



**PATIENT PRESENTING CLINICAL SIGNS**

Stanley Robertson

**SPECIES**

Feline

**BREED**

DSH

**SEX**

MN

**AGE**

9 yr

**WEIGHT**

5.1 kg

History: 1st veterinarian diagnosed him with DCM. 2nd vet did rads and an echo(unsure where or when was done) and said that there was no DCM and said no cardiac meds needed. Intermittent vomiting and history of cystitis. Seemed better so no US done in Dec 2020. Does a lot of squinting at home. Owner thinks he looks pale and that he is lethargic and coughing. Rads at Emerg clinic in May 2022 suggestive of asthma. History of eating RC HP hypo dry as he has had allergies. Owner requested double cavity ultrasound to this newest clinic. Started on Gabapentin.

Abnormal PE/Chem/CBC/UA Results: Bloodwork unremarkable.

**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. Primarily anechoic urine was present in the lumen. Mild nondependent particulate sediment was present without evidence of calculus formation. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic mural changes were noted.

Both kidneys presented borderline subnormal size compared to normal renal size in felines. Mild bilateral asymmetrical contour was noted along with mild nonuniform increased cortex echogenicity, mild loss of corticomedullary border demarcation and suspect small cortical infarcts. No evidence of pyelectasia was present.

The left kidney measured 2.8 cm in length. The right kidney measured 3.1 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 0.35 cm. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.30 cm.

**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.

**Liver**

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.

**INTERPRETED BY**

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

**IMAGING PERFORMED BY**

Crystal Hill

**HOSPITAL NAME**

Cat Hospital of  
Burlington

**REFERRING VET**

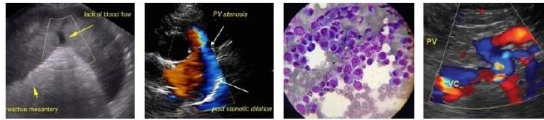
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**DATE**

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**PATIENT** *Gastrointestinal*

Stanley Robertson The stomach presented intact wall layering with a normal wall layer ratio in the fundus and gastric body. Intact yet mildly prominent wall layering was present in the pylorus with very minor retained fluid. The pylorus wall measured 0.42 cm in width.

**SPECIES**

Feline 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. The duodenum wall measured 0.21 cm in width. The jejunum wall measured 0.20 cm in width.

**BREED**

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

**DSH**

*Pancreas*

**SEX**

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 was evident.

**MN**

*Free Abdomen*

**AGE**

No overt lymphadenopathy or peritoneal effusion was present.

**9 yr**

**ULTRASONOGRAPHIC FINDINGS**

**WEIGHT**

5.1 kg

- Mild urinary bladder sediment
- Nonspecific chronic renal changes with borderline subnormal bilateral kidney size and subjective small cortical infarcts
- Possible mild pyloric gastritis, sonographically unremarkable small bowel

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

A novel protein or hydrolyzed diet trial and as needed GI protectants during periods of vomiting may prove beneficial. If persistent/progressive vomiting is noted, a GI panel to include PLI/TLI/Cobalamin/Folate is recommended to assess for evidence of low grade to chronic pancreatitis or structurally insignificant GI disease which may present sonographically normal. Periodic monitoring of renal parameters is suggested given the presentation of the bilateral kidneys.

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

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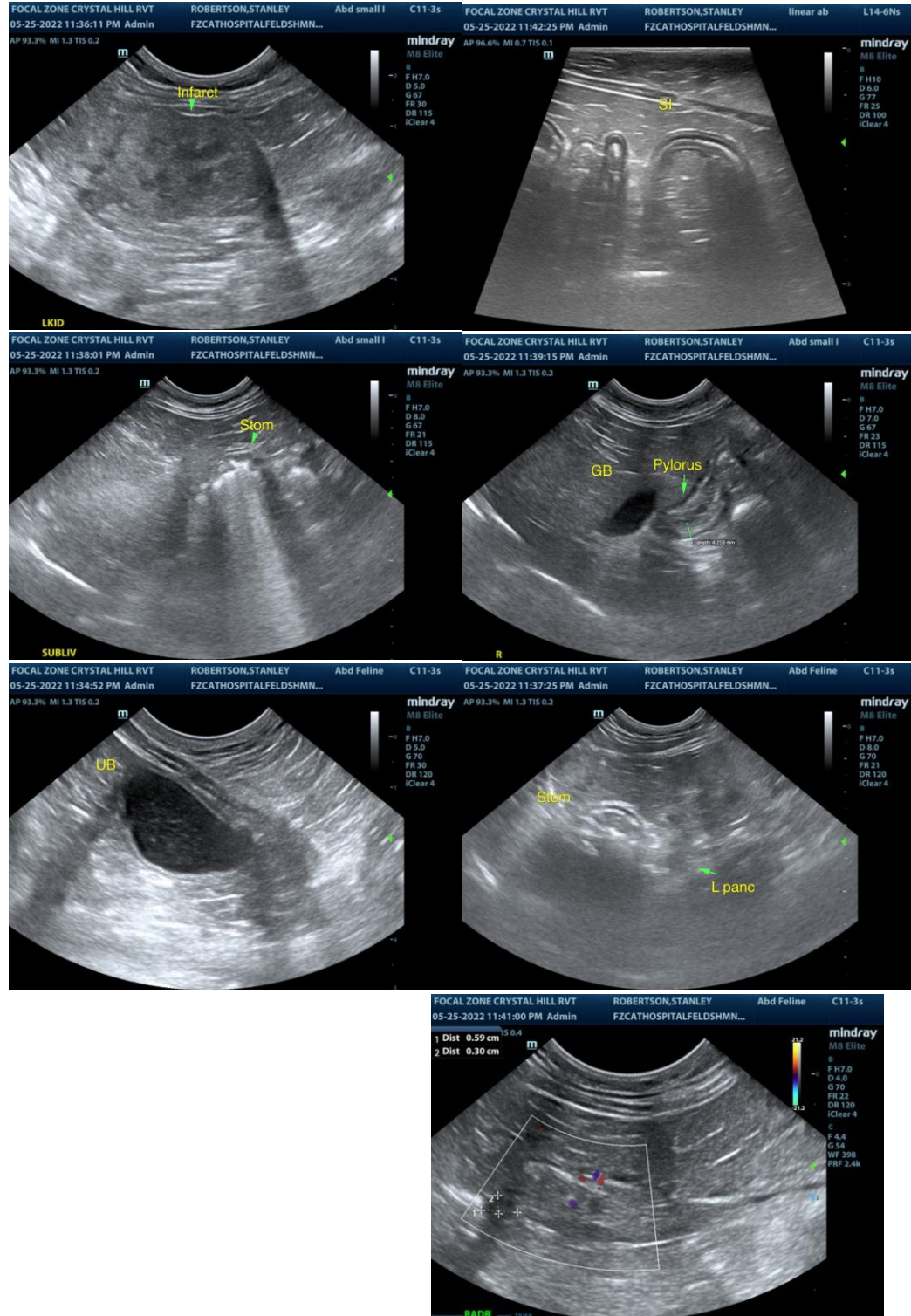
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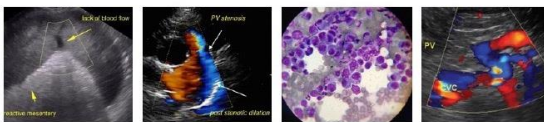
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.



**PATIENT**

Stanley Robertson

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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[info@SonoPath.com](mailto:info@SonoPath.com)

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