

**PATIENT**

JJ Miller

**PRESENTING CLINICAL SIGNS**

not eating, vomiting

Abnormal PE/Chem/CBC/UA Results: large area of soft tissue density ventral/right side of abdomen

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN****Urinary System****BREED**

DSH

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. Mild, 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 mural changes were noted.

**SEX**

SF

The probable uterine stump noted between the colon and urinary bladder exhibited subjective mild prominent size yet uniform parenchyma and normal symmetrical contour measuring 0.9 cm x 0.53 cm.

**AGE**

1 year

The area of the aortic trifurcation was free of pathology.

**WEIGHT**

9.3 lbs.

Normal size and margination were present in the left kidney. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. An indistinct to incomplete hyperechoic corticomedullary band, consistent with an indistinct medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 3.7 cm in length.

**INTERPRETED BY**

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

Normal size and margination were present in the right kidney. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex with no evidence of pelvic dilation. The right kidney measured 4.1 cm in length.

**IMAGING PERFORMED BY**

Sarah Pender, CVT

**Adrenal Glands****HOSPITAL NAME**

SVS Imaging QC

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.32 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 cm width.

**REFERRING VET**

Dr. Haenni

**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 in width.

**INVOICE**

13454

**DATE**

3/8/22

**PATIENT*****Liver/ Gallbladder***

JJ Miller

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. Mildly prominent falciform fat exhibiting normal echogenicity was noted adjacent to the liver.

**SPECIES**

Feline

The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**BREED**

DSH

***Gastrointestinal***

The visualized gastric walls were sonographically normal. The lumen of the stomach contained moderate, nonshadowing ingesta / chyme. No overt evidence of mechanical pyloric outflow obstruction was noted. The pylorus wall width measured 0.23 cm.

**SEX**

SF

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. The jejunum wall width measured 0.25 cm. The duodenum wall width measured 0.25 cm. The ileocolic wall width measured 0.33 cm.

**AGE**

1 year

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

**WEIGHT**

9.3 lbs.

***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.

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***Free Abdomen***

Intermittent, mildly prominent to hypoechoic gastric, jejunocolic lymph nodes were present. These lymph nodes were homogenous, mildly hypoechoic and smoothly marginated. A normal width: length ratio was maintained (<0.5). Evidence of perilymphatic inflammation was evident. An example of a gastric lymph node size was 0.48 cm in diameter. An example of a jejunal lymph node measured 0.6 cm in diameter, respectively. No effusion was noted. No omental masses were noted.

**IMAGING PERFORMED BY**

Sarah Pender, CVT

**ULTRASONOGRAPHIC FINDINGS****HOSPITAL NAME**

SVS Imaging QC

***Primary Findings***

- Mild urinary bladder sediment - likely cellular or crystalline debris
- Subjective mild prominent probable uterine stump - nonspecific, not overtly consistent with granuloma or stump pyometra, and without evidence of neoplastic criteria
- Indistinct nonspecific left renal medullary rim sign
- Mildly prominent to hypoechoic intermittent mesenteric lymphadenopathy - suspect mild lymphadenitis potentially owing to Inflammatory bowel episode
- Gastric ingesta / chyme

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**HOSPITAL NAME**

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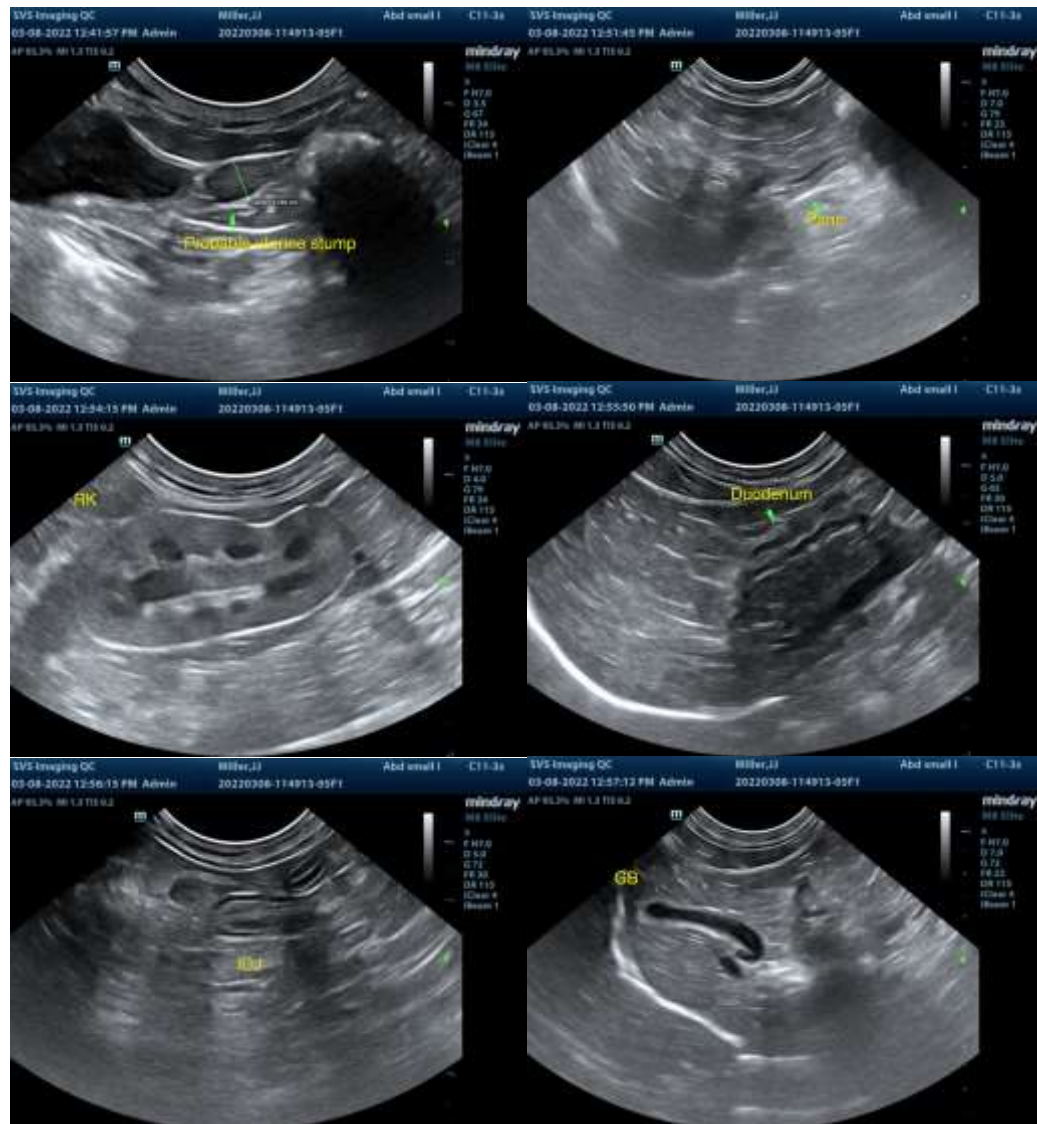
**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, no overt evidence of significant abdominal structural disease such as omental masses, granuloma, abscess, or significant lymphadenopathy was noted.

Given the patient's clinical signs, conservative supportive care for potential Inflammatory bowel episode and/or suspected mild mesenteric lymphadenitis would be reasonable.

Correlation with a urinalysis +/- culture and sensitivity, if evidence of inflammatory cells, is recommended.

Recheck sonogram could be considered to assess for progressive inflammatory gastrointestinal or lymphatic changes if clinical signs persist.





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**HOSPITAL NAME**

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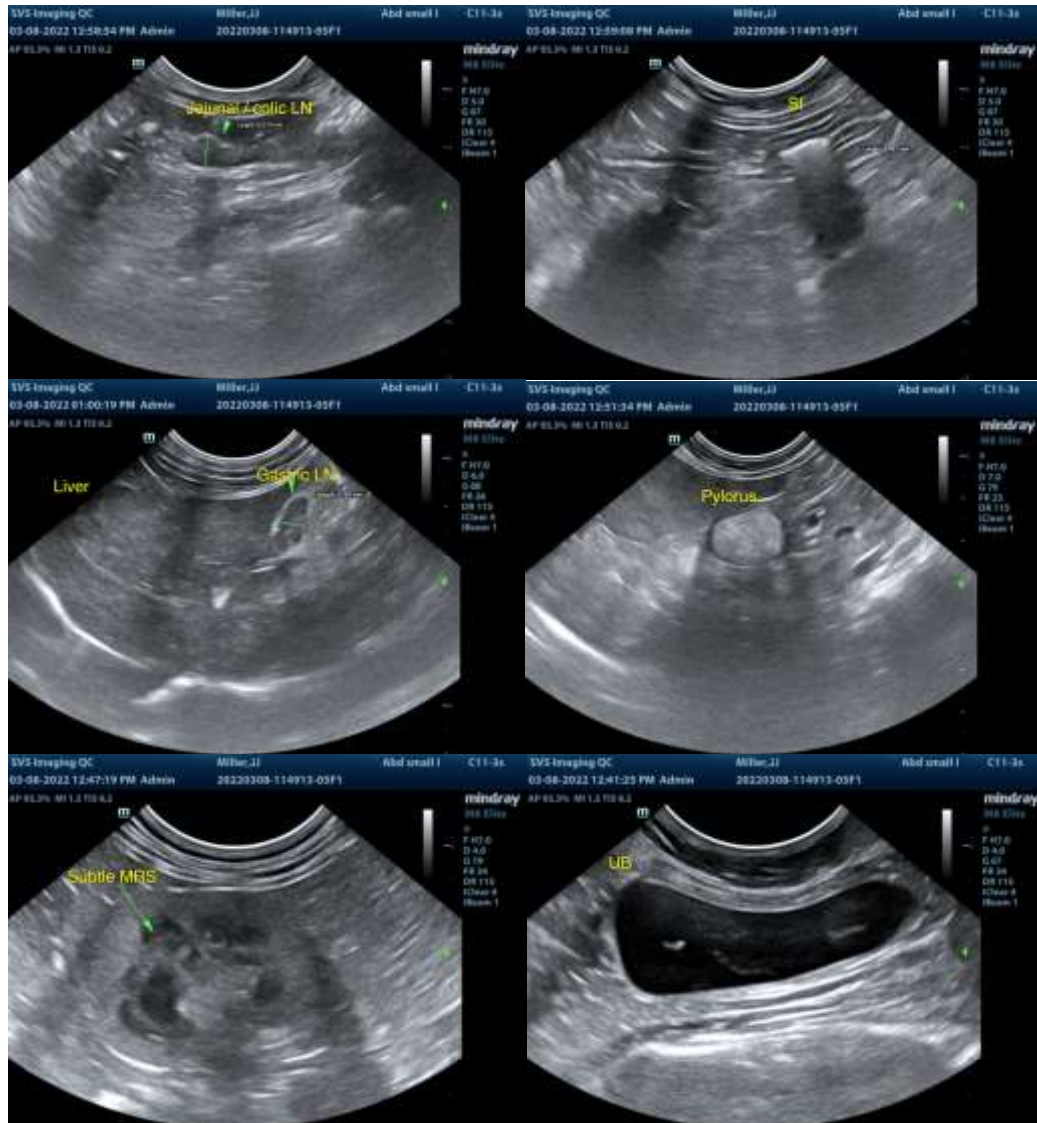
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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