



**PATIENT PRESENTING CLINICAL SIGNS**

**PATIENT**  
Louie Harrington  
**HISTORY:** Chronic weight loss over last 8-12 months lethargic and poor appetite Patient sedated for scan Ab x rays taken large fecal lumps seen in colon - constipation but not megacolon . One kidney stone also seen on x ray

**SPECIES**  
Feline  
**Abnormal PE/Chem/CBC/UA Results:** Non diagnostic except high normal T4 free T3 being run

**ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

**BREED**  
*Urinary System*

Ragdoll  
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 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.

**SEX**

MN  
Normal size and margination was present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. Bilateral pyelectasia was present. The left kidney measured 3.8 cm in length. The right kidney measured 3.95 cm in length.

**AGE**

11

The area of the aortic trifurcation was free of pathology.

**WEIGHT**

3 kg

*Adrenal Glands*

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.3 cm width. The right adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The right adrenal gland measured 0.31 cm width.

**INTERPRETED BY**

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

*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.

**IMAGING PERFORMED BY**

Dr. Belan

*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.

**HOSPITAL NAME**

Signal Hill AH

**REFERRING VET**

Dr. Lebouldus

*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 gastric body wall measured 0.24 cm in width.

**INVOICE**

10836ag

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 0.20 cm in width. The jejunum wall measured 0.22 cm in width.

**DATE**

06/17/2022



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Louie Harrington

Normal visible colon wall layers were present with apparent formed feces in lumen. The ileocolic wall measured 0.32 cm in width.

**Pancreas**

**SPECIES**

Feline

The pancreas exhibited normal size and overall normal contour. Heterogeneous mildly hypoechoic parenchyma was noted more prominent in the left limb adjacent to and caudal to the stomach. No overt evidence of peripancreatic reactive mesentery.

**BREED**

Ragdoll

**Free Abdomen**

No omental masses, overt lymphadenopathy or peritoneal effusion was present.

**SEX**

MN

**ULTRASONOGRAPHIC FINDINGS**

- Mild age related kidneys with minor pyelectasia
- Sonographically unremarkable GI tract
- Heterogeneous to mildly hypoechoic pancreas

**AGE**

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**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Overall, largely a mild geriatric abdomen without evidence of significant visceral pathology.

**WEIGHT**

3 kg

The bilateral pyelectasia may be owing to chronic renal changes, potential pelvic scarring possibly owing to previous calculi passage, IV fluid therapy (if applicable). Urine C/S and protein: creatinine ratio on sterile urine sample is recommended.

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(Canine and Feline)

The pancreatic presentation may indicate age related changes or patient variant. Potential for low grade to low grade to chronic pancreatitis which may present essentially sonographically normal could be possible. Likewise, structurally insignificant underlying GI disease cannot be excluded. A GI panel to include PLI/TLI/Cobalamin/Folate is recommended.

**IMAGING PERFORMED BY**

Dr. Belan

Three view chest radiographs if not done are suggested to rule out occult thoracic pathology as a contributing factor to the patient's weight loss.

Definitive renolithiasis was not visualized yet non-obstructive renal mineralization or small renolith could be present. Continued as needed GI supportive care is recommended.

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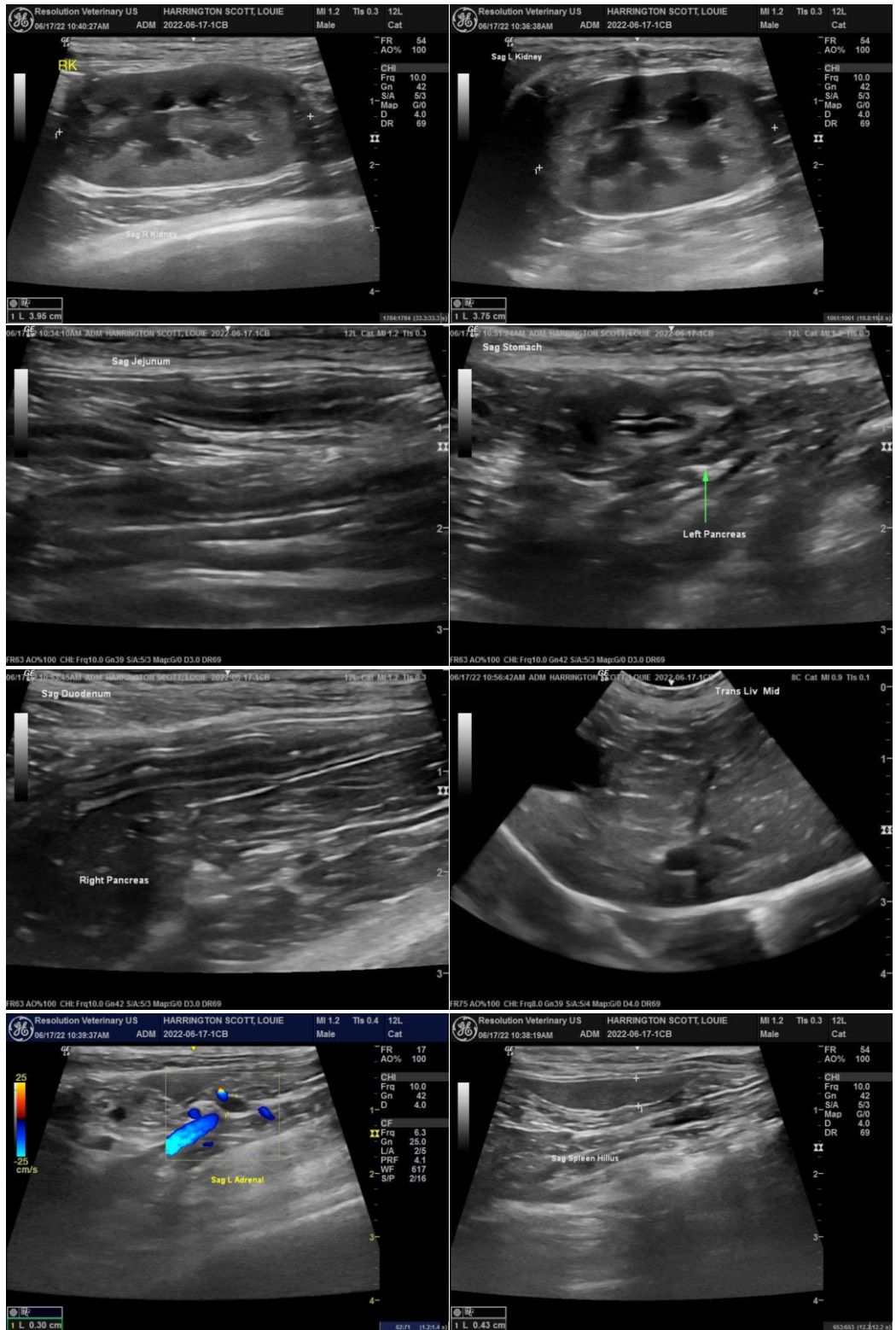
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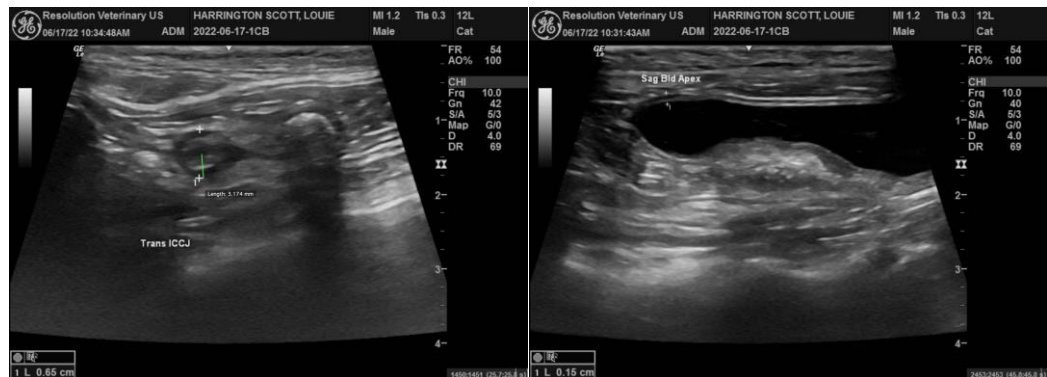
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

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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