



PATIENT

Ginger Turner

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

17

WEIGHT

4.82 kg

INTERPRETED BY

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

IMAGING PERFORMED BY

Dr. Sarah Burns

HOSPITAL NAME

Wilvet Salem

REFERRING VET

Dr. Sarah Burns

INVOICE

75556

DATE

5/31/26

PRESENTING CLINICAL SIGNS

Patient presents today for vomiting, lethargy and soft stools. O reports P slightly vomiting more this week, but today vomited a few times this morning into the afternoon. Most recent vomit had blood in it. P defecated outside of litterbox this afternoon, stools soft (O provided sample). P energy has dramatically decreased within the last 4 hours. O reports P has started fostering kittens the last 2 days and one of the kittens has upper respiratory symptoms (ocular discharge and diarrhea). O taking precautions (keeping kittens in separate rooms, washing hands, etc). P eats C/D kibble, but has recently started offering about 1 tablespoon of wet EOD due to history of stone removal. P also has history of mammary mass removed about 2 years ago. O reports mass is returning, but unsure if its a new mass or the same area as previous mass. P is indoor only.

Abnormal PE/Chem/CBC/UA Results: PE: 3-5% dehydration, tacky MM, marked pain on abdominal palpation, large firm, round sturcture palpated in mid abdomen, bladder palpated small and soft CBC: results pending Chem: BUN 28 (N), Creat 1.7 (N), Glob 5.6 (N) EPOC: Gluc 139 (H), K+ 3.4 (L), Phos: 5.1 (N)

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 changes were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the left kidney. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortex were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Focal areas of medullary mineral noted in the left kidney. The left kidney measured 4.3 cm.

The right kidney was deformed, irregular and diffusely hyperechoic. The kidney is contained in a large anechoic cyst-like cavity, consistent with a perinephric pseudocyst. The right kidney measured 3.66 cm. The pseudocyst measured approximately 7.0 cm in diameter.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. Left adrenal gland measured 0.43 cm.

The right adrenal gland was not definitively visualized.

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.



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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.

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.

The small intestine exhibited variably thickened, intact wall with variably altered wall layer ratio and propensity for primarily variably thickened muscularis layer. Minor segmental non-obstructive intestinal ileus present. Small intestinal wall measured 0.26-0.33 cm.

Normal visible colon wall layers were present with soft fecal matter in lumen.

Pancreas

The visualized pancreas exhibited normal size with capsule asymmetry and non-homogeneous, remodeled parenchyma compared to adjacent omentum.

Free Abdomen

Mid abdominal peri intestinal hyperechoic omentum noted.

No visualized significant or swollen mesenteric lymphadenopathy. No evidence of effusion.

ULTRASONOGRAPHIC FINDINGS

- Large right perinephric pseudocyst
- Left kidney chronic changes
- Empty stomach
- Variably thickened small intestine, peri intestinal hyperechoic omentum
- Soft fecal matter in colon
- Suspect chronic pancreatitis

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Acute enteropathy, IBD or other inflammatory intestinal disease vs neoplasia such as lymphoma primary differentials. A GI panel could be considered with GI support and clinical / sonographic monitoring. Percutaneous drainage of the pseudocyst is suggested as this may temporarily alleviate associated pressure on the right kidney, yet the pseudocyst is likely to recur.



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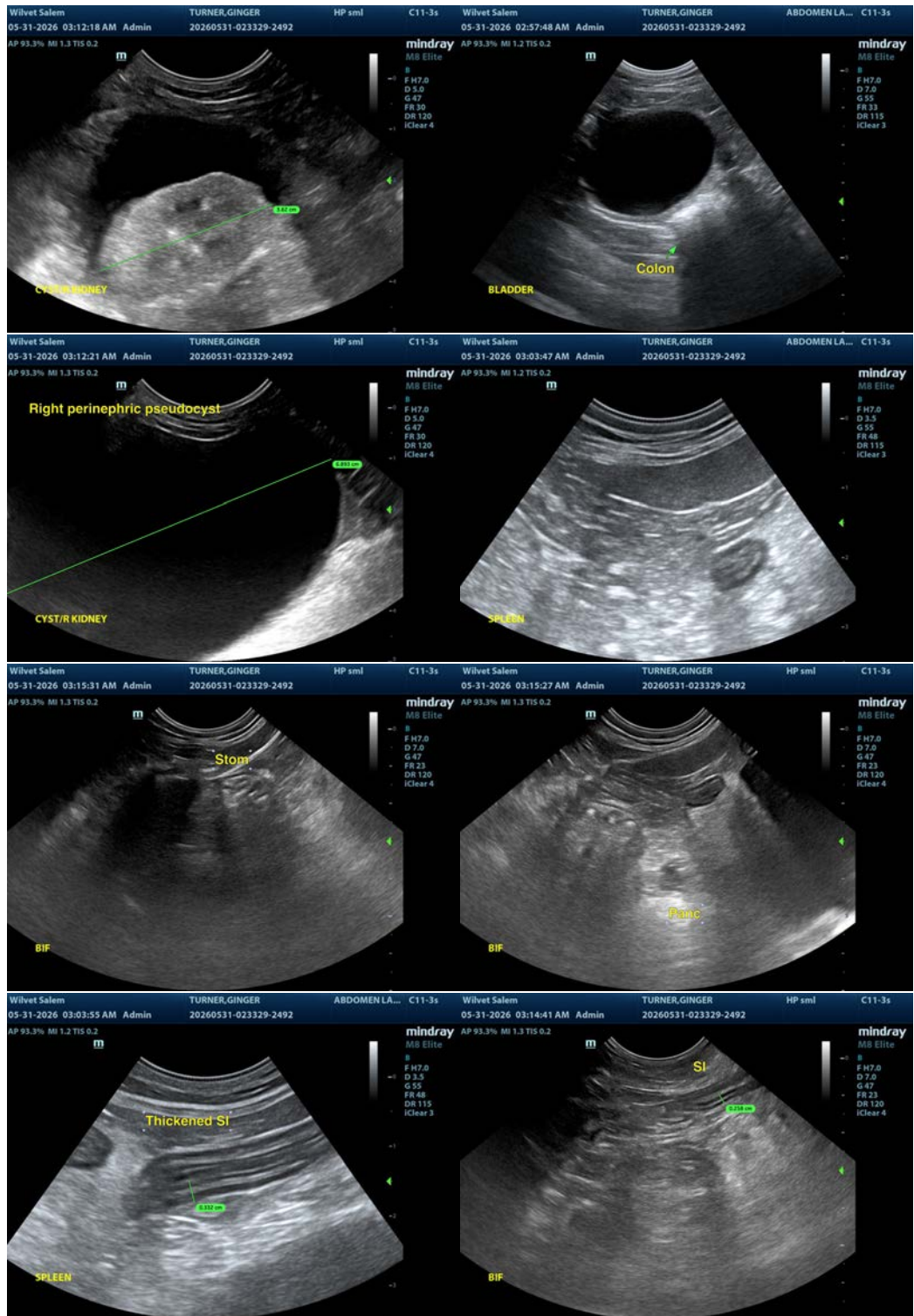
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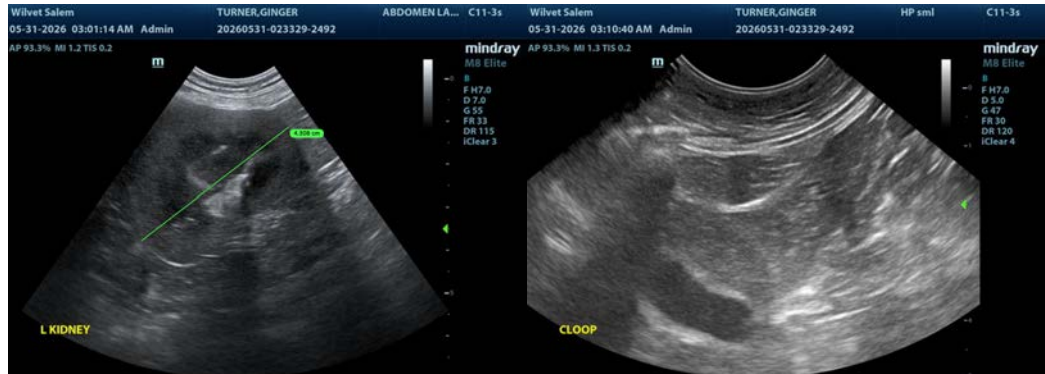
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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