



**PATIENT**

Dusty Speicher

**PRESENTING CLINICAL SIGNS**

Straining to urinate / defecate, recent GI surgery

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

The urinary bladder was normal in size and tone. The trigone, cystourethral junction, and visible pelvic urethra to a depth of 2 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with moderate non-dependent particulate hyperechoic sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted. No obstructive pathology with overtly normal proximal urethra.

**BREED**

DSH

**SEX**

MN

**AGE**

6yr

Bilateral mild prominent size and normal margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and adequate to mildly indistinct corticomedullary definition were present. 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 left kidney measured 4.8 cm in length. The right kidney measured 4.9 cm in length. The mild prominent renal size is suspected to be a normal patient variant, no evidence of renal neoplastic criteria.

The area of the aortic trifurcation was free of pathology.

**WEIGHT**

14.7lb

**Adrenal Glands**

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.44 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.44 cm width.

**INTERPRETED BY**

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

**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.

**IMAGING PERFORMED BY**

Val Shumskaya

**Liver/Gallbladder**

**HOSPITAL NAME**

Rockaway Animal  
Hospital

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.

**REFERRING VET**

Dr. Maniar

**Gastrointestinal**

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained minor retained incidental anechoic fluid 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.

**DATE**

04/11/2023

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

**Pancreas**



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The left pancreatic limb exhibited normal size and contour with subtle uniform hypoechoic parenchyma. No signs of active inflammation or neoplastic disease was evident.

**Free Abdomen**

**SPECIES**

Feline

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

**BREED**

DSH

**ULTRASONOGRAPHIC FINDINGS**

- Sonographically normal urinary bladder with particulate to hyperechoic bladder sediment.
- Suspect incidental mild prominent bilateral kidneys-patient variant, potential for low grade nephritis cannot be definitively excluded.
- Subtle hypoechoic pancreas-likely patient variant unless clinical signs suggestive of mild pancreatitis present.

**SEX**

MN

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**AGE**

6yr

Overall, there is no overt evidence of significant abdominal visceral pathology as a definitive cause of the patient's clinical signs. A full CBC/Chem/UA if not done is recommended to assess for evidence of renal disease as well as for inflammatory urinary bladder sediment or potential proteinuria. A urine C/S is recommended if there is evidence of inflammatory debris. No evidence of structural intestinal mural pathology or mechanical/metabolic ileus. Rectal palpation under sedation is suggested although no overt evidence of colon constipation criteria was noted.

**WEIGHT**

14.7lb

Empirical therapy for FLUTD +/- mild constipation could be considered.

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**HOSPITAL NAME**

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Hospital

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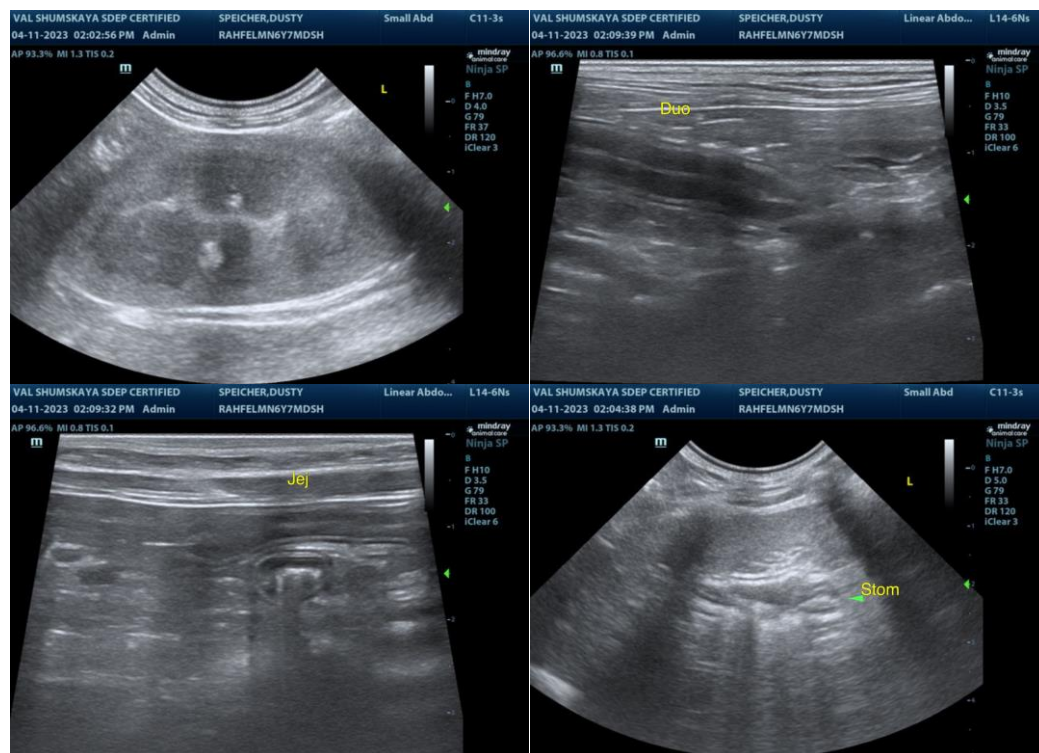
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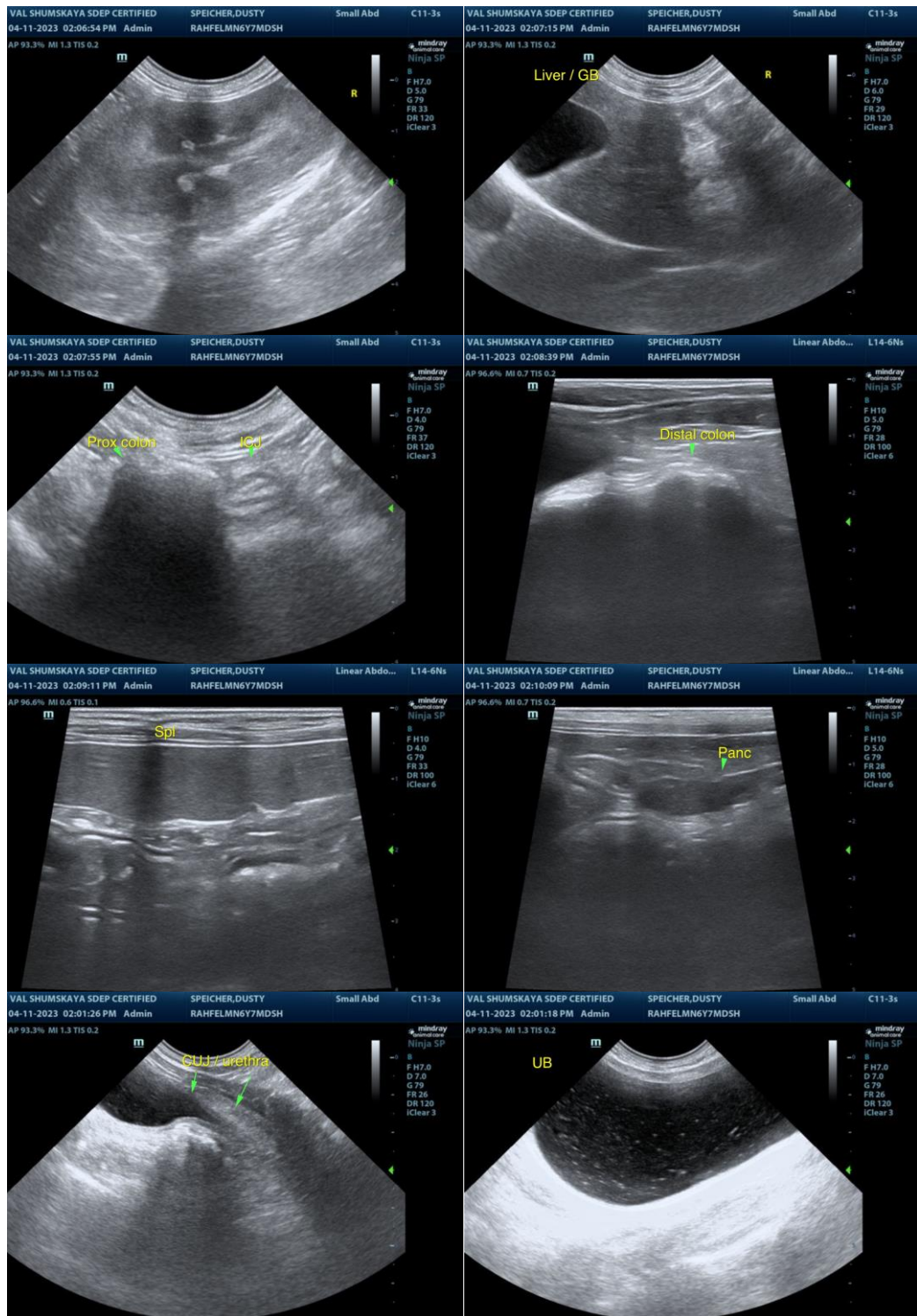
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I



**PATIENT**

can be of any further assistance, please contact me.

Dusty Speicher

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