



**PATIENT**

Willie Avellar

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

11 year

**WEIGHT**

14 lbs.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Pamela Harrigan, RDMS

**HOSPITAL NAME**

Anchor AH

**REFERRING VET**

Nicole Mulready, DVM

**INVOICE**

16091

**DATE**

2/9/23

**PRESENTING CLINICAL SIGNS**

Presented on 2/7/23 for anorexia, lethargy, and difficulty urinating. On presentation, p was diagnosed with urinary obstruction. P was able to successfully urinate after calming. Abdominal x-rays showed concern for enlarged spleen. \* Patient sedated with Butorphanol, Gabapentin, and Ketamine.

Abnormal PE/Chem/CBC/UA Results: Hypercalcemia 14, Hyperglobulinemia.

**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. Primarily dependent to mildly 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 urinary bladder criteria 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 was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation or pyelectasia was present. The left kidney measured 4.4 cm in length. The right kidney measured 4.4 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 0.28 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.33 cm width.

**Spleen**

The spleen exhibited generalized enlargement with areas of mild medial capsule asymmetry. Subtle generalized splenic parenchyma heterogeneity was noted. Normal splenic vascularity was present with no masses or nodules noted. The spleen measured 1.4 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 containing anechoic content with minor, echogenic gallbladder debris. No evidence of gallbladder or peripheral gallbladder inflammation was noted. The cystic and common bile ducts were normal.

**Gastrointestinal**



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, 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.

***Pancreas***

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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.

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***Free Abdomen***

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

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**ULTRASONOGRAPHIC FINDINGS**

- Mild chronic renal changes
- Mild primarily dependent urinary bladder sediment - cellular debris / protein, crystalline debris, lipid, or mucus possible
- Nonspecific splenomegaly - hyperplasia, hematopoiesis, incidental splenitis, or early infiltrative neoplasia possible

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

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 DABVP (Canine and Feline)

Some contribution of the splenomegaly at the time of the ultrasound may be owing to sedation. However, if evidence of non-sedated splenomegaly as well as hypercalcemia and evidence of hyperglobulinemia, screening FNA splenic cytology using a 25-gauge needle and assuming normal clotting status with Benadryl pretreatment is recommended for further assessment.

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Urine C/S on a sterile urine sample is recommended if evidence of inflammatory debris.

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Thoracic radiographs are recommended to rule out occult thoracic pathology as a contributing factor to the hypercalcemia, if not done.

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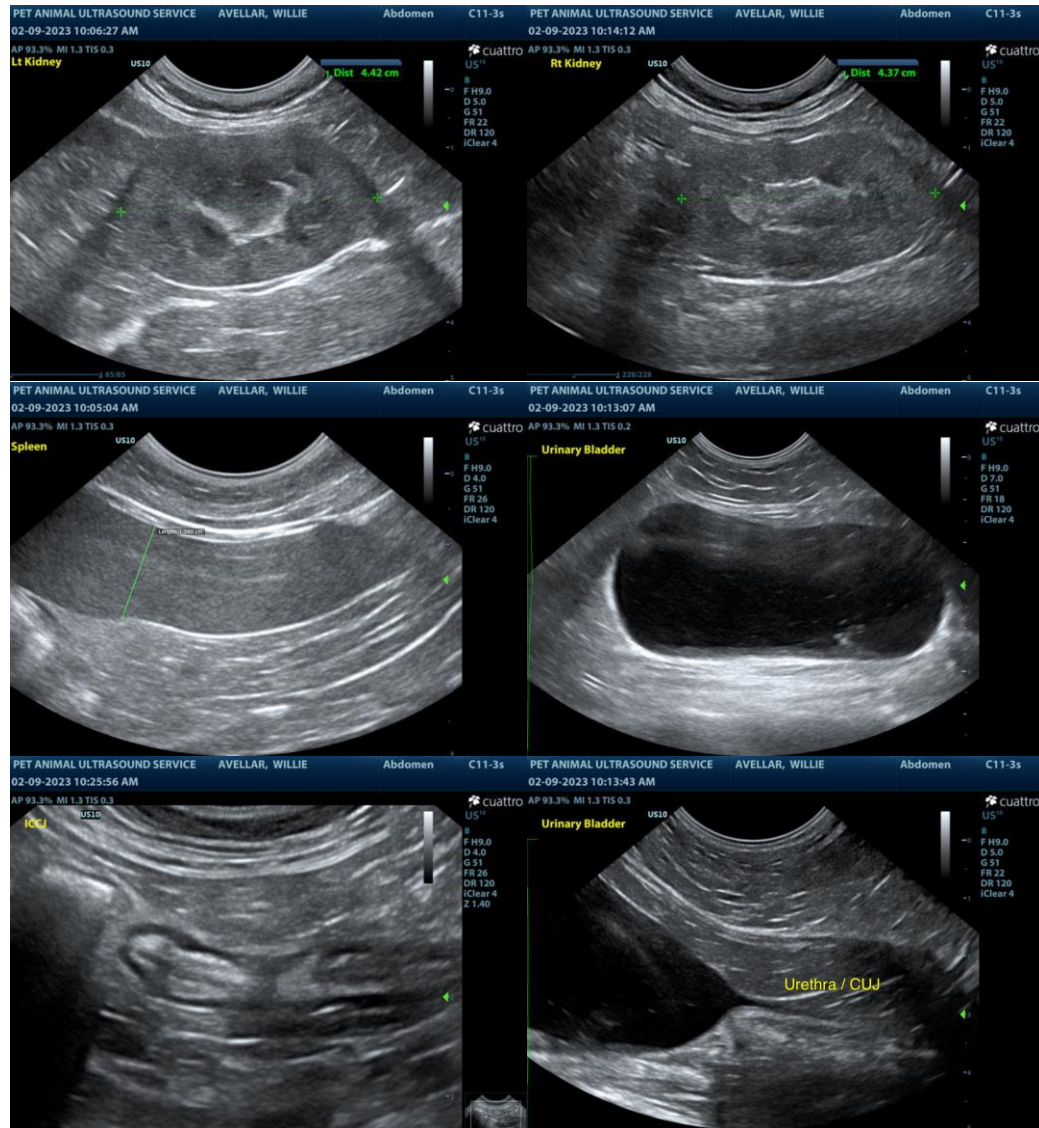
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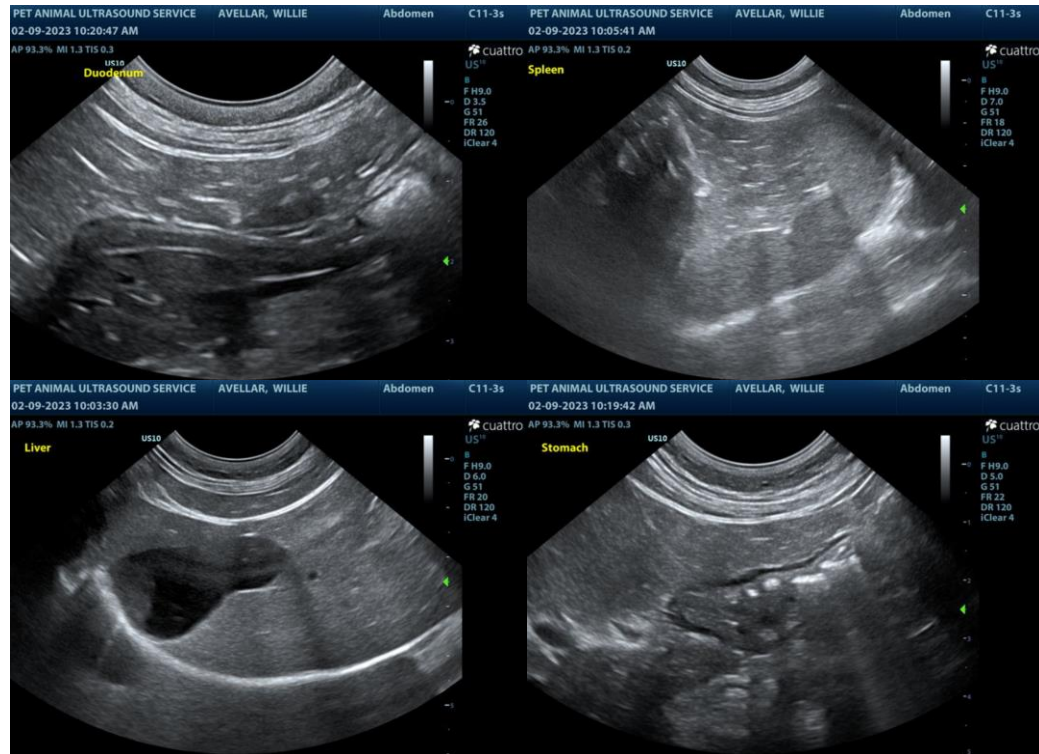
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**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

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**