



PATIENT

Neo Dowhan

PRESENTING CLINICAL SIGNS

Was neutered about 2 weeks ago, was cryptorchid. Anorexia, febrile, painful cranial abdomen. On rads possible abnormal renal contour. Was given SQ fluids and Convenia.

SPECIES

Feline

Abnormal PE/Chem/CBC/UA Results: Pre anesthetic bloodwork was normal. Today's blood - marked leukocytosis, WBCs 31.1, neutrophilia with left shift, M1 elevated globulins, hypocalcemia.

BREED

DSH

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

SEX

M/N

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 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.

AGE

6 months

No evidence of medial Iliac or sublumbar lymphadenopathy.

WEIGHT

6.6 lbs.

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 pelvic dilation. The left kidney measured 4.0 cm in length. The right kidney measured 3.6 cm in length.

Adrenal Glands

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

The bilateral adrenal glands were overtly normal in size, position, and shape. The left adrenal gland measured 0.38 cm width. The right adrenal gland measured 0.42 cm width.

Spleen

IMAGING PERFORMED BY

Crystal Hill

The spleen exhibited mild enlargement with 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. Normal splenic vascularity was noted with no masses or nodules. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted. The spleen measured 1.1 cm width at the level of the hilus.

HOSPITAL NAME

Animal Hospital of
Stoney Creek

Liver/ Gallbladder

REFERRING VET

Dr. Martin

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 mildly subnormal in size, likely secondary to the presence of gastric ingesta. No evidence of inflammatory criteria was noted. The cystic and common bile ducts were normal.

INVOICE

16279

Gastrointestinal

DATE

2/23/23

The stomach presented sonographically normal visualized gastric walls. The lumen of the stomach contained mild to moderate, nonshadowing ingesta without signs of obstruction or foreign material.



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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 signs of ileus, obstruction, or foreign material.

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

SPECIES

Feline

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.

BREED

DSH

Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritonitis criteria was noted.

SEX

M/N

ULTRASONOGRAPHIC FINDINGS

AGE

6 months

- Normal bilateral kidneys
- Mild nonspecific splenomegaly - subjectively benign, incidental, reactive hyperplasia, hematopoiesis, potential for splenitis
- Sonographically normal gastrointestinal tract with gastric ingesta - gastric ingesta sonographically consistent with food
- Overall sonographically unremarkable peritoneal cavity - no evidence of peritonitis

WEIGHT

6.6 lbs.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP

Overall, no sonographic evidence of significant visceral or peritoneal pathology. A definitive cause of fever or abdominal pain was not obvious.

IMAGING PERFORMED BY

Crystal Hill

A Spec fPL could be considered for further assessment of mild pancreatitis, which may present as sonographically normal.

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Some degree of mild functional or metabolic gastric stasis could be possible, given the presence of gastric ingesta in light of history of anorexia, or if documented NPO. No evidence of mechanical gastric or gastrointestinal obstruction was noted.

REFERRING VET

Dr. Martin

Hospitalization with 24-48/hour supportive IV fluids, empirical therapy for fever of unknown origin, and monitoring of calcium levels, +/- recheck retroviral status if clinically indicated may prove beneficial. CBC pathology review, given the leukocytosis, is warranted.

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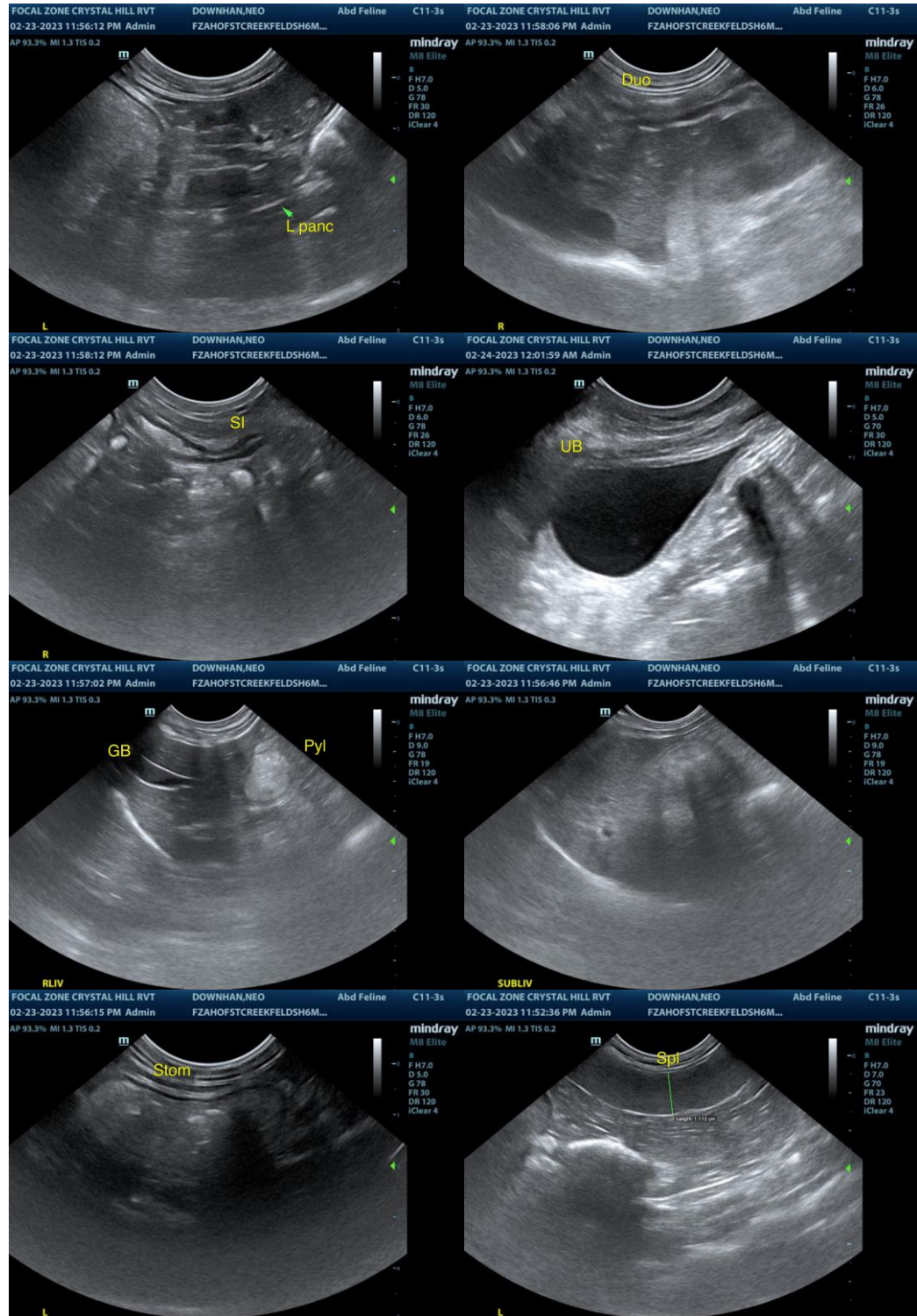
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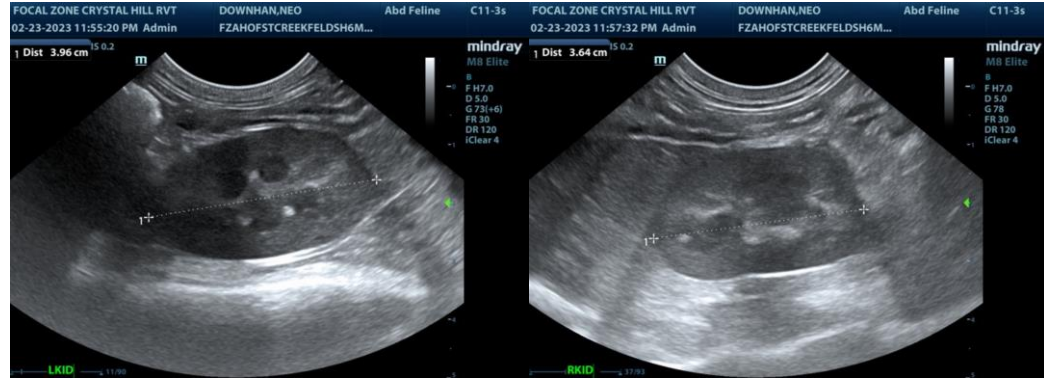
M/N

AGE

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WEIGHT

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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

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