



**PATIENT**

Stormie Reimer

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Neutered Male

**AGE**

5 Years

**WEIGHT**

10 kg

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Dr. Guenther

**HOSPITAL NAME**

Central Island Vet  
Emergency Hospital

**REFERRING VET**

Dr. Lou

**INVOICE**

45558

**DATE**

2/28/23

**PRESENTING CLINICAL SIGNS**

Initially presented 2 days ago for anorexia and lethargy. No explanation for anorexia on bloodwork. Mild ketonuria and proteinuria. Tx with cerenia and mirtazapine before discharge. - Now eating small amounts but still reduced appetite since discharge - at most 1/2 of normal appetite. - Persistent ADR - Possibly PU/PD, O unsure due to other cat in the house - No V/D/C/S - O hasn't administered mirtazapine at home. No other medications. - Rescue cat - hx of URI.

Abnormal PE/Chem/CBC/UA Results: mild hyperglycemia (9.1mmol/L) Feb 27 Bloodwork from Feb 25: Biochemistry: mild hypophosphatemia, otherwise unremarkable Blood Gases: HCO3 18.7mmol/L (L), tCO2 19.7 (L) -> likely related to panting/hyperventilation UA: USG 1.070, mild proteinuria, ketonuria (w/ absence of glucosuria)

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 32. cm exhibited normal thickness and tone. Primarily anechoic urine was present in the lumen. Mild, primarily non-dependent particulate sediment was present without evidence of calculus formation, which 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 mural changes were noted.

The area of the aortic trifurcation was free of pathology.

Both kidneys were mildly prominent in size, likely a normal patient variant, given the size of the patient. No evidence of inflammatory or neoplastic renal criteria. No pyelectasia. The left kidney measured 4.9 cm. The right kidney measured 5.0 cm.

**Adrenal Glands**

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.37 cm. The right adrenal gland measured 0.36 cm.

**Spleen**

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The spleen measured 0.95 cm in width at the level of the hilus. 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.

**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.

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The stomach contained a mild amount of non-shadowing antrum and pyloric chyme. No evidence of mechanical pyloric outflow obstruction, with pockets of mild luminal gas present. Pylorus wall measured 0.30 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 signs of ileus, obstruction or foreign material. Duodenum wall measured 0.23 cm. Jejunum wall measured 0.22 cm. No overt pathology at the level of the ileocolic junction.

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

**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 was evident.

**Free Abdomen**

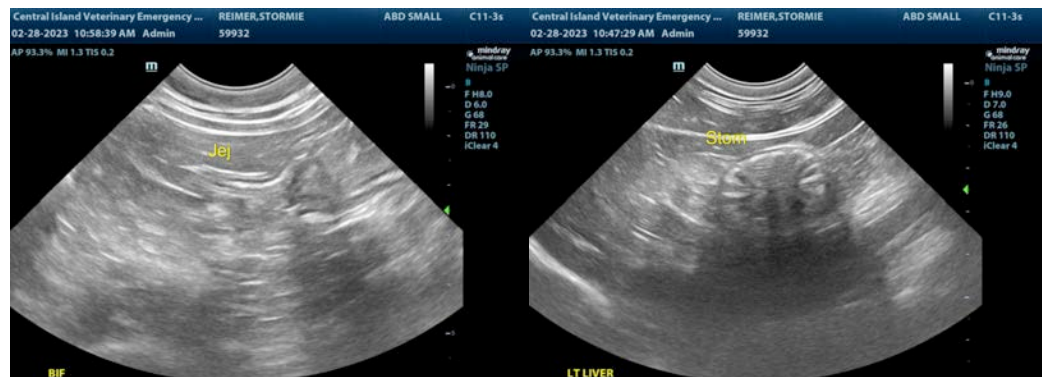
No omental masses, lymphadenopathy, or peritoneal effusion.

**ULTRASONOGRAPHIC FINDINGS**

- Sonographically unremarkable gastrointestinal tract with mild, possibly retained pyloric chyme
- Bilaterally prominent yet structurally normal kidneys, suspect patient variant
- Mild urinary bladder sediment
- Sonographically normal pancreas

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No sonographic evidence of overt or significant visceral pathology as a definitive cause of the patient's clinical signs. Potentially, some degree of metabolic or functional gastric hypomotility could be possible if documented NPO. No evidence of gastrointestinal obstructive pattern or foreign material. Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation that may allude to low-grade pancreas, which may present sonographically normal, may be considered. The ketonuria without glucosuria may at times be seen with anorexia/fasting. Urine culture and sensitivity recommended if evidence of inflammatory sediment or UPC level, if consistent or progressive proteinuria, is recommended.





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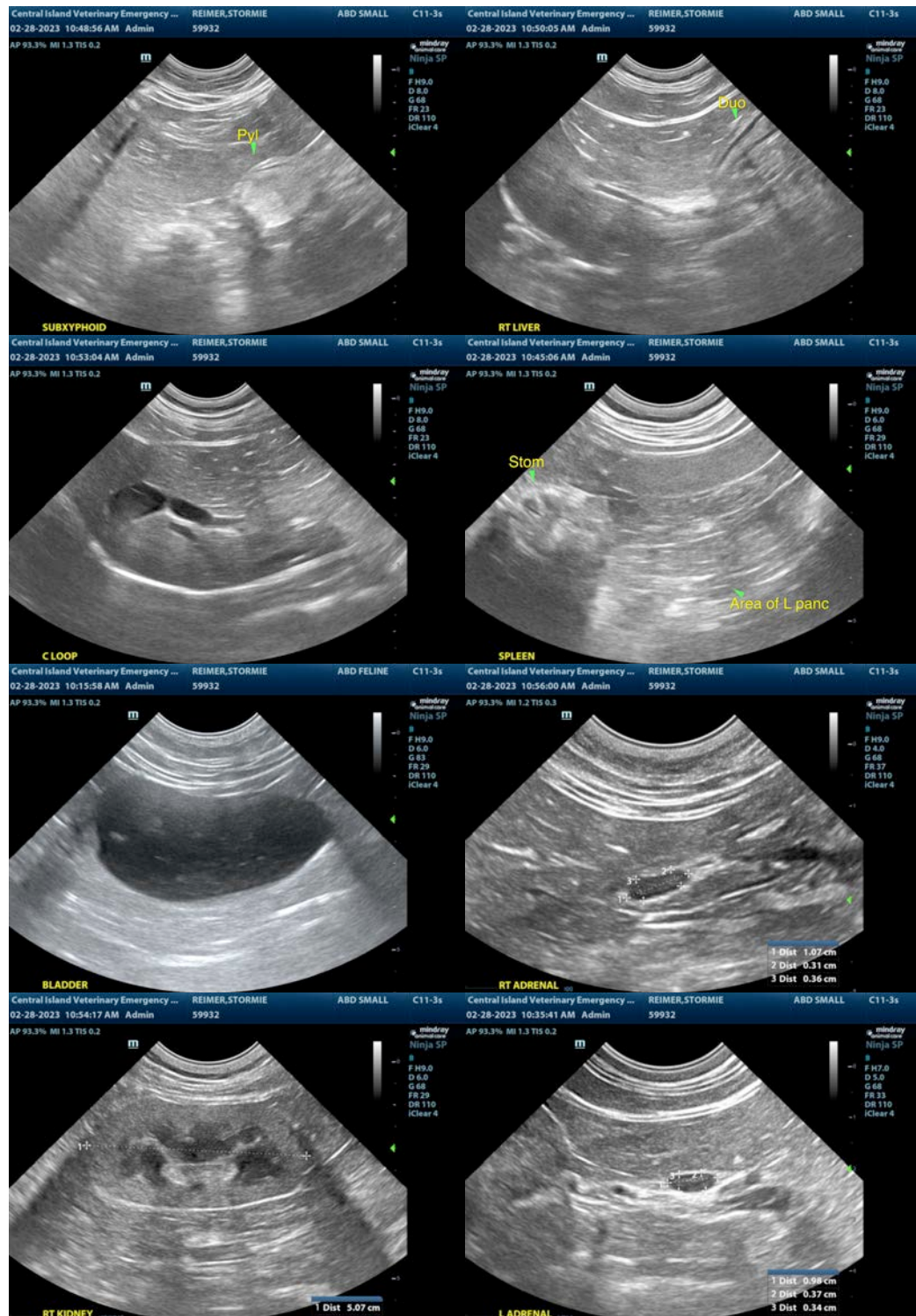
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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

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