



**PATIENT**

Harley Rubinfeld

**PRESENTING CLINICAL SIGNS**

Weight loss ~ 2 months, increased appetite. Current meds: Miralaz, Rx diet urinary SO

Abnormal PE/Chem/CBC/UA Results: BUN 13, WBC 2.94, Lymph 0.39, RBC 7.44

**SPECIES**

Feline

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**Urinary System**

**BREED**

DSH

The urinary bladder appeared normal in size and tone. The proximal urethra exhibited normal structure non-specific reduced tone to a depth of 2 cm. Anechoic urine was present in the lumen with moderate non-dependent particulate sediment. The sediment may indicate cellular debris / protein, crystalline debris, lipid, or mucus.

**SEX**

MN

Normal renal size with asymmetrical margination was 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 corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. No pyelectasia. The left kidney measured 4.3 cm in length. The right kidney measured 4.4 cm in length.

**AGE**

10yr

The area of the aortic trifurcation was free of pathology.

**Adrenal Glands**

**WEIGHT**

7lb

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.40 cm width.

The right adrenal gland was mildly prominent in size with normal contour. Pinpoint areas of mineralization were present without capsular distortion or overt tumors. This is an age-related finding and not pathological. The right adrenal gland measured 0.65 cm in diameter.

**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**

Jessica Miller

**Liver/Gallbladder**

**HOSPITAL NAME**

Banfield PH of  
Bridgewater

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. Baker

**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.

**INVOICE**

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. Segmental subtly prominent jejunal muscularis layer was noted. Segmental to generalized gas pattern was present. No signs of ileus, obstruction or foreign material. The small intestinal wall measured 0.2-0.26 cm in width. The ileocolic wall measured 0.42 cm in width.

**DATE**

05/01/2023



**PATIENT**

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

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**Pancreas**

**SPECIES**

The left limb of the pancreas presented hypoechoic to heterogeneous echogenicity compared to adjacent omental fat. Mild asymmetrical capsule margination was present with mild variable parenchymal swelling and mild peripancreatic reactivity / inflammation. No overt evidence of neoplasia.

Feline

**BREED**

**Free Abdomen**

DSH

No omental masses or overt lymphadenopathy was present.

Intermittent scant pocket of scant peritoneal free fluid was present.

**SEX**

**ULTRASONOGRAPHIC FINDINGS**

MN

- Urinary bladder sediment with non-specific decreased proximal urethral tone.
- Bilateral chronic renal changes.
- Suspect low grade pancreatitis-left limb.
- Intact small intestinal wall with subjective segmental/generalized intestinal gas pattern.
- Intermittent scant pocket of peritoneal free fluid.

**AGE**

10yr

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

The urinary bladder sediment may suggest cellular / crystalline debris or mucus. Cystocentesis for UA +/- C/S if evidence of inflammatory cells is recommended.

7lb

Assessment for evidence of cranial abdominal/subxiphoid discomfort on palpation which may allude to mild left limb pancreatitis is recommended.

**INTERPRETED BY**

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(Canine and Feline)

No sonographic evidence of significant GI mural pathology yet underlying intestinal disease may present sonographically normal. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended given the patient's weight loss.

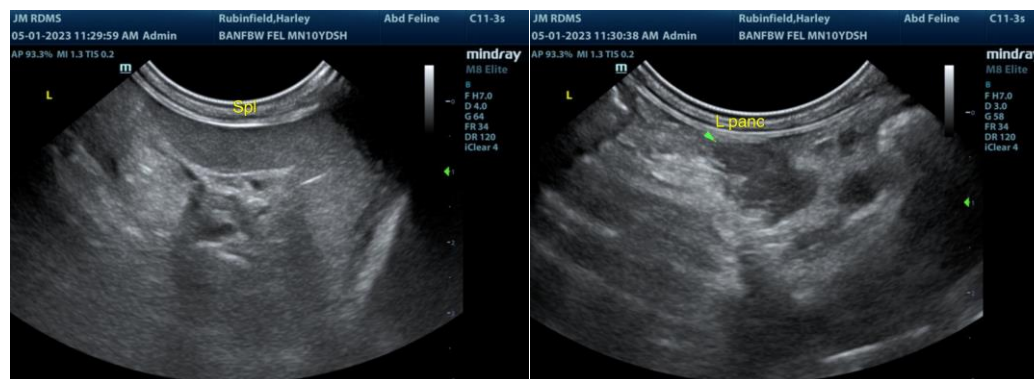
**IMAGING PERFORMED BY**

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Three view chest radiographs are recommended if not done to assess for occult thoracic pathology as a contributing factor. Assessment of caloric plane and/or competitive eating environment may be considered if clinically applicable.

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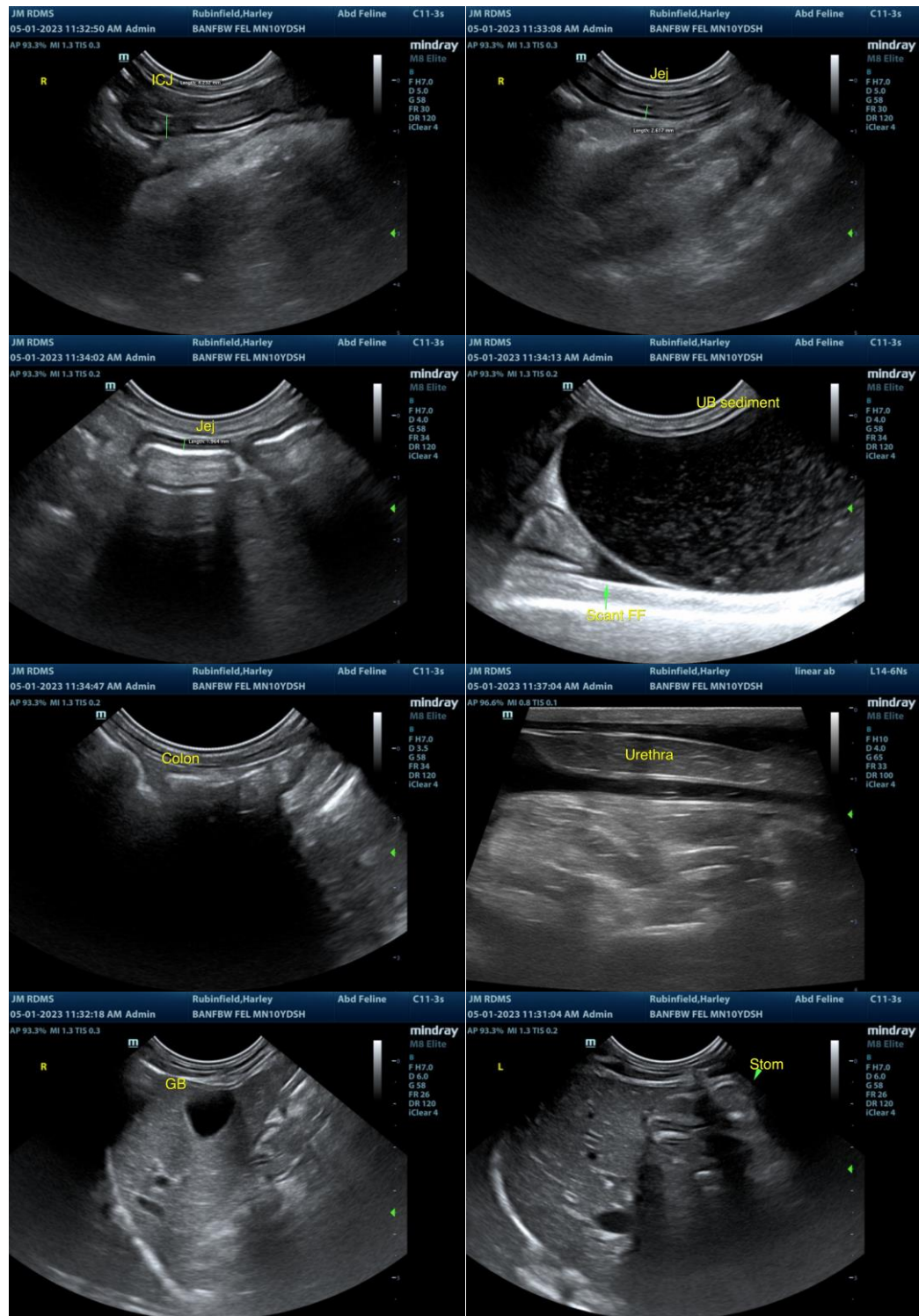
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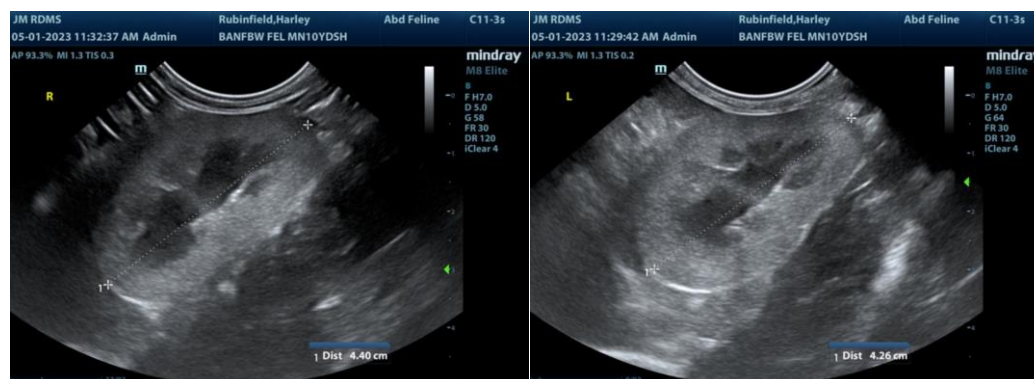
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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