



**PATIENT PRESENTING CLINICAL SIGNS**

Charlie Daku -PU/PD for several weeks, increased appetite, weight loss Gabapentin  
 WBC 8.8 with lymphopenia and eosinopenia, Chemistry Panel- BUN 42, Creatinine 2.2, Phosphorus 6.9  
**SPECIES**  
 ALT 3.1, AST 122, CK 683, Urine specific gravity- 1.015, trace protein, negative glucose  
 Feline

**BREED ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

DSH **Urinary System**

**SEX**  
 MN 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.

**AGE**  
 2009 The area of the aortic trifurcation was free of pathology.

**WEIGHT**  
 6.5 Normal renal size with asymmetrical margination were 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. Mild loss of corticomodullary distinction was also present. Both kidneys exhibited mild increased medullary echogenicity. The renal medullary volume was subjectively reduced. The left kidney measured 4.0 cm in length. The right kidney measured 3.7 cm in length.

**INTERPRETED BY**

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

**Adrenal Glands**

The bilateral adrenal glands were mildly prominent in size yet maintained symmetrical capsule contour and homogeneous parenchyma. The left adrenal gland measured 0.57 cm width. The right adrenal gland measured 0.53 cm width.

**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 0.74 cm width.

**HOSPITAL NAME**

Stanglein VC

**REFERRING VET**

Dr. Rothrock

**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 gallbladder was non-distended in size with thin walls and mild gallbladder debris. The proximal common bile duct was dilated and tortuous without overt post hepatic obstruction. The common bile duct measured 0.25 cm diameter.

**INVOICE**

13671

**DATE**

4/14/22



**PATIENT** ***Gastrointestinal***

**CHARACTERISTICS**  
 Charlie Daku  
**SPECIES**  
 Feline

The stomach visualized gastric walls were overtly normal without loss of gastric wall layering or hypertrophy. The lumen of the stomach contained mildly hyperechoic and nonshadowing ingesta most consistent with post prandial presentation without signs of ileus, obstruction or foreign material. Mild retained anechoic fluid was present in the area of the antrum and pylorus. No evidence of mechanical pyloric outflow obstruction was noted. The gastric body wall width measured 0.25 cm.

**BREED**  
 DSH

The small intestinal walls were overtly normal with subjective maintained 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained diffuse, nonshadowing small intestinal digesta / chyme consistent with normal food without signs of ileus, obstruction or foreign material. The jejunum wall width measured 0.2 cm. The duodenum wall width measured 0.25 cm.

**SEX**  
 MN

Normal visible colon wall layers were present. Generalized mild colon distention containing semi-formed to soft feces was noted.

***Pancreas***

**AGE**  
 2009

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.

**WEIGHT** ***Free Abdomen***

6.5  
 Small pockets of intermittent scant peritoneal free fluid were noted. No evidence of significant omental lymphadenopathy was noted.

**INTERPRETED BY** **ULTRASONOGRAPHIC FINDINGS**

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

- Nonspecific chronic renal changes exhibiting increased corticomedullary echogenicity
- Subjective prominent yet symmetrical bilateral adrenal glands
- Mild hepatopathy with concurrent mild gallbladder debris - suspect mild cholangiohepatitis
- Generalized gastrointestinal ingesta with concurrent nonformed feces in colon

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

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**HOSPITAL NAME**

Stanglein VC

Further renal staging to include urine C/S and protein: creatinine ratio on sterile urine sample may be considered.

**REFERRING VET**

Dr. Rothrock

The presence of generalized gastrointestinal ingesta / chyme is nonspecific and may indicate post prandial presentation. Correlation with most recent meal Ingestion is recommended. If documented NPO and in light of the patients clinical history, potential for metabolic gastrointestinal stasis or inefficient peristalsis potentially secondary to underlying gastrointestinal disease may be possible.

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With suspicion for cholangiohepatitis and gastrointestinal disease, yet without overt active pancreatic inflammation, Triad Disease may be a potential in this patient. Further assessment may include a GI panel to include PLI/TLI/Cobalamin/Folate.

**DATE**

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**PATIENT**

Charlie Daku

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

2009

**WEIGHT**

6.5

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**IMAGING  
PERFORMED BY**

Rebekah Jakum, CVT  
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**REFERRING VET**

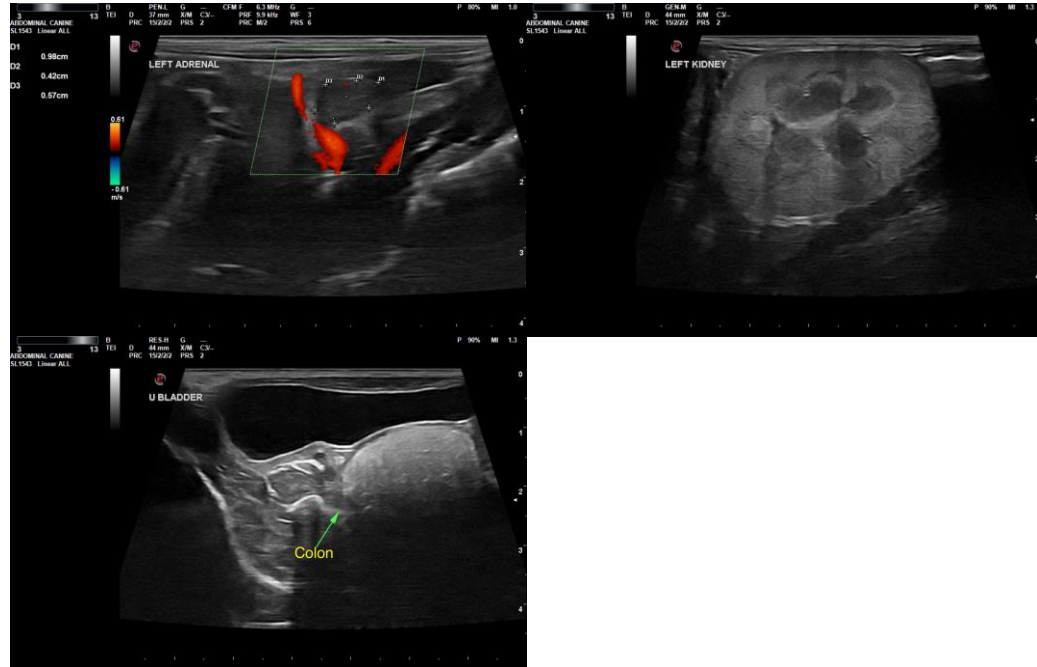
Dr. Rothrock

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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.

**R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)**

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