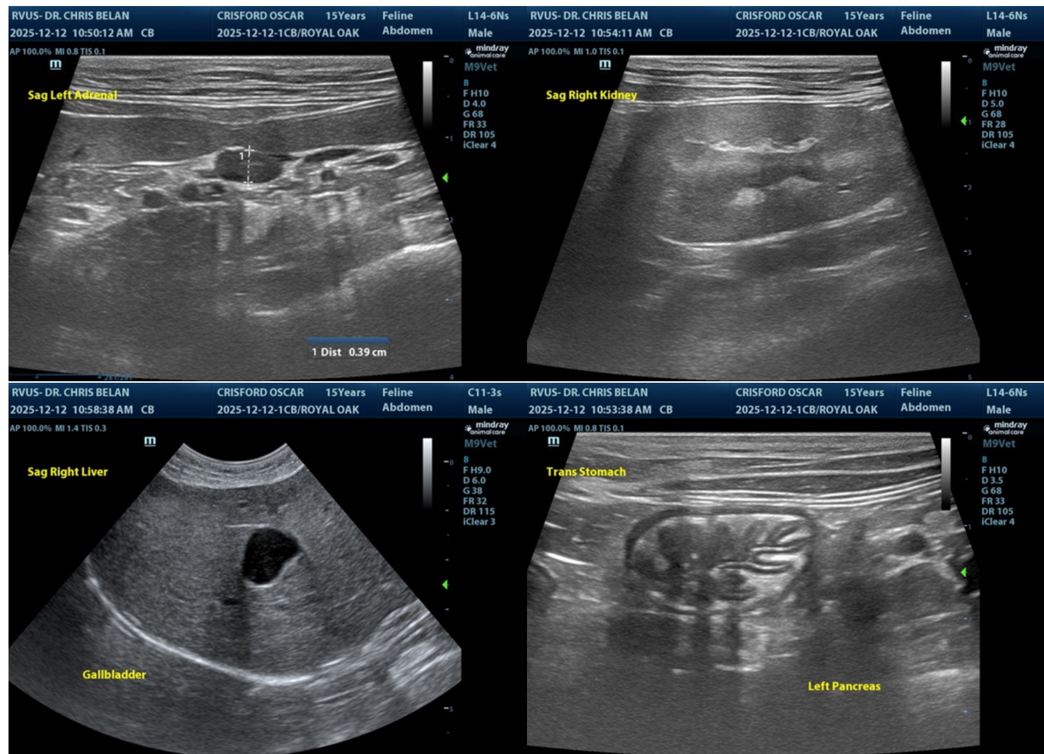

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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