



**PATIENT**

Wybie Herbert

**PRESENTING CLINICAL SIGNS**

Lump palpated mid abdomen region.

**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. 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**

MN

The area of the aortic trifurcation was free of pathology.

**AGE**

13 years

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 was present. The left kidney measured 4.2 cm in length. The right kidney measured 4.4 cm in length.

**WEIGHT**

6.4 kg.

**Adrenal Glands**

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

**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**

Dr. Sarah Barthelemy

**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 liver was entirely within the abdominal cavity. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

**HOSPITAL NAME**

Cambrian AH

**REFERRING VET**

Cambrian AH

**Gastrointestinal**

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. The gastric body wall width measured 0.25 cm.

**INVOICE**

16591

**DATE**

4/12/23

The small intestine presented generalized intact wall layering and primarily maintained a 1:3 muscularis/mucosa ratio with segmental propensity for mildly prominent muscularis layer, yet without evidence of intestinal mural thickening or loss of intestinal wall layering or intestinal masses to the level of the ileocolic junction. The duodenum wall measured 0.20 cm width. The jejunum wall measured up to 0.27 cm width. The ileocolic wall measured 0.42 cm width.



## PATIENT

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

Wybie Herbert

## Pancreas

## SPECIES

The left pancreatic limb extending to the area of the pancreas base exhibited subtle prominent size with symmetrical capsule contour. Mildly nonhomogeneous hypoechoic left pancreatic limb parenchyma was noted compared to adjacent omentum.

Feline

## BREED

## Free Abdomen

DSH

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

## SEX

Sonographic assessment in the area of the suspected reported midabdominal lump revealed fat echogenicity potentially measuring  $\approx 3.8$  cm length.

MN

## AGE

## ULTRASONOGRAPHIC FINDINGS

13 years

- Intact mild segmentally prominent small bowel walls
- Mildly prominent to hypoechoic pancreas
- Age-related renal changes
- Subjective fat echogenicity in area of suspected midabdominal lump - most likely consistent with small hernia

## WEIGHT

6.4 kg.

## INTERPRETED BY

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

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Given the lack of reported clinical signs suggestive of intestinal disease or pancreatitis, the intestinal and pancreatic presentations are nonspecific yet may suggest mild inflammatory intestinal and pancreatic criteria. However, the potential for pancreatic and intestinal variants is possible.

## IMAGING PERFORMED BY

Dr. Sarah Barthelemy

Assessment for evidence of cranial abdominal or subxiphoid discomfort on palpation, which may allude to low-grade pancreatitis, is suggested. A GI panel to include PLI/TLI/Cobalamin/Folate could be considered if clinically indicated. If surgery is elected in this patient, full-thickness intestinal biopsies may be considered if clinical concern for intestinal disease.

## HOSPITAL NAME

Cambrian AH

## REFERRING VET

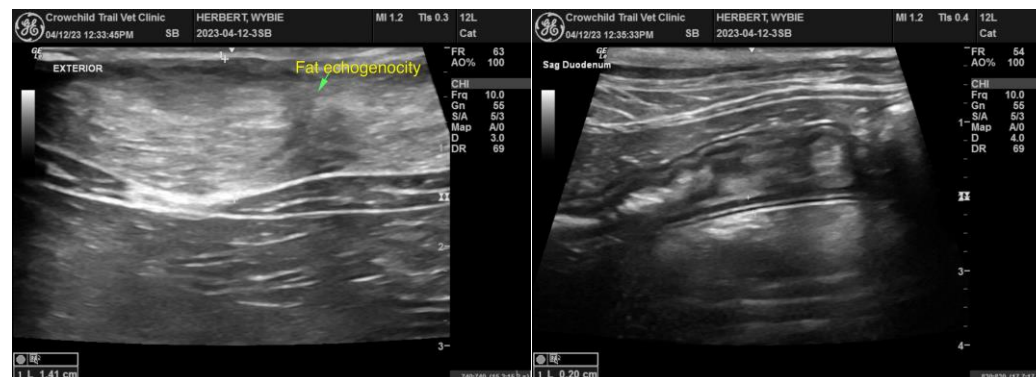
Cambrian AH

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**IMAGING PERFORMED BY**

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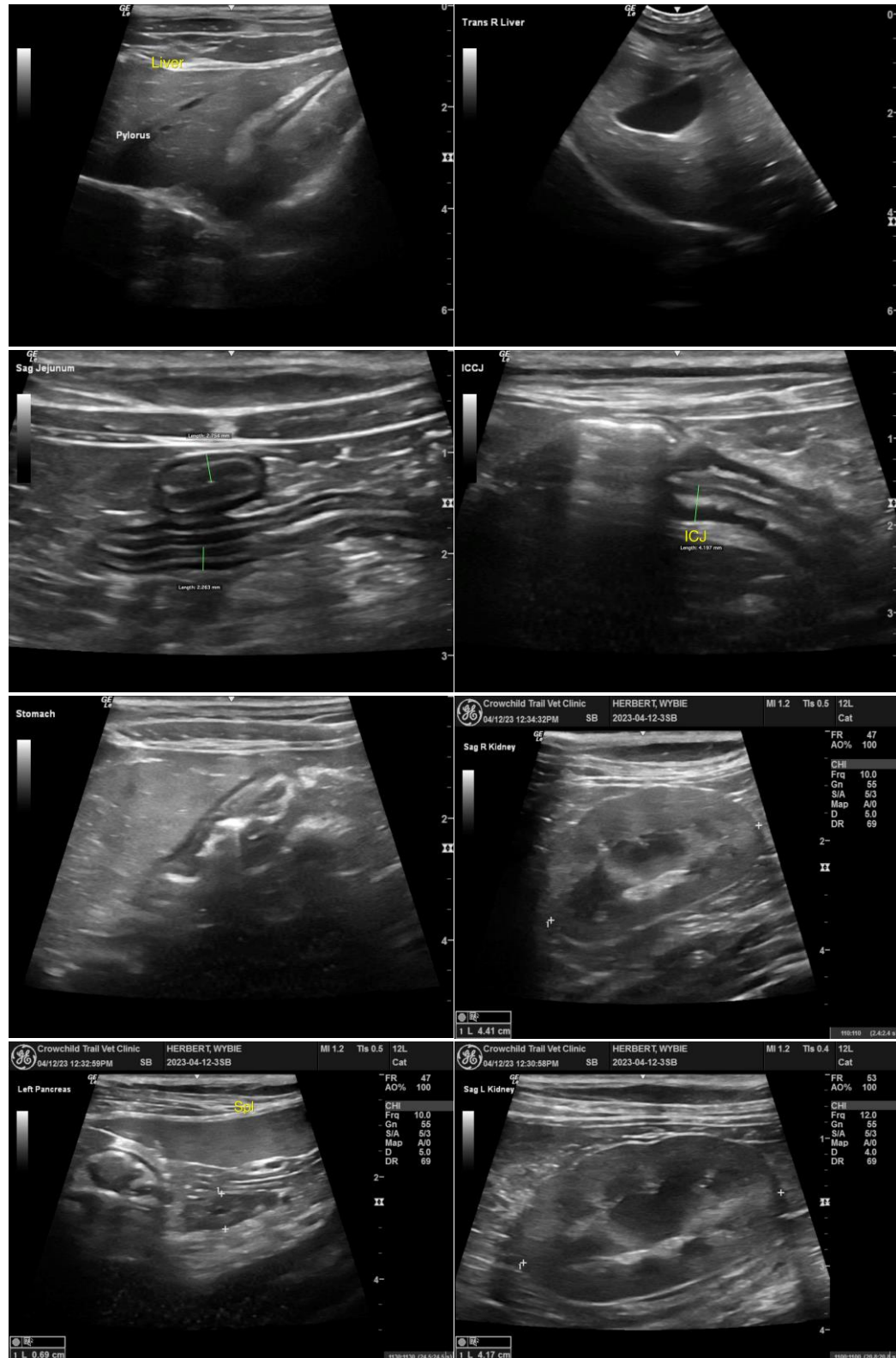
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

**SPECIES**

Feline

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.

**BREED**

DSH

**R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)**  
info@SonoPath.com

**SEX**

MN

**AGE**

13 years

**WEIGHT**

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