



**PATIENT PRESENTING CLINICAL SIGNS**

Kai Trollinger Recent adoption, lethargic, organomegaly on radiographs, multiple fractures leg/hip  
 CBC- HCT 20, WBD 13.1 with normal differential

**SPECIES**  
 Feline Chemistry Panel - Na/K ratio 30, Glucose 63, otherwise unremarkable

**BREED** *Urinary System*

DSH 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 was noted.

SEX MN The area of the aortic trifurcation was free of pathology.

AGE 2018 Normal size and margination were 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 4.1 cm in length. The right kidney measured 4.7 cm in length.

**WEIGHT** 9 *Adrenal Glands*

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.49 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.40 cm width. No evidence of significant adrenal enlargement, neoplastic criteria, or subnormal adrenal size.

**INTERPRETED BY**

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

*Spleen*

**IMAGING PERFORMED BY**  
 Rebekah Jakum, CVT  
 ARDMS/RVT  
 The spleen exhibited generalized mild enlargement with minor asymmetrical to scalloped medial capsule contour. Subtle micronodular parenchyma changes were noted. No splenic masses or nodules were present. Normal splenic vascularity was evident. The spleen measured 1.2 cm in diameter.

**HOSPITAL NAME**

Simmonds VH

*Liver/ Gallbladder*

**REFERRING VET**

Dr. Couger

The liver exhibited subjective mild enlargement. The parenchyma of the liver was subjectively normal in echogenicity compared to the spleen and renal cortices. The liver parenchyma was uniform with a mildly coarse echotexture. The capsule of the liver was symmetrically rounded to mildly swollen in margination. Normal hepatic vascular volume was present. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with primarily anechoic luminal content. The cystic and common bile ducts were normal.

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14107

**DATE**

6/16/22



**PATIENT** *Gastrointestinal*

Kai Trollinger The visualized gastric walls were sonographically normal. The lumen of the stomach contained moderate, variably echogenic ingesta exhibiting areas of focal progressive distal acoustic shadowing. the gastric body wall width measured 0.22 cm.

**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.

**BREED**

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

DSH

**Pancreas**

**SEX**

The pancreas was normal in size and overall contour with subtle uniform hypoechoic parenchyma compared to adjacent subjective mildly reactive peripancreatic omentum.

MN

**Free Abdomen**

**AGE**

2018

Intermittent mildly prominent mesenteric lymph nodes were present. The lymph nodes were essentially isoechoic to adjacent omentum without evidence of peripheral inflammation and maintaining a normal width: length ratio (<0.5). An example lymph node measured 2.1 cm x 0.47 cm. Very scant pockets of hepatic interlobar free fluid were noted.

**WEIGHT**

9

**ULTRASONOGRAPHIC FINDINGS**

- Mild splenomegaly exhibiting subtle micronodular parenchyma
- Mild nonspecific hepatomegaly
- Possible low-grade pancreatitis
- Intermittent mild nonspecific yet subjectively benign / reactive mesenteric lymphadenopathy - not overtly consistent with neoplastic criteria, lymphoid hyperplasia or potential minor lymphadenitis suspected

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

The mild splenomegaly was nonspecific with multiple etiologies possible including hyperplasia, hematopoiesis, splenitis, or other. However, the possibility of early splenic neoplasia such as lymphoma or other round cell neoplasia cannot be entirely ruled out. Likewise, the mild hepatomegaly was nonspecific, given the lack of hepatic enzyme elevations.

**IMAGING**

**PERFORMED BY**

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ARDMS/RVT

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Assuming normal clotting status and using a 25-gauge needle, hepatosplenic FNA could be considered for screening cytology. Otherwise, sonographic monitoring of the liver and spleen with initial recheck in 3-4 weeks would be reasonable. CBC pathology review and Infectious disease serology, given the patient's history, is warranted.

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Potential for low-grade pancreatitis may be suspected if evidence of cranial abdominal or subxiphoid discomfort on palpation. Correlation with a Spec fPLI or a full GI panel to include PLI/TLI /Cobalamin/Folate, if evidence of weight loss or additional gastrointestinal signs, is recommended.

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If not done, 3- view chest rads to rule out occult thoracic pathology and assess cardiac status is suggested.



**PATIENT**

Kai Trollinger

**SPECIES**

Feline

**BREED**

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MN

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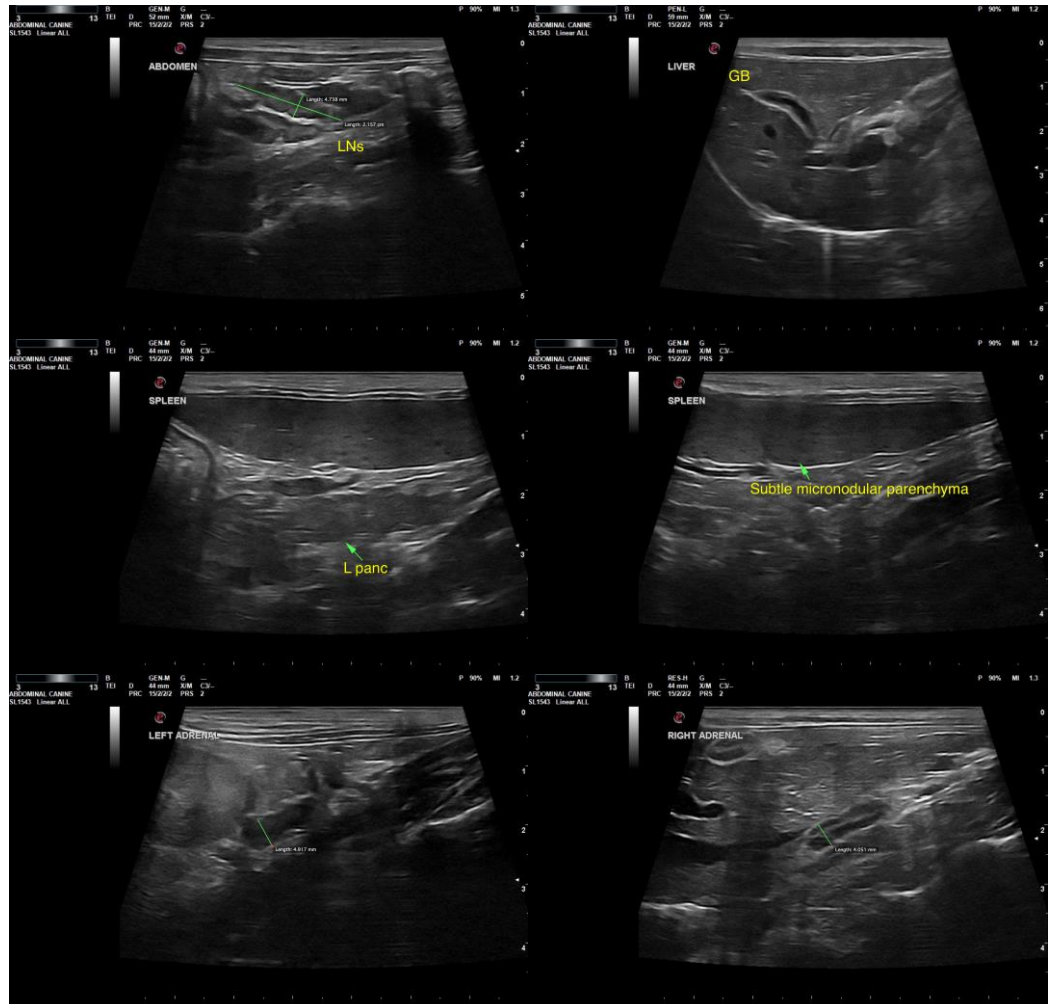
Dr. Couger

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**SPECIES**

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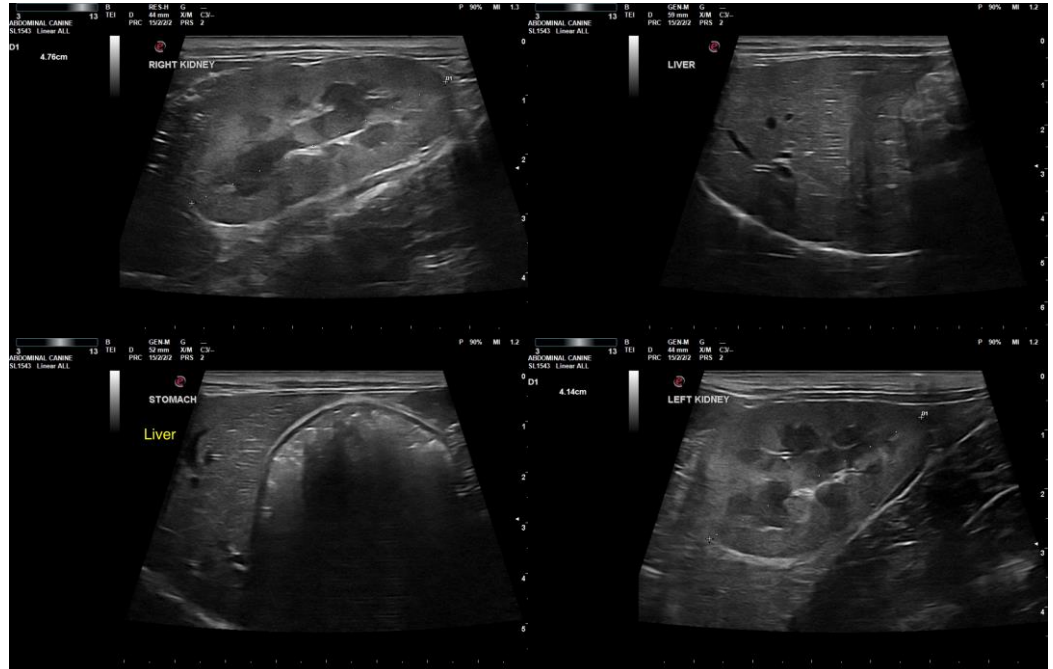
Dr. Cougar

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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)**

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