



**PATIENT PRESENTING CLINICAL SIGN:**

Stella Wagner History: UTI's, inappropriate elimination, vomiting  
Medication: i/d, Metronidazole

**SPECIES**

Feline

Unremarkable chemistry panel, unremarkable CBC, Urinalysis- Specific gravity 1.027, mild protein, negative glucose, mild blood

**BREED**

Domestic Shorthair

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**SEX**

FS

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**

13 years

The area of the aortic trifurcation was free of pathology.

**WEIGHT**

8.5 Pounds

Subnormal size and asymmetrical margination were present in the left kidney. The left kidney exhibited marked loss of corticomedullary border demarcation with pinpoint areas of medullary mineral. Cortical infarctions were present in the left kidney. No evidence of pyelectasia was noted. The left kidney measured 2.0 cm in length.

**INTERPRETED BY**

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

Normal size and asymmetrical margination were present in the right kidney. A normal 1:3 cortex/medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and moderate loss of corticomedullary symmetry and definition expected for the age of the patient. Cortical infarctions were present in the right kidney. No evidence of pelvic dilation was present. No evidence of pyelectasia was noted. The right kidney measured 3.2 cm in length.

**IMAGING PERFORMED BY**

Rebekah Jakum, CVT  
ARDMS/RVT

**Adrenal Glands**

The left adrenal gland was indistinctly visualized yet without overt pathology, subjectively measuring 0.33 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.42 cm width.

**HOSPITAL NAME**

White Haven VH

**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 0.76 cm width at the level of the hilus.

**REFERRING VET**

Dr. Dengler

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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.

**DATE**

2.8.2022



**PATIENT**

***Gastrointestinal***

Stella Wagner

The stomach presented intact wall layering with a normal wall layer ratio. Mild non-shadowing ingesta / chyme was present in the stomach lumen. The pylorus wall width measured 0.24 cm.

**SPECIES**

Feline

The stomach presented intact wall layering and maintained a 1:3 muscularis/mucosa ratio. The lumen of the stomach contained echogenic, non-shadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. The duodenum wall width measured 0.23 cm. The jejunum wall width measured 0.20 cm.

**BREED**

Domestic Shorthair

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

**SEX**

FS

***Pancreas***

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 peritoneal effusion were present.

**WEIGHT**

8.5 Pounds

**ULTRASONOGRAPHIC FINDINGS**

- Sonographically unremarkable urinary bladder and visible proximal urethra
- Bilateral chronic renal changes with cortical infarctions - chronic renal changes more prominent in the left kidney with subnormal left kidney size
- Overtly normal gastrointestinal tract with mild gastric and segmental small intestinal ingesta
- Mildly heterogeneous pancreas

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Given the lack of lower urinary tract pathology and bilateral moderate to marked chronic renal changes, the mild hematuria in this patient may potentially be renal in origin. However, some degree of mild idiopathic cystitis is possible. Given the lack of infection on culture and sensitivity, baseline UPC could be considered for further renal staging.

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ARDMS/RVT

**HOSPITAL NAME**

White Haven VH

Dietary intolerance / food hypersensitivity, occult parasitism if the patient is indoor/outdoor, structurally insignificant inflammatory gastroenteropathy or low-grade to chronic pancreatitis, both of which may present as sonographically normal, may be possible. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate.

**REFERRING VET**

Dr. Dengler

The presence of gastric and segmental intestinal ingesta may correlate with recent meal ingestion. However, if documented NPO, some degree of potential decreased gastric or gastrointestinal motility may be possible.

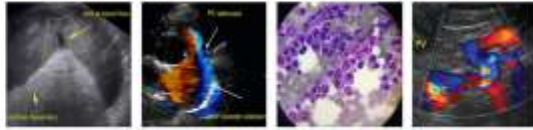
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Three view chest radiographs are suggested to rule out occult thoracic or esophageal pathology as a potential contributing factor to the patient's vomiting.

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**PATIENT**

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**AGE**

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**WEIGHT**

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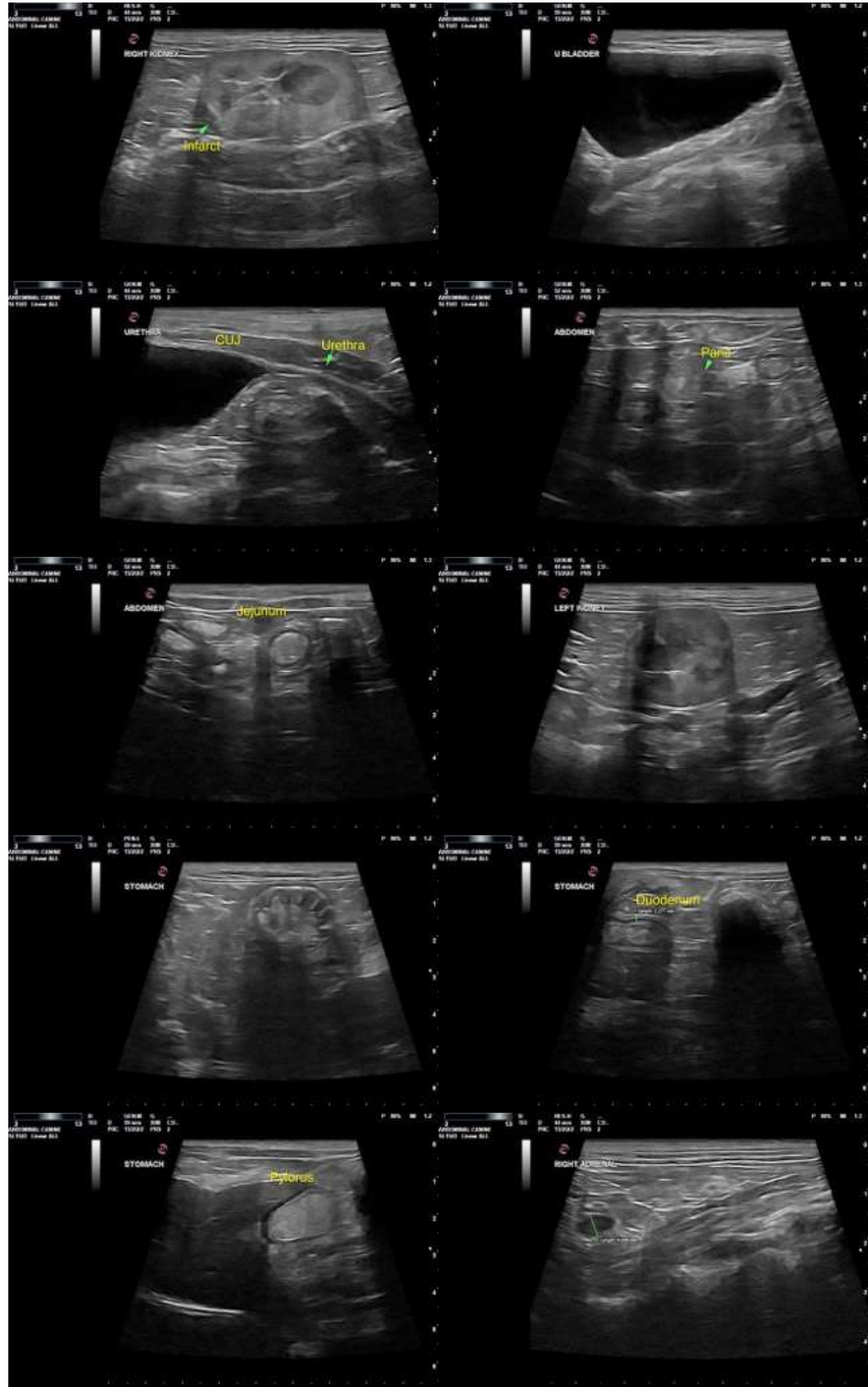
Dr. Dengler

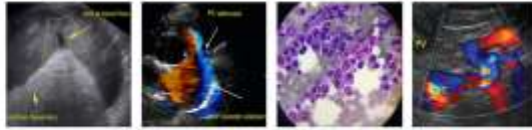
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**PATIENT**

Stella Wagner

**SPECIES**

Feline

**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.**

**BREED**

Domestic Shorthair

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.

**SEX**

FS

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