



**PATIENT**

Korky York

**SPECIES**

Feline

**BREED**

DSH

**SEX**

M/N

**AGE**

13 years

**WEIGHT**

13 lbs.

**PRESENTING CLINICAL SIGNS**

Pet has been vomiting 2-3 times a week, mainly liquid.

Abnormal PE/Chem/CBC/UA Results: The lab work showed that Korky's kidney values have only worsened slightly and he is still in only very early kidney disease. This level of kidney disease is not likely to explain Korky's vomiting. The only other finding on his lab work was that there was a small amount of protein in his urine. Current Medications cerenia

**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. Primarily anechoic urine was present in the lumen. Mild, primarily dependent, particulate sediment, which may indicate cellular debris / protein, crystalline debris, lipid or mucus, was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

The area of the aortic trifurcation was free of pathology.

**INTERPRETED BY**

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

Normal size and mild asymmetrical margination were present in the kidneys. Mild nonuniform increased cortex echogenicity with suspect right kidney cortical infarcts were present. Mild to moderate loss of corticomedullary border demarcation was present with normal medullary volume. No pyelectasia was noted. The left kidney measured 3.5 cm in length. The right kidney measured 4.0 cm in length.

**IMAGING PERFORMED BY**

Sara Hansen

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.51 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.48 cm width.

**HOSPITAL NAME**

West Salem AC

**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**

Dr. Crane

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**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.



**PATIENT**

***Gastrointestinal***

Korky York

The stomach presented intact wall layering with a normal wall layer ratio. Mild anechoic pyloric fluid was present with no evidence of obstruction or foreign material.

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The small intestine presented generalized intact yet prominent wall layering owing to a generalized propensity for mildly prominent muscularis layer resulting in mild thickened intestinal walls. The duodenum wall measured 0.31 cm width. The jejunum wall measured 0.36 cm width. No evidence of loss of intestinal wall layering or intestinal masses was noted.

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DSH

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

**SEX**

***Pancreas***

M/N

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

**AGE**

13 years

***Free Abdomen***

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

**WEIGHT**

13 lbs.

**ULTRASONOGRAPHIC FINDINGS**

- Mild urinary bladder sediment
- Bilateral chronic renal changes with suspect cortical infarcts
- Sonographically unremarkable stomach with mild anechoic pyloric fluid
- Inflammatory enteropathy pattern
- Heterogeneous pancreas - not sonographically suggestive of significant or active pancreatitis, possible low-grade / chronic pancreatitis

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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West Salem AC

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended. Baseline UPC level is recommended if no evidence of inflammatory sediment.

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The small intestine exhibited mild mural changes, which although a potential for patient variant given the lack of additional gastrointestinal signs or weight loss, is suggestive of inflammatory criteria i.e., subjective mild IBD, eosinophilic enteritis, or other. The possibility of very early neoplastic infiltrative enteropathy with round cells such as lymphoma cannot be definitively excluded. Full-thickness intestinal biopsies are required for a definitive diagnosis. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

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Empirically, hydrolyzed diet trial and gastroprotectants with monitoring for evidence of progressive gastrointestinal signs or weight loss going forward would be reasonable. Recheck sonogram to assess for progressive intestinal mural changes is recommended if evidence of weight loss or progressive gastrointestinal signs are noted.



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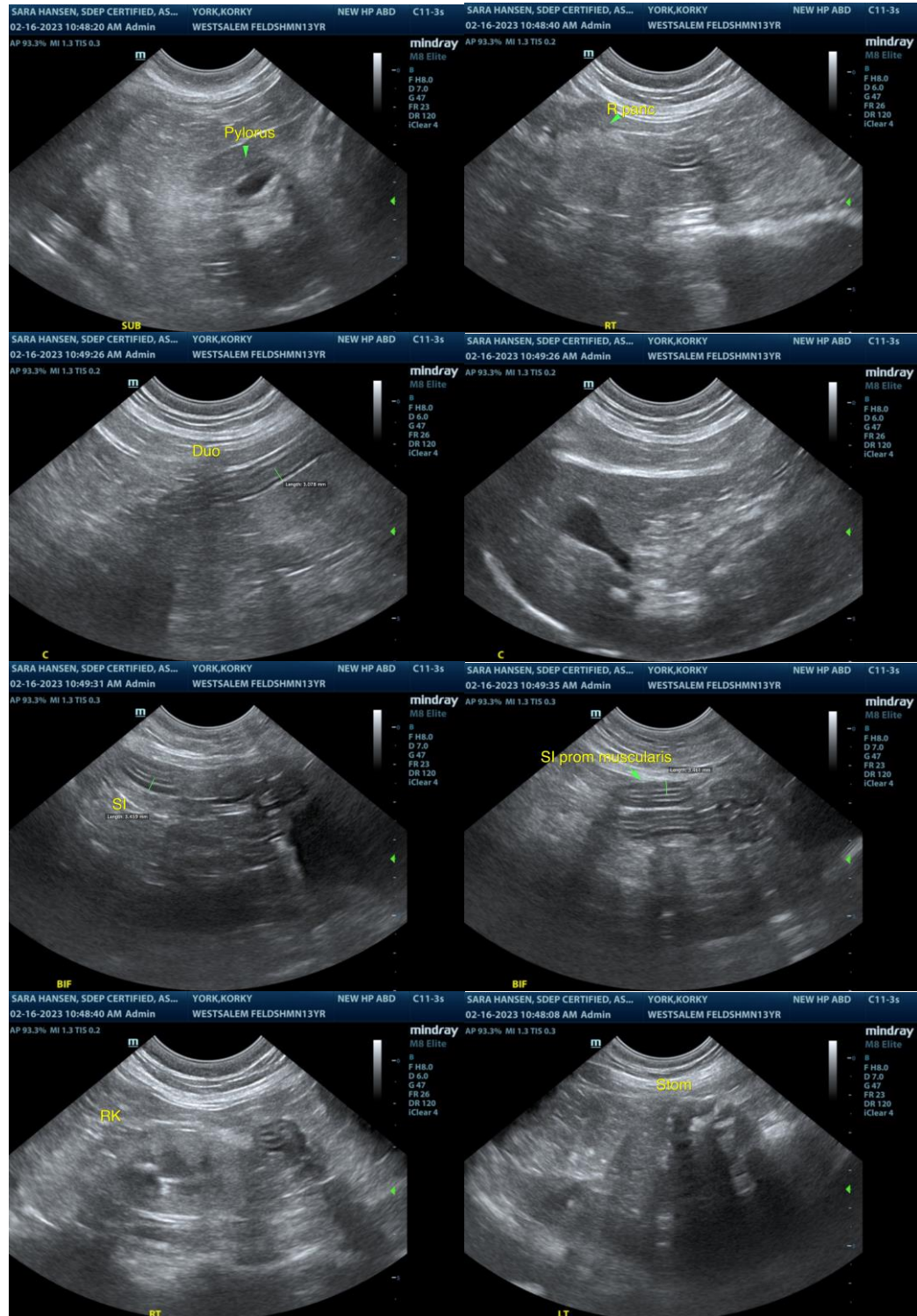
Dr. Crane

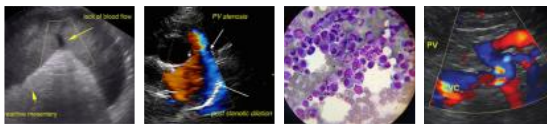
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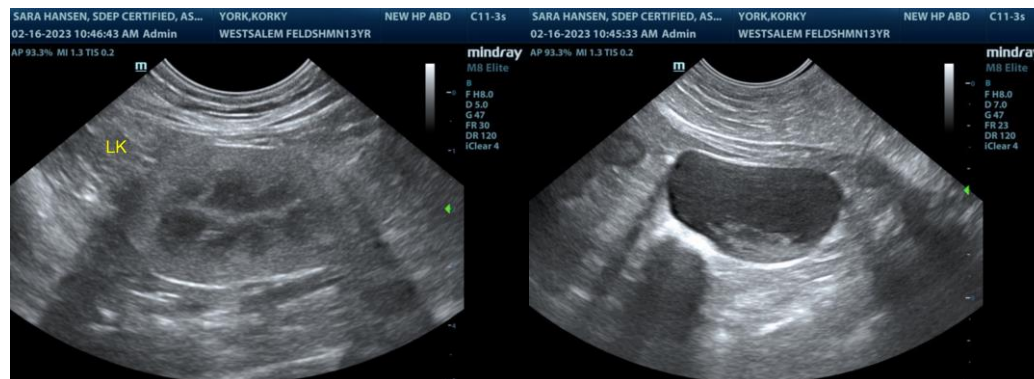
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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