



**PATIENT**

**PRESENTING CLINICAL SIGNS**

Yoda Parr

P presented today for ORC. Unable to palpate testicles. O adamant P not neutered. Gave option for exploratory or US +/- exploratory. O chose option 2.

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**

**Urinary System**

DSH

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 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.

**SEX**

M/I

**AGE**

10 months

Normal size and margination were present in the kidneys. The left kidney exhibited moderate to severe hydronephrosis with subjective minimal remaining discernable medullary parenchyma and intact left kidney renal cortex. No overt evidence of left hydroureter was visualized. The left kidney exhibited normal left retroperitoneal echogenicity. Anechoic fluid was noted in the left kidney with no evidence of renal mineral or calculi. The left kidney measured 3.8 cm length.

**WEIGHT**

11 lbs.

The right kidney exhibited mild to moderate hydronephrosis with early diverticuli dilation, remaining discernable right medullary parenchyma and intact cortex. No evidence of right hydroureter was visualized. Anechoic fluid was noted in the right kidney with no evidence of renal mineral or calculi. Subtle increased right retroperitoneal echogenicity was noted with no evidence of right retroperitoneal effusion. The right kidney measured 3.7 cm in length.

**INTERPRETED BY**

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

**Adrenal Glands**

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

The left adrenal gland was indistinctly visualized without overt pathology, subjectively measuring 0.26 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.27 cm width.

**Spleen**

**HOSPITAL NAME**

Reid VH

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.

**REFERRING VET**

Dr. Popowich

**Liver/ Gallbladder**

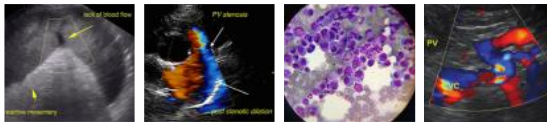
**INVOICE**

16459

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**

3/28/23



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***Gastrointestinal***

Yoda Parr

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**

Feline

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.

**BREED**

DSH

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

**SEX**

M/I

***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.

**AGE**

10 months

***Free Abdomen***

Intermittent isoechoic mild mesenteric and potential medial iliac lymph nodes were noted. The lymph nodes maintained normal width: length ratio (<0.5) without evidence of inflammatory or neoplastic criteria. No evidence of peritoneal effusion was present.

**WEIGHT**

11 lbs.

Possible small retained left testicle in the left inguinal space exhibiting ill-defined mediastinum testis measuring 0.76 cm diameter was noted. No overt evidence of retained testicular tissue or lymphadenopathy was noted in the visualized right inguinal space.

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DVM, DABVP  
(Canine and Feline)

**ULTRASONOGRAPHIC FINDINGS**

- Possible small retained left inguinal testicle vs. inguinal lymph node
- Bilateral hydronephrosis, more prominent in left kidney
- Intermittent minor isoechoic to benign mesenteric / medial iliac lymph nodes

**IMAGING PERFORMED BY**

Jenna Walsh, CVT

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

Reid VH

Definitive location of the retained testicle was nonobvious. In cats, retained testicles may be small in size and sonographically mimic small lymph nodes. Given that no evidence of visualized contralateral right inguinal lymph node was noted, retained left inguinal testicle may be suspected although not definitive.

**REFERRING VET**

Dr. Popowich

Given the young age of the patient in the face of bilateral hydronephrosis and without evidence of definitive obstructive ureteral or urinary bladder pathology, a nonobvious congenital issue may be of primary concern resulting in bilateral hydronephrosis or less likely potential for pyelonephritis, given the anechoic urine within the left and right kidney.

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Urine culture on a sterile urine sample, as well as an assessment of renal parameters if not recently done, is suggested. Advanced imaging such as excretory urography or ideally, CT with contrast is



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recommended for further clarification of the urinary system, as well as further clarification assessment of the retained testicle.

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**HOSPITAL NAME**

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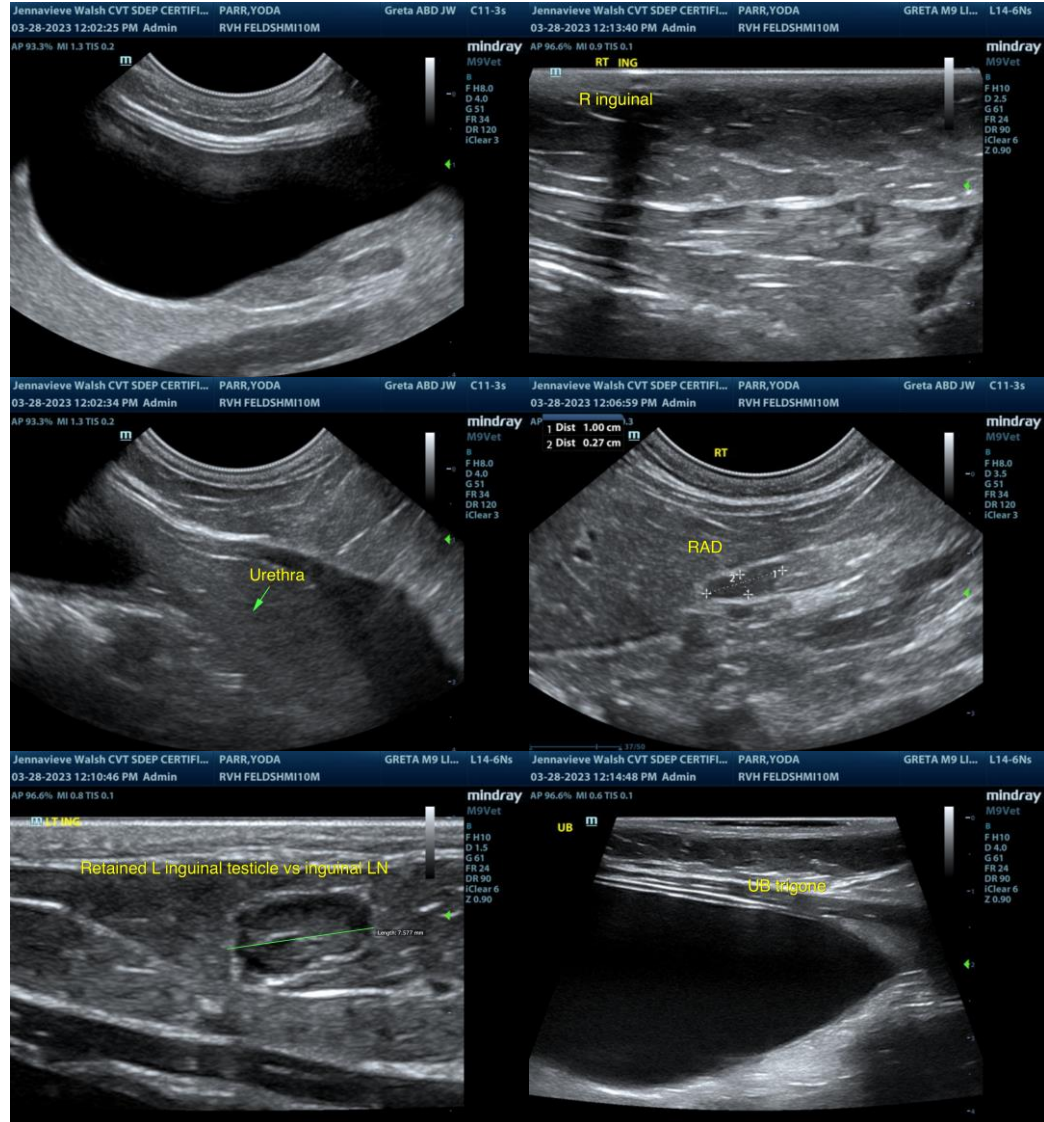
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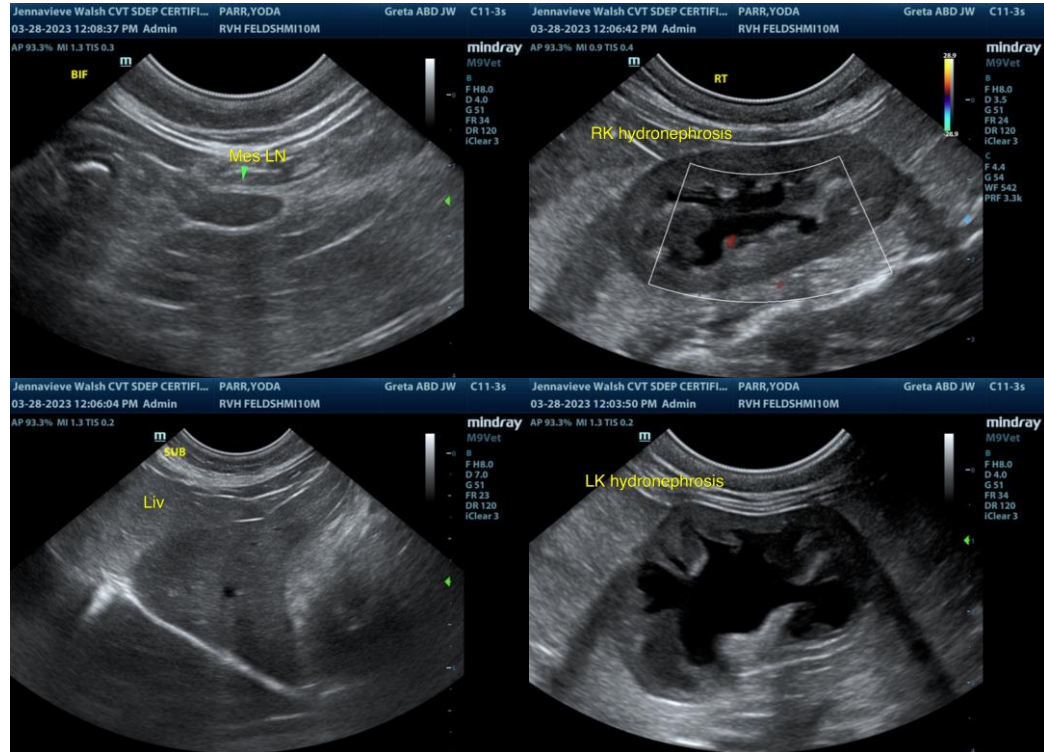
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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