



## PATIENT

Clue Timpone

## SPECIES

Feline

## BREED

DSH

## SEX

Male

## AGE

2 Years

## WEIGHT

4.16 kg

## INTERPRETED BY

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

## IMAGING PERFORMED BY

Dr. Laura De Cordon

## HOSPITAL NAME

Lakeview Animal  
Hospital

## REFERRING VET

Dr. Laura De Cordon

## INVOICE

16118

## DATE

05/12/26

## PRESENTING CLINICAL SIGNS

Dull mentation, wobbliness & ataxia last night, so went to the ER, gave Pt an enema and pooped large amount of hard stool. hypothermia that improves with heat support. large urinary bladder and hard stool in the colon on x-ray

Abnormal PE/Chem/CBC/UA Results: Normal UA and chem Normal CBC and FPL Negative drug test

## ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

### *Urinary System*

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 change were noted.

The area of the aortic trifurcation was free of pathology.

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. The left kidney measured 3.7 cm in length. The right kidney measured 4.0 cm in length.

### *Adrenal Glands*

The left adrenal gland was indistinctly visualized yet subjectively normal in size, position and shape. The left adrenal gland measured 0.30 cm width.

The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.35 cm width.

### *Spleen*

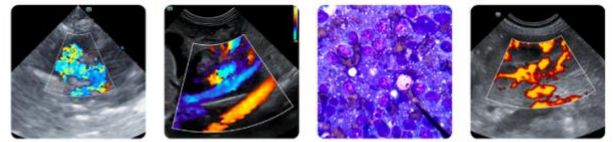
The spleen was borderline subnormal in size (suggestive of volume contraction) and exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus 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 0.44 cm width 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. The hepatic and portal vasculature were adequate 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 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 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.

Normal intact visible colon wall layers without distention containing generalized soft to nonformed fecal matter in lumen.

## *Pancreas*

The pancreas exhibited mildly prominent size, capsule asymmetry and mild nonhomogenous parenchyma compared to adjacent omentum.

## *Free Abdomen*

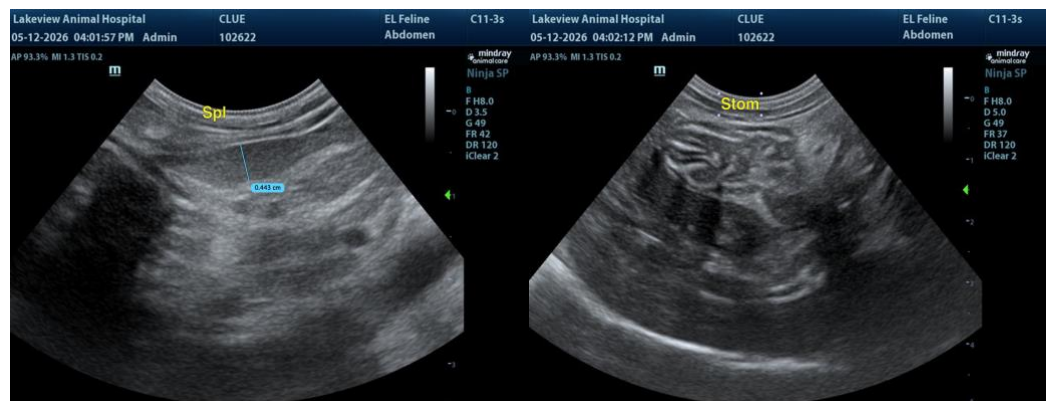
No visualized significant or swollen mesenteric lymphadenopathy was present. Minor pockets of peritoneal effusion were visualized.

## ULTRASONOGRAPHIC FINDINGS

- Normal volume liver with subjective volume contracted spleen.
- Sonographically normal gastrointestinal tract, nondistended colon containing generalized soft to nonformed fecal matter.
- Mildly prominent nonhomogenous hypoechoic pancreas.
- Minor peritoneal effusion.

## INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Overall, no evidence of significant visceral pathology as a definitive cause of the patient's clinical signs. The effusion, given no report of subnormal albumin levels or evidence of hepatic congestion, is nonspecific. If possible, effusion analysis cytology +/- culture and sensitivity and FIP titers/PCR is recommended. Monitoring of hepatic enzyme levels for evidence of acute hepatopathy is recommended given short half-life of hepatic enzymes in cats. Three view chest radiographs, correlation with neurological exam and screening cortisol level is suggested.





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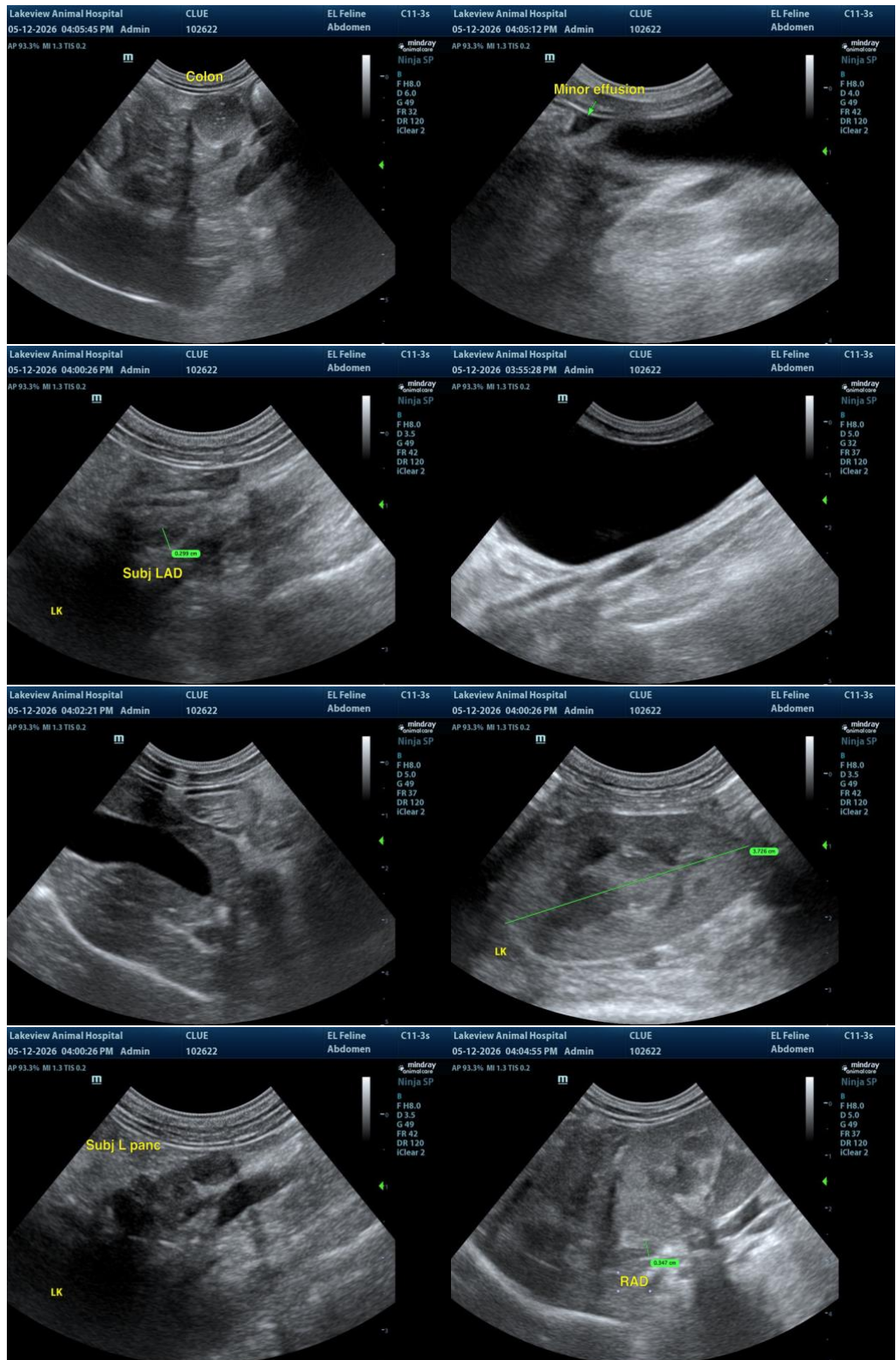
Dr. Laura De Cordon

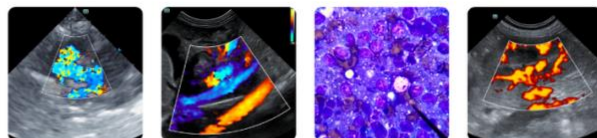
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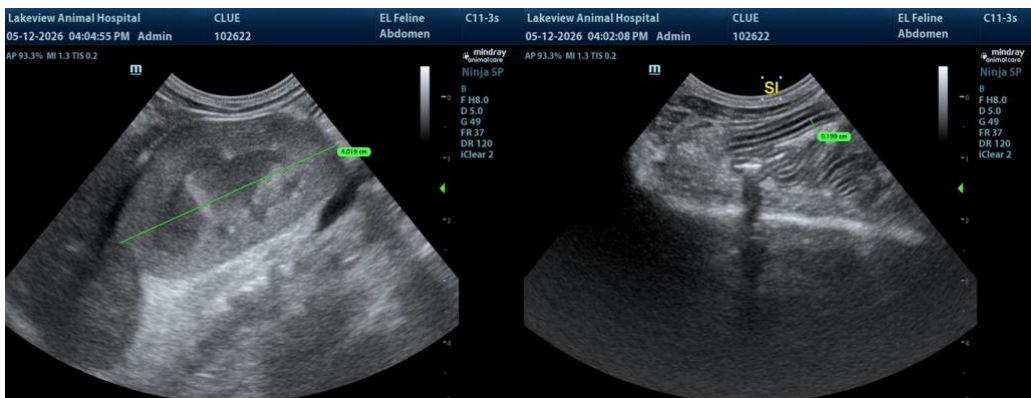
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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](mailto:info@SonoPath.com)