



**PATIENT**

Willow Short

**SPECIES**

Feline

**BREED**

Himalayan

**PRESENTING CLINICAL SIGNS**

Diagnosed with colonic cancer of unknown type in Aug 2020 following repeat rectal prolapse which was investigated with and ultrasound. P was placed on methylprednisolone and later changed to prednisolone which has been tapered down to 2.5mg PO twice weekly. The alleged mass has never been palpated since. In the last 6 months, P has displayed periuria.

Abnormal PE/Chem/CBC/UA Results: Pending blood, urine, and urine culture. Exam largely unremarkable. Cystocentesis today for UA = visually marked hematuria. Brachycephalic, visible FORL lesions of several teeth. Derm complaint: crusting lesions. Seeking dermatology consult for possible pemphigus foliaceus dx.

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**SEX**

**Urinary System**

FS

The urinary bladder was mildly distended in size with subjective normal tone. The 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 minor non-dependent particulate sediment. The sediment 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 were noted.

**AGE**

12

**WEIGHT**

7.9lb

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. Suspect intermittent cortical microinfarction. Pinpoint medullary mineral was present bilaterally. The left kidney measured 3.2 cm in length. The right kidney measured 4.0 cm in length

**INTERPRETED BY**

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

The area of the aortic trifurcation was free of pathology.

**IMAGING PERFORMED BY**

Sorbo

**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 width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 cm width.

**HOSPITAL NAME**

Mill Brook Animal  
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**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.

**REFERRING VET**

Sorbo

**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. 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.

**INVOICE**

12350ag

**Gastrointestinal**

**DATE**

12/05/2022



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

**SPECIES**

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

**BREED**

Himalayan

Normal visible colon wall layers were present with apparent formed feces in lumen. No evidence of colonic mural pathology or masses to the level of the visible descending colon/colorectum.

**Pancreas**

The base and limbs of the pancreas were observed to be largely isoechoic to surrounding omental fat. Some parenchymal remodeling, however, with mild deviation from curvilinear normalcy was observed. Pancreatic duct and capsular irregularities were present consistent with age related changes.

**SEX**

FS

**Free Abdomen**

**AGE**

12

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

- Bilateral mild to moderate chronic renal changes with pinpoint medullary mineral and suspect cortical microinfarctions
- Sonographically unremarkable urinary bladder/visible proximal urethra with minor urinary bladder sediment
- Heterogeneous pancreas-suspect age-related changes, incidental. Potential for chronic to chronic active pancreatitis possible
- Sonographically normal GI tract with gastric ingesta, suspect post prandial presentation

**WEIGHT**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

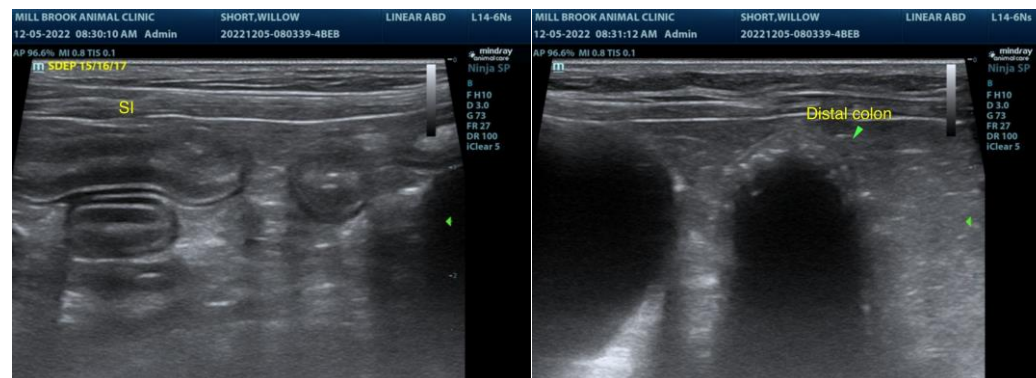
Overall, largely a geriatric abdomen with no overt evidence of significant abdominal visceral, specifically upper or lower urinary tract pathology, as a definitive cause of the patient's clinical signs. Correlation with pending UA, C/S and bloodwork is suggested. Potentially prednisolone use may be masking gastroenterocolic mural changes.

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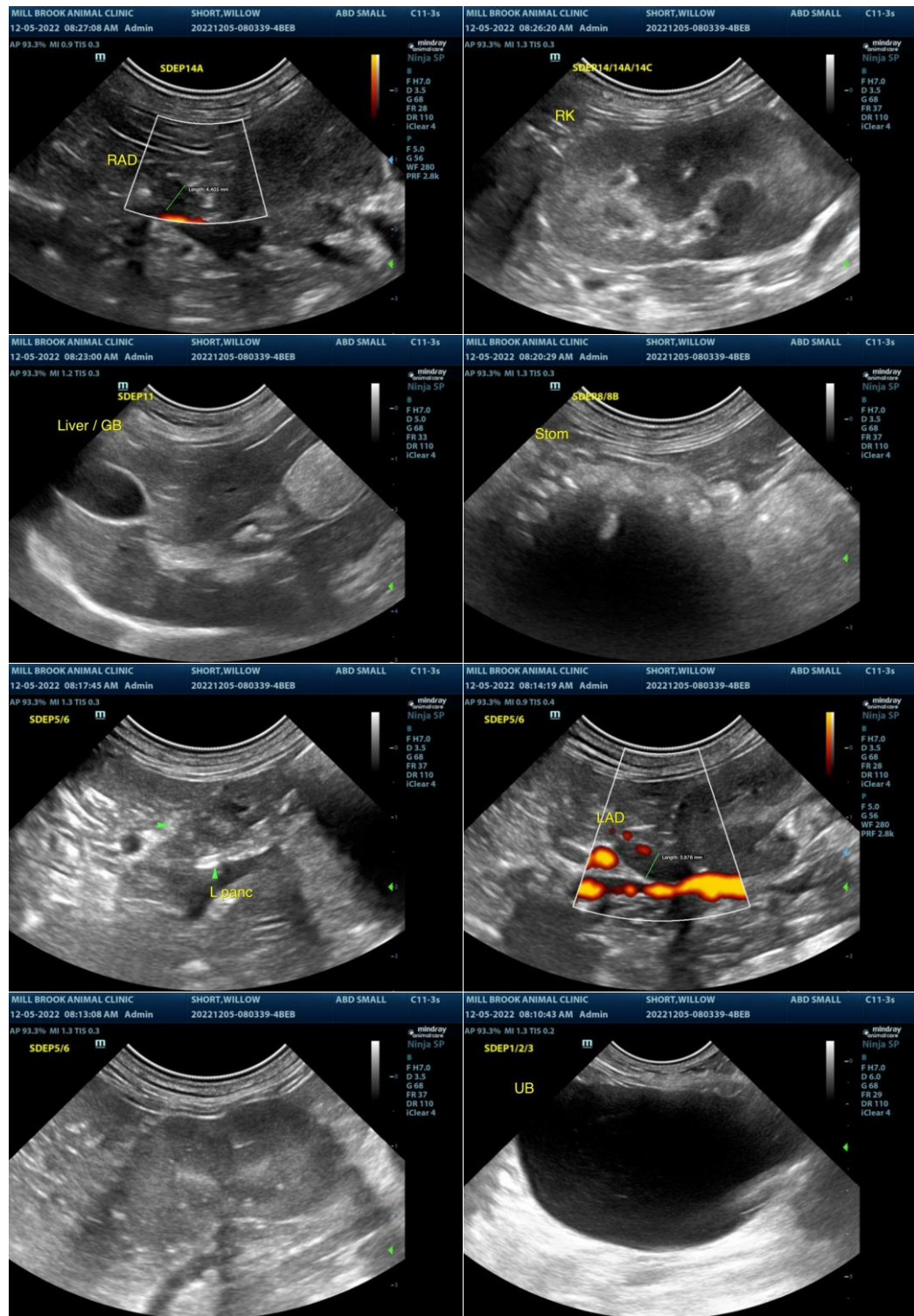
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



**PATIENT**

can be of any further assistance, please contact me.

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