

**PATIENT**

April Wilson

**SPECIES**

Feline

**BREED**

DLH

**SEX**

SF

**AGE**

11 years

**WEIGHT**

8 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Sarah Pender, CVT

**HOSPITAL NAME**

SVS Imaging QC

**REFERRING VET**

Dr. Westerhof

**INVOICE**

12904

**DATE**

12/28/21

**PRESENTING CLINICAL SIGNS**

Vomiting, lost a little weight-half pound since Dec 15th, possible palpable mid-ventral abdominal mass (non- painful). Did pass large amount of stool since last exam.

Abnormal PE/Chem/CBC/UA Results: CBC: wnl; T4; wnl; Chem: wnl

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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 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. Pinpoint areas of medullary mineral were present in both kidneys. No evidence of pelvic dilation was present. The left kidney measured 3.5 cm in length. The right kidney measured 3.5 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 0.34 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.45 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. The spleen measured 0.62 cm width.

**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 normal in size without evidence of inflammatory criteria. A mild amount of echogenic debris was noted in the gallbladder neck and cystic biliary duct.

**Gastrointestinal**

The stomach presented intact sonographically unremarkable wall layering with mild retained nonshadowing ingesta / chyme. No evidence of gastric foreign material or hairball density was noted.

The small intestine presented intact wall layering and primarily maintained a 1:3 muscularis/mucosa ratio. Subjective propensity for subtly prominent muscularis layer was noted segmentally in the small

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Intestine, yet no evidence of mural hypertrophy. The duodenum wall width measured 0.23 cm. The jejunum wall width measured 0.26 cm.

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The visualized colon walls were sonographically unremarkable. The colon contained a subjective moderate amount of formed feces.

**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 were evident.

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**Free Abdomen****SEX**

SF

No omental masses, lymphadenopathy or peritoneal effusion were present.

**ULTRASONOGRAPHIC FINDINGS****AGE**

11 years

**Primary Findings**

- Mild age-related kidneys with pinpoint medullary mineral
- Sonographically unremarkable stomach with mild ingesta / chyme
- Potential low-grade inflammatory enteropathy

**WEIGHT**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, no evidence of significant visceral pathology was noted.

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Dietary Intolerance / food hypersensitivity, occult parasitism if the patient is indoor / outdoor, or structurally insignificant inflammatory enteropathy or gastroenteropathy are possible. The small intestine exhibited subtle mural changes which may indicate underlying inflammatory enteropathy or low-grade IBD, given the patient's vomiting, mild weight loss, and lack of additional visceral pathology. However, this is a subjective assessment. Potential for low-grade or chronic pancreatitis may be present yet ultrasonographically normal. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate. Three view chest radiographs are recommended to rule-out occult thoracic pathology which may account for weight loss in older cats.

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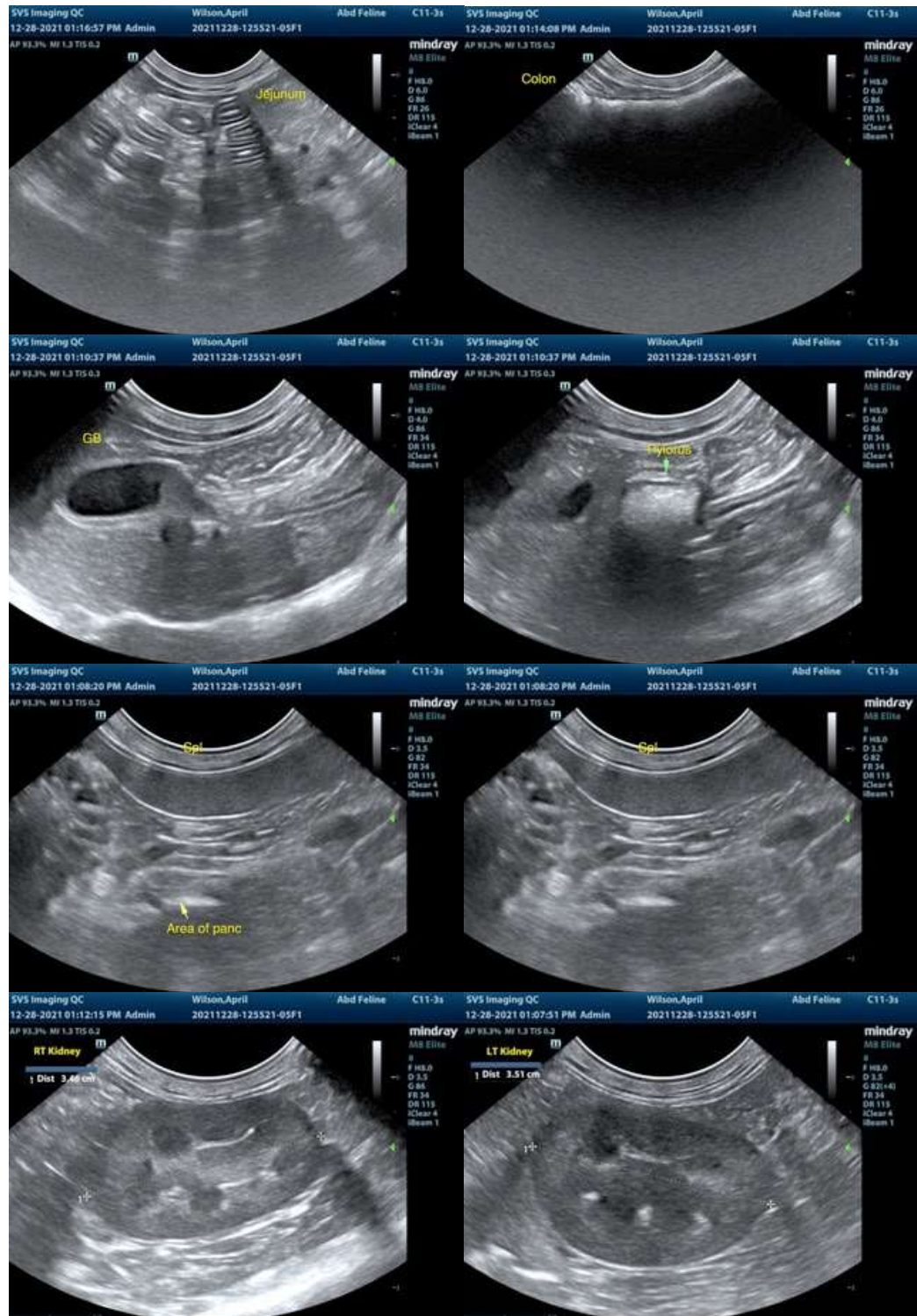
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not

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Clinical Sonography & Telectology

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1-800-838-4288 info@sonopath.com SonoPath.com

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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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