

**PATIENT**

Nim Bass

**SPECIES**

Feline

**BREED**

DSH

**SEX**

SF

**AGE**

4 years

**WEIGHT**

7.1 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. Haenni

**INVOICE**

13383

**DATE**

2/22/22

**PRESENTING CLINICAL SIGNS**

Vomiting and decreased appetite

Abnormal PE/Chem/CBC/UA Results: BUN 33.3, CREA 1.9, CBC WNL Enlarged spleen on radiographs FNA of spleen done

**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 nondependent particulate sediment 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.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pyelectasia. The left kidney measured 3.5 cm in length. The right kidney measured 3.7 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 0.3 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.27 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. The spleen measured 0.68 cm width at the level of the hilus.

**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 exhibited intact and sonographically unremarkable wall layering. The stomach was primarily empty with mild retained anechoic fluid noted in the gastric antrum and pylorus along with mild luminal gas. No evidence of retained ingesta or foreign material, as well as no evidence of mechanical pyloric outflow obstruction was noted. The ventral gastric body wall width measured 0.25 cm. The pylorus wall width measured 0.35 cm.



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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no evidence of mechanical / metabolic small intestinal ileus, obstruction, or foreign material. The jejunum wall width measured 0.21 cm. The duodenum wall width measured 0.22 cm.

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

**Pancreas**

**BREED**

DSH

The pancreas was normal in size and contour exhibiting subtle hypoechoic parenchyma compared to adjacent nonreactive peripancreatic omentum.

**Free Abdomen**

**SEX**

SF

No overt lymphadenopathy or peritoneal effusion was present.

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

4 years

**Primary Findings**

- Mild urinary bladder sediment
- Sonographically unremarkable bilateral kidneys
- Overtly normal gastrointestinal tract with mild retained gastric fluid
- Subtle hypoechoic pancreas - nonspecific, patient variant vs. potential for low-grade inflammation

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

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Dietary indiscretion / food hypersensitivity, parasitism if the patient is Indoor/outdoor, structurally insignificant inflammatory gastroenteropathy, or low-grade pancreatitis are possible. Further assessment may include Spec fPL or a GI panel to include PLI/TLI/Cobalamin/Folate.

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Empirically, gastrointestinal support and conservative therapy for gastroenteritis / inflammatory gastroenteropathy is recommended.

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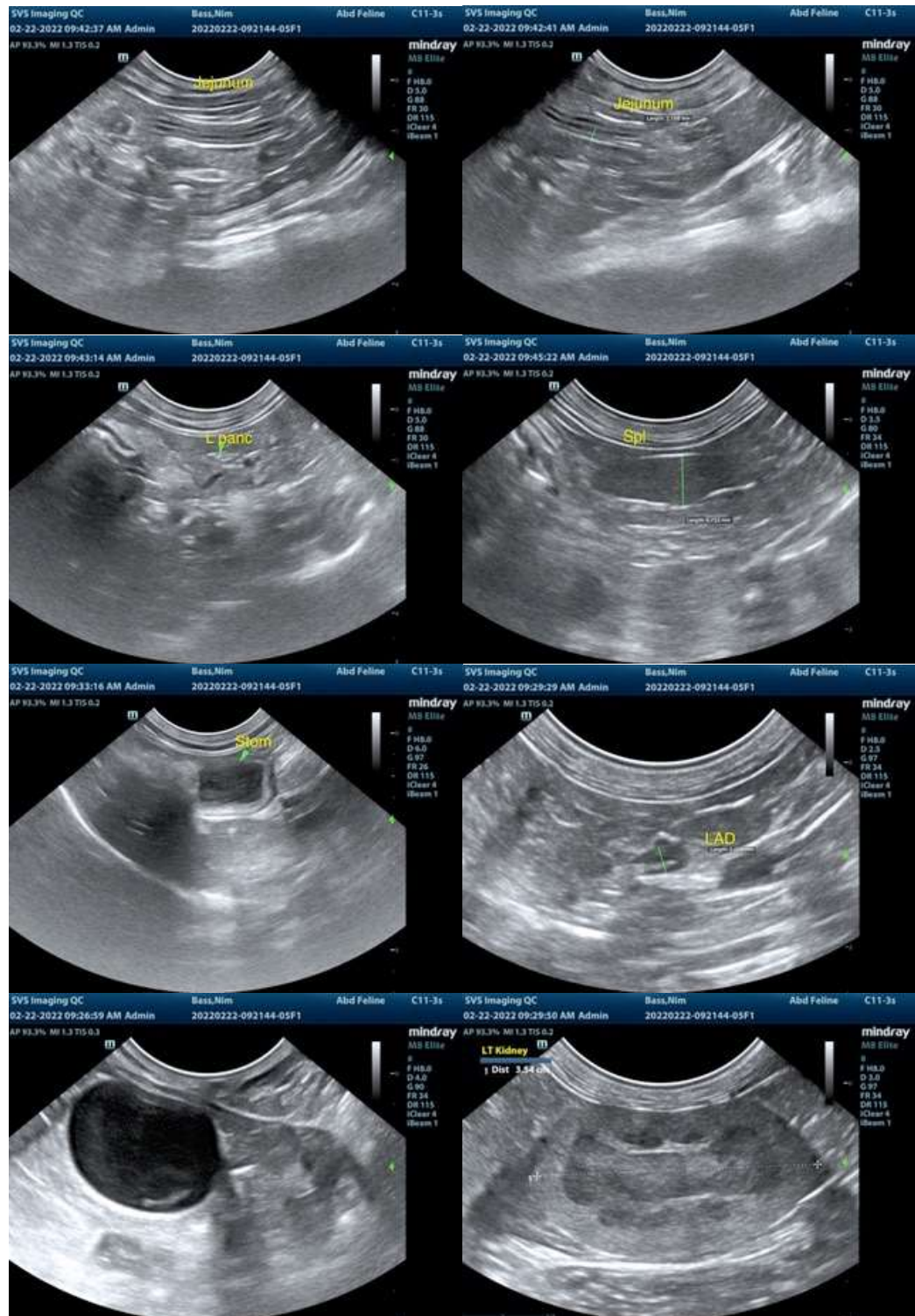
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
**info@SonoPath.com**