



**PATIENT PRESENTING CLINICAL SIGNS**

Horton Barnett Hematuria.  
 Medication: Orbax, Buprenex

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

DSH

**Urinary System**

The urinary bladder was subnormal in size owing to a lack of urine distention which prohibited full evaluation of the urinary bladder walls. Subjective mild generalized prominent urinary bladder walls were present exhibiting primarily maintained homogeneous mural echogenicity without evidence of mural mineralization. No overt urinary bladder tumors were noted. Mild anechoic urine was present with no evidence of mineral or calculi. The urethra was overtly normal structure and tone to a depth of 2.0 cm.

**SEX**

MN

**AGE**

2009

The area of the aortic trifurcation was free of pathology.

**WEIGHT**

12

Asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Moderate loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. No evidence of pyelectasia or pyelonephritis was noted. The left kidney was borderline prominent in size, which is suspected to be a patient variant without evidence of left or right renal neoplastic criteria, measuring 4.6 cm in length. The right kidney measured 4.1 cm in length.

**INTERPRETED BY**

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

**Adrenal Glands**

No overt pathology was noted in the area of the left or right adrenal glands.

**IMAGING**

**PERFORMED BY**  
 Rebekah Jakum, CVT  
 ARDMS/RVT

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

**HOSPITAL NAME**

Orefield VC

**Liver/ Gallbladder**

**REFERRING VET**

Dr. Schlofer

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. Intermittent, thinly-walled, potentially multichambered intraparenchymal cysts containing anechoic fluid were present. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**INVOICE**

16436

**DATE**

3/23/23



**PATIENT** *Gastrointestinal*

Horton Barnett 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.

**SPECIES** 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.

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

**BREED** *Pancreas*

DSH The generalized pancreas exhibited variably prominent size with capsule asymmetry and nonuniform to mixed echogenic, nodular to cystic pancreatic parenchymal compared to adjacent mildly hyperechoic peripancreatic omentum.

**SEX** *Free Abdomen*

MN No omental masses, lymphadenopathy, or peritoneal effusion was present.

**AGE** **ULTRASONOGRAPHIC FINDINGS**

- 2009
- Subnormal urinary bladder with subjective mild cystitis pattern
  - Bilateral moderate chronic renal changes
  - Variably prominent nonuniform to mixed echogenic nodular to cystic pancreas - patient/age variant, benign remodeling owing to previous inflammation, probable nodular hyperplasia and small pancreatic cysts, potential for chronic to chronic active pancreatitis or less likely emerging neoplastic criteria possible
  - Intermittent benign hepatic intraparenchymal cysts

**WEIGHT**  
12

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

No definitive or overt evidence of upper or lower urinary tract neoplastic criteria was noted. Urine C/S on a sterile urine sample pending response to current antibiotic therapy is suggested. Without definitive evidence of significant urinary bladder mural pathology or cystic calculi, the potential for renal origin of the hematuria, i.e., idiopathic renal hematuria, could be possible.

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ARDMS/RVT

**HOSPITAL NAME**

Orefield VC Spec fPL is suggested to assess for evidence of chronic to chronic active pancreatitis. However, given the lack of reported clinical signs suggestive of pancreatitis, the pancreatitis presentation is of unclear clinical significance and potentially incidental.

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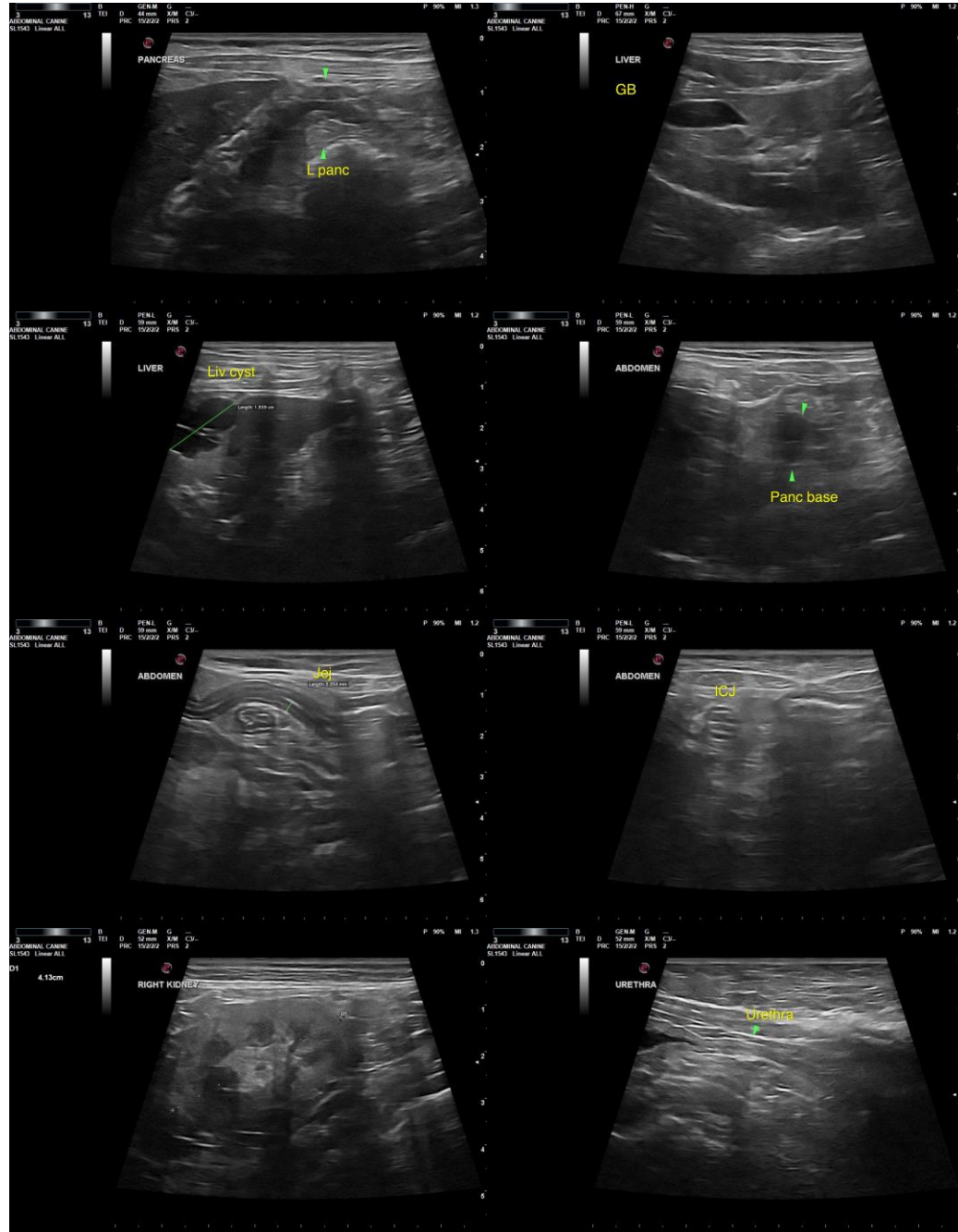
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**PATIENT**

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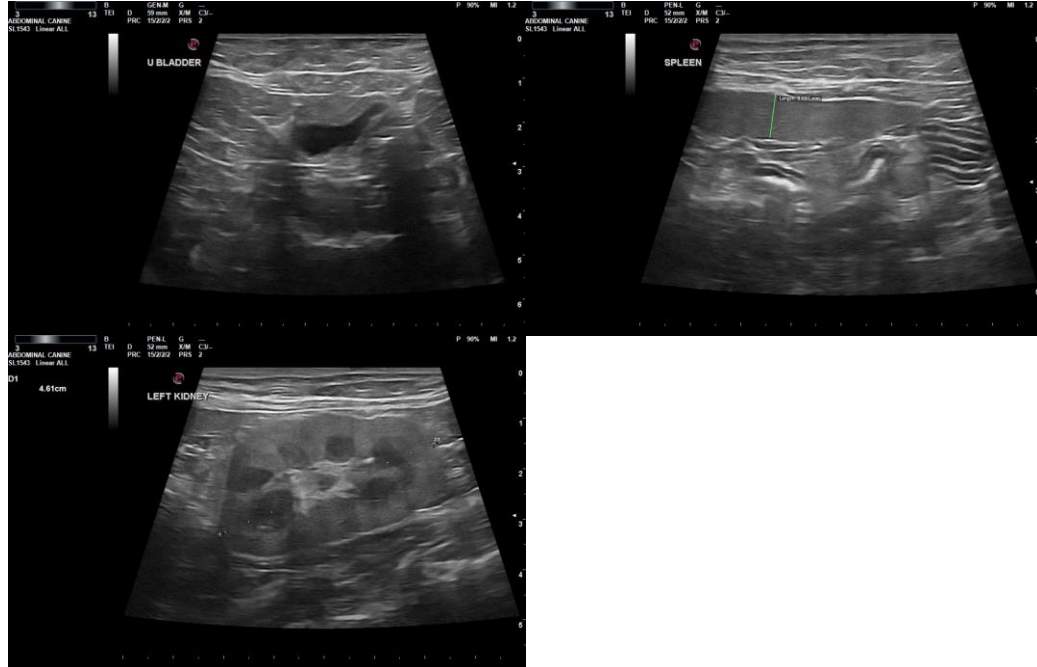
DSH

**SEX**

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**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.

**INTERPRETED BY**

R. McKenzie Daniel,  
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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.

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