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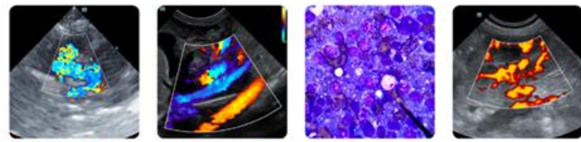
FOSTERING THE ART OF VETERINARY MEDICINE™



Clinical Sonography & Telecytology
Educational Teleconsultation Services™

SonoPath.com info@sonopath.com 1.800.838.4268

PATIENT

Clarence Keene

SPECIES

Feline

BREED

DLH

SEX

MN

AGE

13yr

WEIGHT

12.82lb

INTERPRETED BY

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

IMAGING PERFORMED BY

Lucas Budden

HOSPITAL NAME

Frontier Veterinary Hospital

REFERRING VET

Lucas Budden

INVOICE
24807

DATE
05/12/2026

PRESENTING CLINICAL SIGNS

Seen 3/19/26. Had chronic/intermittent vomiting historically, but there had been an increase in frequency to once weekly recently. Otherwise doing well. Appetite normal, no diarrhea, energy normal. There had been some weight loss, but it was purposeful since Clarence is overweight. Ultrasound to assess for cause of increased vomiting frequency. No further vomiting since visit 3/19/26.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, 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 mild non-dependent particulate sediment. The ureteral papillae were normal. The ureters were not visible, which is normal. No evidence of inflammatory or neoplastic changes was noted.

Normal size and margination was present in the kidneys. 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. A discrete hyperechoic corticomedullary band, consistent with a medullary rim sign, was present. This is a nonspecific finding seen in both normal and abnormal kidneys. It may be associated with interstitial renal disease, hypercalcemia, tubular necrosis, lymphoma, and FIP. However, it is a nonspecific finding. The left kidney measured 4.0 cm in length. The right kidney measured 4.2 cm in length.

The area of the aortic trifurcation was free of pathology.

Adrenal Glands

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 uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.38 cm width.

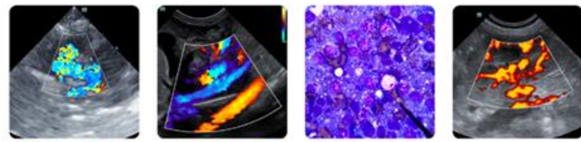
Spleen

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 1.0 cm in width at the level of the mid spleen.

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. Normal vascular volume. 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.

Gastrointestinal



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The stomach presented intact regional mildly thickened wall owing to propensity for mildly thickened prominent hyperechoic gastric submucosa layer. The lumen of the stomach contained mild to moderate non-shadowing ingesta sonographically suggestive of food echogenicity with no signs of obstruction or foreign material. No evidence of obstruction to pyloric outflow. The ventral gastric body wall measured up to 0.3-0.5 cm in width. The pylorus wall measured 0.22 cm in width.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine contained similar appearing non-shadowing ingesta/chyme with no signs of obstruction or foreign material. The duodenum wall measured 0.23 cm width. The jejunum wall measured 0.23 cm width. The ileocolic wall measured 0.40 cm width.

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

Pancreas

The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. Intermittent probable discrete pancreatic cysts with mildly prominent pancreatic duct.

Free Abdomen

Minor benign colic lymphadenopathy, no evidence of effusion or significant swollen mesenteric lymphadenopathy.

ULTRASONOGRAPHIC FINDINGS

Primary

- Intact regional mild thickened stomach wall with non-shadowing gastric ingesta.
- Sonographically unremarkable small intestine with mild intestinal ingesta.
- Possible chronic pancreatitis and suspect discrete cysts.
- Bilateral non-specific discrete renal medullary rim sign.
- Mild urine sediment.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The gastric wall may indicate mild gastritis in conjunction with historical to increased frequency vomiting with potential for fat deposition. No overt evidence of gastrointestinal neoplastic criteria.

Assessment for evidence of cranial abdominal/subxiphoid discomfort on palpation which may correlate with mild to chronic pancreatitis is recommended. Correlation with pending GI panel indicated. Dietary trial and as needed gastroprotectant with clinical monitoring may prove beneficial.

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

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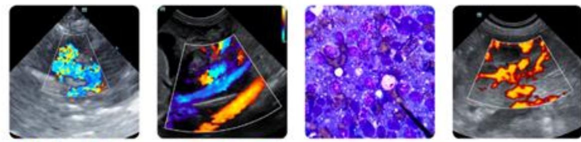

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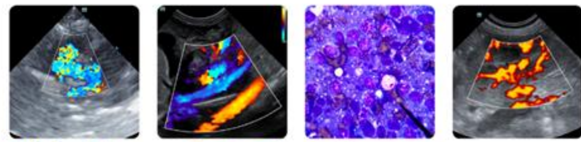

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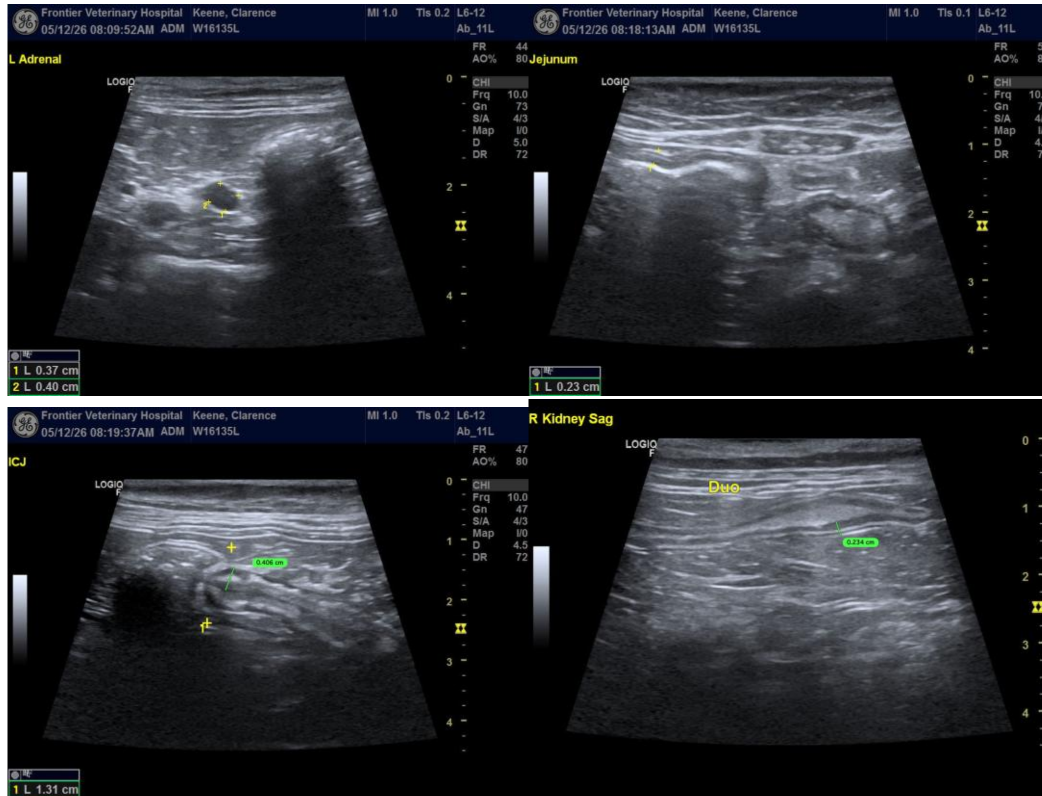

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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.

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