



**PATIENT**

Kona McKendree

**SPECIES**

Feline

**BREED**

DMH

**SEX**

FS

**AGE**

12 years

**WEIGHT**

6.6 lbs.

**INTERPRETED BY**

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

**IMAGING  
 PERFORMED BY**

Pamela Harrigan, RDMS

**HOSPITAL NAME**

Wood River Animal  
 Hospital

**REFERRING VET**

Erin Plunkett, DVM

**INVOICE**

15588

**DATE**

12/2/22

**PRESENTING CLINICAL SIGNS**

Presented on 11/4/2022 to establish care and has been losing weight. Last recorded weight at previous hospital was 10.76lb on 10/13/2021 (now she was losing weight. Previous US was suspicious of lymphoma. 1 week after US, vomited a hair tie and started gaining weight again. Radiographs: Gastric material, large amount of fecal material in colon.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with very minor particulate bladder sediment, which may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

The area of the aortic trifurcation was free of pathology.

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 loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Pinpoint dystrophic medullary mineral was noted in both kidneys. The left kidney measured 3.6 cm in length. The right kidney measured 3.6 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 0.40 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. 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**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty without evidence of retained ingesta, fluid, or foreign material, with mild luminal gas.



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The small intestine presented intact wall layering and maintained a 1:3 muscularis/mucosa ratio with no evidence of intestinal mural hypertrophy, loss of intestinal wall layering, or intestinal masses. Subjective propensity for mildly prominent to hyperechoic submucosa layer. The duodenum wall measured 0.24 cm width. The jejunum wall measured 0.22 cm width. The ileocolic wall measured 0.32 cm width.

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Normal visible colon wall layers were present. The colon was nondistended containing formed shadowing fecal matter.

**BREED**

**Pancreas**

DMH

The pancreas was normal in size and contour with heterogeneous to mildly hyperechoic pancreatic parenchyma and minor pancreatic duct dilation.

**SEX**

**Free Abdomen**

FS

No omental masses, evidence of significant lymphadenopathy, or peritoneal free fluid were noted.

**AGE**

12 years

**ULTRASONOGRAPHIC FINDINGS**

- Bilateral mild chronic renal changes with pinpoint medullary mineral
- Minor urinary bladder sediment
- Subjective chronic enteropathy / chronic pancreatitis pattern

**WEIGHT**

6.6 lbs.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No evidence of intraabdominal neoplastic criteria.

A GI panel to include PLI/TLI/Cobalamin/Folate is recommended. Three-view chest radiographs are suggested to rule out occult thoracic or esophageal pathology as a contributing factor. Urine C/S +/- baseline UPC level for further renal staging is suggested if evidence of inflammatory sediment or proteinuria.

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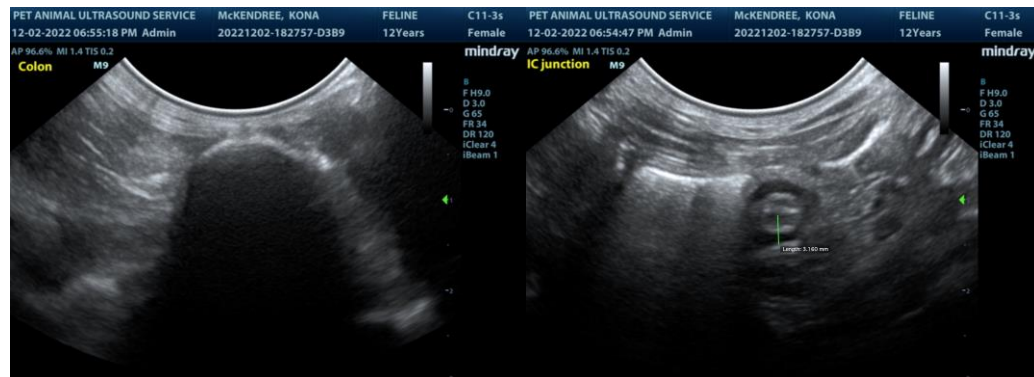
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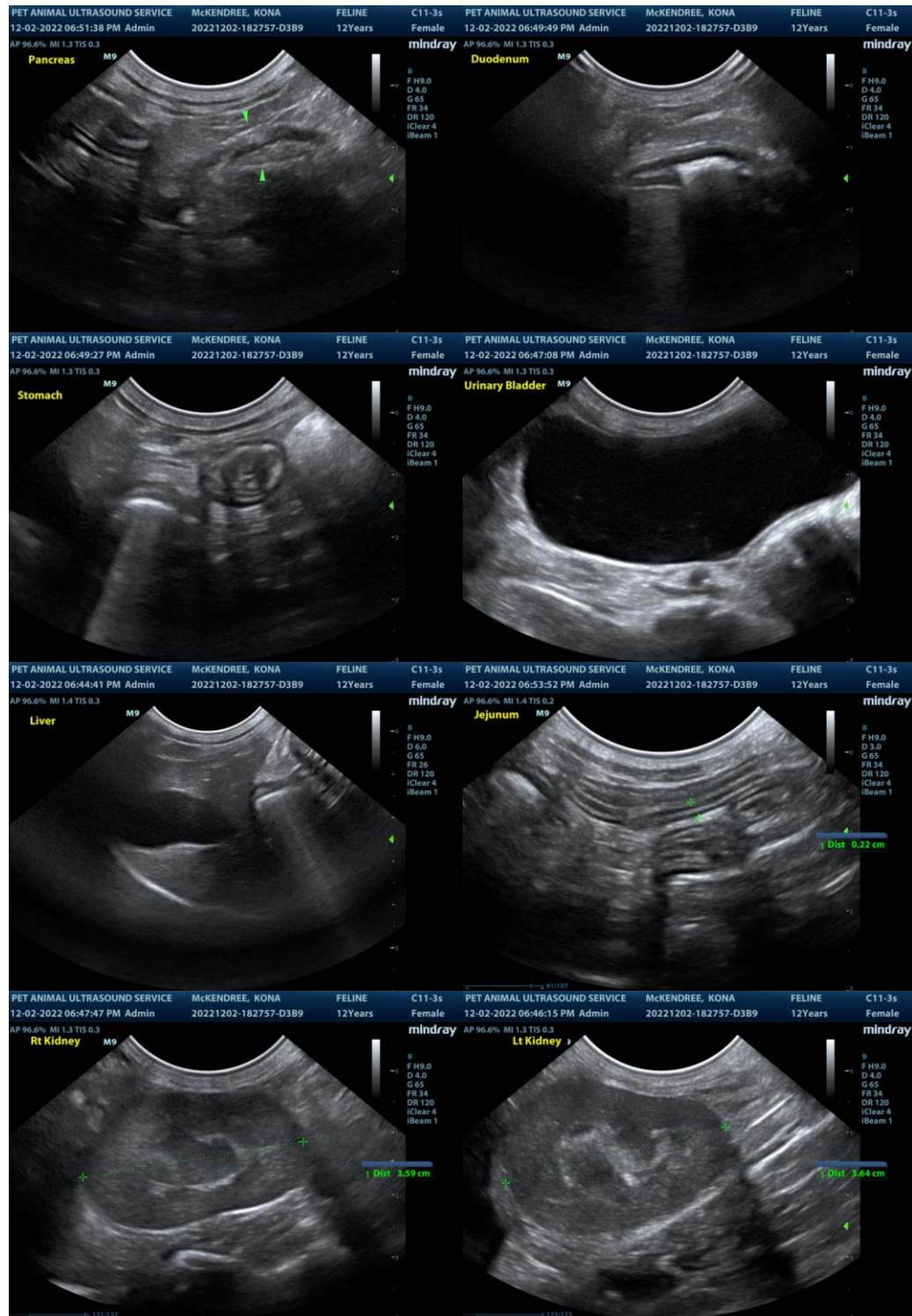
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



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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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**info@SonoPath.com**

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